

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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 1.23060	2. Name of Corporate		ACTORS, INC.						
3. Street Address Principal Business Office			City	Zip					
18 Simmons Street			Newport	RI	02840				
4. Bustness Phone No.		5. State of Incorporation							
401-849-3159)	RHOĐE I	SLAND	LAND					
6. Brief Description of the Character remodeling of Commercial Control of the Character 7. NAMES OF THE President Name	r of Business Conducted i all types d recreati so, The Office	n Rhode Island Cons of homes, onal box box a	truction, build buildings, incl TACHMENT) FILLIN SI : Vice President Name	ling, repair Luding resid PACES BEFORE USING	ing and lential, TATTACHMENTS				
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Secretary Name James A. Soares			James A. So	Treasurer Name James A. Soares					
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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.					r.Value				
		•.			Assert Value of the Control of the C				
This report must be executed			ized representative. If the con	rporation is in the hand	ls of a receiver or trustee,				

this report must be executed on behalf of the corporation by the receiver or trustee.

Title

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Under penalty of perjury, I declare and affi		
including any accompanying schedules and	i statements, and that all stat	ments
contained herein are true and correct.		
Como la	2/28/09	
Signature	Date	
James A. Soares		
Print or Type Name		
President		

Form 630 Rev. 08/08