

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00.				<u> </u>	
1 Corporate ID No. 36982	2. Name of Corp Padula Bu	of Corporation a Builders, Inc.			
3. Street Address Principal Business Office 1430 Main Street			City West Warwick	State RI	^{Zip} 02893
4 Business Phone No					
6. Brief Description of the Characte Construction and sale of re	r of Business Conduceal estate.	cted in Rhode Island			
7. NAMES AND ADDRESSE	S OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name Stephen P. Padula		
Stephen Padula					
Street Address 1430 Main Street			Street Address 1430 Main Street		
West Warwick	State RI	^{Zip} 02893	Gin West Warwick	State RI	^{Zip} 02893
Secretary Name Carol Padula			Treasurer Name Ronald J. Padula		
Street Address 1430 Main Street			Street Address 1430 Main Street		
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	^{Zip} 02893
8. NAMES AND ADDRESSE	S OF THE DIRE	ECTORS: ("X" BOX FOR ATT	I <i>ACHMENT</i>) 🔲 FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS
Director Name			Director Name		
Stephen Padula Street Address			Barbara Padula		
1430 Main Street			Street Address 1430 Main Street		
City:	State	Zip	City	State	Zip
West Warwick	J RI	02893	West Warwick	[RI	[02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1000	Common	No Par
This report must be executed	I on behalf of th	ne corporation by an authorize	ed representative. If the co	orporation is in the hand	s of a receiver or trustee
this report must be executed	on behalf of the	e corporation by the receiver	or trustee.	- F	of a receiver of Gance.
			Under penalty of pe	erjury, I declare and affirm	that I have examined this rep
		 1	including any accor	npanying schedules and sta	ataments, and that all stateme
2 0	11 19		contained herein ar	true and come	
File Date	T-0/				1//6/0
Chuck No. 2	407		Signature		Date /
Check No.			Stephen Padula		
By			Print or Type Name		
HOD SHODETARY OF CO	TATE LICE ONLY		President		
FOR SECRETARY OF ST	ATE USE ONLY		Title	- · · · · · · · · · · · · · · · · · · ·	
					Form 630 Pay 09/09