RI SOS Filing Number: 200943481610 Date: 03/02/2009 4:00 PM

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 | | | |
|---|---|---|---|---|
| 148680 | S & S Plastering And Drywall Inc. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 184 Comrac Ave. | | E. Providence | RI | 02914 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 401 580-3385 | RI | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| Plastering And Drywall Construction. | | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name | Steven Silva | | Vice President Name | Steven Silva | |
| Street Address | 184 Comrac Ave. | | Street Address | 184 Comrac Ave. | |
| City | E. Prov. | State RI Zip 02914 | City | E. Prov | State RI Zip 02914 |
| Secretary Name | Steven Silva | | Treasurer Name | Steven Silva | |
| Street Address | 184 Comrac Ave | | Street Address | 184 Comrac Ave. | |
| City | E. Prov | State RI Zip 02914 | City | E. Prov | State RI Zip 02914 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name | Steven Silva | | Director Name | | |
| Street Address | 184 Comrac Ave. | | Street Address | | |
| City | E. Prov | State RI Zip 02914 | City | State | Zip |
| 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.

1000 Common No par

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 1000 | Common | NO PAR |
| THIS SECTION MUST BE COMPLETED | | |

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.

X Steven Silva 2/24/09
*Signature* *Date*

Steven Silva
*Print or Type Name*

President
*Title*

[redacted]

**FILED**
*File Date* MAR 02 2009
*Check No.*
*By:* By
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Form 630 Rev. 08/08