

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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. 123060		2. Name of Corporation JAMES SOARES CONTRACTORS, INC.			
3. Street Address Principal Business Office 18 Simmons Street			City Newport	State R I	Zip 02840
4. Business Phone No. 401-849-3159		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Construction, building, repairing and remodeling of all types of homes, buildings, including residential, commercial and recreational, etc.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James A. Soares			Vice President Name James A. Soares, Jr.		
Street Address 18 Simmons Street			Street Address 18 Simmons Street		
City Newport	State R I	Zip 02840	City Newport	State R I	Zip 02840
Secretary Name James A. Soares			Treasurer Name James A. Soares		
Street Address 18 Simmons Street			Street Address 18 Simmons Street		
City Newport	State R I	Zip 02840	City Newport	State R I	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James A. Soares			Director Name James A. Soares, Jr.		
Street Address 18 Simmons Street			Street Address 18 Simmons Street		
City Newport	State R I	Zip 02840	City Newport	State R I	Zip 02840
Director Name James A. Soares			Director Name James A. Soares, Jr.		
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Street Address 18 Simmons Street			Street Address 18 Simmons Street		
City Newport	State R I				

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.

FILED

File Date

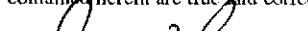
Check No. MAR 03 2009

By: By 5617

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.

Continued hereon are true and correct.

 2/28/09

Signature Date

James A. Soares

Print or Type Name

President

Title