



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. 124792		2. Name of Corporation Castlewright Design & Construction, Inc.			
3. Street Address Principal Business Office 9 Kennedy Road			City Foster	State RI	Zip 02825
4. Business Phone No. 401-397-8736		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of erecting or altering, under contract or otherwise, houses, office buildings, manufacturing plants, public buildings, woodworking business.					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name David Brown			Vice President Name Erika Brown		
Street Address 9 Kennedy Road			Street Address 9 Kennedy Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Erika Brown			Treasurer Name David Brown		
Street Address 9 Kennedy Road			Street Address 9 Kennedy Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name David Brown			Director Name Erika Brown		
Street Address 9 Kennedy Road			Street Address 9 Kennedy Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No Par Value
			THIS SECTION MUST BE COMPLETED		

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 MAR 24 2009

Check No. By 1805

By: \_\_\_\_\_

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.

Signature David Brown Date 3-17-09

David Brown  
Print or Type Name  
President  
Title