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
466147	W.J CARPENTRY CONSTRUCTION, INC.

3. Street Address Principal Business Office	City	State	Zip
1632 HIVERAH SPRING AVE	N. Providence	RI	02904

4. Business Phone No.	5. State of Incorporation
401-475-1807	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
General CONSTRUCTION/Residential

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

President Name	Vice President Name
WAGNER J. JACINTO	Cesilia A. Rodriguez
Street Address: 53 WETMORE STREET	Street Address: 53 WETMORE ST
City: C. FALLS / State: R.I / Zip: 02863	City: C. FALLS / State: R.I / Zip: 02863
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

Director Name	Director Name
WAGNER J. JACINTO	CESILIA A. RODRIGUEZ
Street Address: 53 WETMORE STREET	Street Address: 53 WETMORE ST
City: C. FALLS / State: RI / Zip: 02863	City: C. FALLS / State: RI / Zip: 02863
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.

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

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	STK	0.01

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
Check No. MAR 02 2009
By: By
FOR SECRETARY OF STATE USE ONLY

[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.

Signature 3-01-09
Date

Cesilia Rodriguez
Print or Type Name

Vice President
Title

Form 630 Rev. 08/08