



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 5850 2. Name of Corporation DR BUILDERS, INC. - P.O. Box 673 (CHARLESTON), RI 02813
3. Street Address Principal Business Office 15 CALYPSO DRIVE, City WAKEFIELD, State RI Zip 02879
4. Business Phone No. 401-783-0606 5. State of Incorporation RHODE ISLAND 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island



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

President Name DAVID M. RUBERTO
Street Address 15 CALYPSO DRIVE, WAKEFIELD, RI. 02879
City P.O. Box 673 (CHARLESTON), RI. State RI Zip 02813

Secretary Name PATRICIA A. RUBERTO
Street Address 15 CALYPSO DRIVE WAKEFIELD, RI 02879
City P.O. Box 673 CHARLESTON RI State RI Zip 02813

Vice President Name NONE
Street Address
City State Zip

Treasurer Name DAVID M. RUBERTO
Street Address 15 CALYPSO DRIVE, WAKEFIELD, RI. 02879
City P.O. Box 673 CHARLESTON RI State RI Zip 02813

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

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>600</u>	<u>Common</u>	<u>NONE</u>

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>300</u>	<u>Common</u>	<u>NONE</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2-27-09

Check No.: 2559

By: mnc

FOR SECRETARY OF STATE USE ONLY

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.

David M. Ruberto January 1, 2009
Signature of Officer Date

DAVID M. RUBERTO
Print or Type Name of Officer

PRESIDENT DR BUILDERS INC
Title of Officer