



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.<br><u>55513</u>                                                                                                                        |                      | 2. Name of Corporation<br><u>Renovation Services, Inc.</u> |                             |                      |                                                                     |                               |                          |
| 3. Street Address Principal Business Office<br><u>55 Fairmount Drive</u>                                                                                   |                      | City<br><u>E. Greenwich</u>                                | State<br><u>R.I.</u>        | Zip<br><u>02818</u>  |                                                                     |                               |                          |
| 4. Business Phone No.<br><u>(401) 884-0164</u>                                                                                                             |                      | 5. State of Incorporation<br><u>Rhode Island</u>           |                             |                      |                                                                     |                               |                          |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><u></u>                                                                     |                      |                                                            |                             |                      |                                                                     |                               |                          |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                      |                                                            |                             |                      |                                                                     |                               |                          |
| President Name<br><u>Michael Kearns</u>                                                                                                                    |                      | Vice President Name<br><u>Christine Kearns</u>             |                             |                      |                                                                     |                               |                          |
| Street Address<br><u>55 Fairmount Drive</u>                                                                                                                |                      | Street Address<br><u>55 Fairmount Drive</u>                |                             |                      |                                                                     |                               |                          |
| City<br><u>E. Greenwich</u>                                                                                                                                | State<br><u>R.I.</u> | Zip<br><u>02818</u>                                        | City<br><u>E. Greenwich</u> | State<br><u>R.I.</u> | Zip<br><u>02818</u>                                                 |                               |                          |
| Secretary Name<br><u>Christine Kearns</u>                                                                                                                  |                      | Treasurer Name<br><u>Michael Kearns</u>                    |                             |                      |                                                                     |                               |                          |
| Street Address<br><u>55 Fairmount Drive</u>                                                                                                                |                      | Street Address<br><u>55 Fairmount Drive</u>                |                             |                      |                                                                     |                               |                          |
| City<br><u>E. Greenwich</u>                                                                                                                                | State<br><u>R.I.</u> | Zip<br><u>02818</u>                                        | City<br><u>E. Greenwich</u> | State<br><u>R.I.</u> | Zip<br><u>02818</u>                                                 |                               |                          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                      |                                                            |                             |                      |                                                                     |                               |                          |
| Director Name<br><u>None</u>                                                                                                                               |                      | Director Name<br><u>None</u>                               |                             |                      |                                                                     |                               |                          |
| Street Address<br><u></u>                                                                                                                                  |                      | Street Address<br><u></u>                                  |                             |                      |                                                                     |                               |                          |
| City<br><u></u>                                                                                                                                            | State<br><u></u>     | Zip<br><u></u>                                             | City<br><u></u>             | State<br><u></u>     | Zip<br><u></u>                                                      |                               |                          |
| Director Name<br><u>None</u>                                                                                                                               |                      | Director Name<br><u>None</u>                               |                             |                      |                                                                     |                               |                          |
| Street Address<br><u></u>                                                                                                                                  |                      | Street Address<br><u></u>                                  |                             |                      |                                                                     |                               |                          |
| City<br><u></u>                                                                                                                                            | State<br><u></u>     | Zip<br><u></u>                                             | City<br><u></u>             | State<br><u></u>     | Zip<br><u></u>                                                      |                               |                          |
| 9. SHARES AUTHORIZED<br><u>1,000 No Par Value</u>                                                                                                          |                      |                                                            |                             |                      | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                               |                          |
| 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 MUST BE COMPLETED                      |                               |                          |
|                                                                                                                                                            |                      |                                                            |                             |                      | Number of Shares<br><u>1,000</u>                                    | Class/Series<br><u>Common</u> | Par Value<br><u>None</u> |
|                                                                                                                                                            |                      |                                                            |                             |                      | <u></u>                                                             | <u></u>                       | <u></u>                  |

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.

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <u>MAR 02 2009</u> |
| By:                             | <u>By 1608</u>     |
| 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.

Michael Kearns Feb 20, '09  
Signature Date  
Michael Kearns  
Print or Type Name  
President / Treasurer  
Title