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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			
106418	Northern RI Homes			
3. Street Address Principal Business Office		City	State	Zip
696 Douglas Pike		Smithfield	RI	02917
4. Business Phone No.	5. State of Incorporation			
401-232-3900	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To build, purchase and renovate homes, land and investment property

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

President Name			Vice President Name		
Christopher P. Clark			Robert C. Shirley		
Street Address			Street Address		
519C Putnam Pike			696 Douglas Pike		
City	State	Zip	City	State	Zip
Glocester	RI	02814	Smithfield	RI	02917
Secretary Name			**Treasurer Name**		
Christopher P. Clark			Robert C. Shirley		
Street Address			Street Address		
519C Putnam Pike			696 Douglas Pike		
City	State	Zip	City	State	Zip
Glocester	RI	02814	Smithfield	RI	02917

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

Director Name			Director Name		
Robert C. Shirley			NONE		
Street Address			Street Address		
696 Douglas Pike					
City	State	Zip	City	State	Zip
Smithfield	RI	02917			
Director Name			**Director Name**		
NONE			NONE		
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
200 NO PAR VALUE		

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]

FILED
File Date FEB 27 2009
Check No. By 3489
By:
FOR SECRETARY OF STATE USE ONLY
31472-56-33597

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.

Robert C Shirley 2/25/09
Signature *Date*

Robert C. Shirley
Print or Type Name

[redacted] Vice President
Title

Form 630 Rev. 08/08