

**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 20

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. L. Corporate ID No. 2 Name of Corporation 97460 Quality Building Services, Inc. Street Address Principal Business Office Gity Cranston 1051 Reservoir Avenue RΙ 02910 State of Incorporation 401-223-2323 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island Commercial, residential building construction and management services 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael L.Villanova Raymond J. Villanova, Jr. Street Address Street Address 1051 Reservoir Avenue 1051 Reservoir Avenue City Cranston RI 02910 02910 Cranston RΙ Secretary Name Treasurer Name Mary Jo Carolan Michael L. Villanova Mreet Address Street Address 1051 Reservoir Avenue 1051 Reservoir Avenue City State Cranston RΙ 02910 Cranston RΙ 02910 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address CitvState 7.17 City State Zip Director Name Director Name Street Address Street Address City State Zifi CityState Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 0 0 none instruction sheet. 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. 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. File Date Check No. Mary Jo Carolan Print or Type Name Secretary FOR SECRETARY OF STATE USE ONLY

Title