

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

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(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25.00).	i James of the list	annual report within thirty (30) a	lays after the time prescribed by	y Law (R.I.G.L. 7-1.2-1501(cos
1. Corporate #1 No.	2. Name of C			<u> </u>	· · · · · · · · · · · · · · · · · · ·
3 Street Address Paris 11 2		Shore/	ine Buil	ders Inc	
3. Street Address Principal Busin	ress Office	DI	City ()	State	Zip
4. Business Phone No.	<u> </u>	5. State of Incorporation	GIENDAL	ERI	0282
401-573-	8>>9	2. Since by Incorporation	<u>'</u>		
6. Brief Description of the Chara	cter of Business Cond	nucted in Rhode Island	<u> </u>		
CONSTRU	ction.	/ CAMBENTRY			
7. NAMÉS AND ADDRESS President Name	SES OF THE OF	FICERS: ("X" BOX FOR ATI	ACHMENT) THIL IN:	SPACES BEFORE USIN	G ATTACHMENTS
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Secretary Name	NONE	***************************************	Treasurer Name		
Street Address					
			Street Address		
City	State	Zψ			
		1	City	State	Zip
3. NAMES AND ADDRESS	ES OF THE DIR	ECTORS: ("X" BOX FOR AT	: <i>TACHMENT</i>) □ FILL IN	SPACES REPORT HET	NG ATTENDED
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itv	State	Zip	City		
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Director Name			Director Name		
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. SHARES AUTHORIZED	•	1	10. SHARES ISSUED	("Y" BOY EOD ATTAC	
			ISSUED SHARES — THIS SECT	TON MUST BE COMPLETED	MMENT)
This information is currently	ly of record in th	e Office of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an an anstruction sheet.	additional filing.	See Section 9 of			
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his report must be executed	d on behalf of th	e corneration by an arri	<u> </u>	<u>. </u>	
us report must be executed	on behalf of the	e corporation by an authorize corporation by the receiver of	d representative. If the cor	poration is in the hands	of a receiver or trustee,
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including any accompanying schedules and statements, and that al contained herein are true and correct.	
File Date FILED	_ 09
Check No. FEB 2 5 2009 Date Date	<u>)</u>
By: By 36/ Print or Type Name Prix of SECRETARY OF STATE USE ONLY	10