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.	2. Name of Corporation			
000107210	All Interiors, Inc.			
3. Street Address Principal Business Office		City	State	Zip
184 Rockingham Rd		Londonderry	NH	03053
4. Business Phone No.	5. State of Incorporation			
(603) 425-0770	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			Vice President Name		
Dan T Buckless			Kathryn M Buckless		
Street Address			Street Address		
184 Rockingham Rd			184 Rockingham Rd		
City	State	Zip	City	State	Zip
Londonderry	NH	03053	Londonderry	NH	03053
Secretary Name			Treasurer Name		
			Paul Mirisola		
Street Address			Street Address		
			184 Rockingham Rd		
City	State	Zip	City	State	Zip
			Londonderry	NH	03053

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Dan T Buckless			Kathryn M Buckless		
Street Address			Street Address		
184 Rockingham Rd			184 Rockingham Rd		
City	State	Zip	City	State	Zip
Londonderry	NH	03053	Londonderry	NH	03053
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
15,000	CNP	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.

[redacted] [redacted]

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 *Date* 2.23.09

Paul Mirisola
Print or Type Name

[redacted] Vice President
Title

File Date FILED
FEB 26 2009
Check No. 2
By: 1121
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08