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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			
60864	ALMONTE DESIGNS, INC.			
3. Street Address Principal Business Office		City	State	Zip
132 OLD RIVER ROAD, SUITE 205		LINCOLN	RI	02865
4. Business Phone No.	5. State of Incorporation			
401-333-6300	RHODE ISLAND			

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

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

President Name	Street Address	City	State	Zip
FRANK J. ALMONTE	7 CORRAL COURT	CRANSTON	RI	02921

Vice President Name	Street Address	City	State	Zip
JACQUELINE A. ALMONTE	7 CORRAL COURT	CRANSTON	RI	02921

Secretary Name	Street Address	City	State	Zip
FRANK J. ALMONTE	7 CORRAL COURT	CRANSTON	RI	02921

Treasurer Name	Street Address	City	State	Zip
JACQUELINE A. ALMONTE	7 CORRAL COURT	CRANSTON	RI	02921

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

Director Name	Street Address	City	State	Zip
FRANK J. ALMONTE	7 CORRAL COURT	CRANSTON	RI	02921

Director Name	Street Address	City	State	Zip
JACQUELINE A. ALMONTE	7 CORRAL COURT	CRANSTON	RI	02921

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
~~50~~ 500 NO PAR VALUE	NONE	

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]

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 *Date* 2-28-09

FRANK J. ALMONTE
Print or Type Name

PRESIDENT
Title

[redacted]

File Date 3-5-09
Check No. 3936
By: mnc

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31510-42-355353

Form 630 Rev. 08/08