



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

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. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000107210		2. Name of Corporation All Interiors, Inc.			
3. Street Address Principal Business Office 184 Rockingham Rd			City Londonderry	State NH	Zip 03053
4. Business Phone No. (603) 425-0770		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island General Contractor for commercial construction.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dan T Buckless			Vice President Name Kathryn M Buckless		
Street Address 184 Rockingham Rd			Street Address 184 Rockingham Rd		
City Londonderry	State NH	Zip 03053	City Londonderry	State NH	Zip 03053
Secretary Name			Treasurer Name Paul Mirisola		
Street Address			Street Address 184 Rockingham Rd		
City	State	Zip	City Londonderry	State NH	Zip 03053
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dan T Buckless			Director Name Kathryn M Buckless		
Street Address 184 Rockingham Rd			Street Address 184 Rockingham Rd		
City Londonderry	State NH	Zip 03053	City Londonderry	State NH	Zip 03053
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 15,000	Class/Series CNP	Par Value 0.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Paul Mirisola Date: 2.23.09

Paul Mirisola

Print or Type Name

Vice President

Title

FILED
File Date FEB 26 2009
By: <u>11/21</u>
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