



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. 109711		2. Name of Corporation Knight Builders, Inc.			
3. Street Address Principal Business Office 419 Shore Rd.			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-322-1574		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island 					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jonathan F. Knight			Vice President Name Randolph C. Knight		
Street Address 37 Ayers Rd.			Street Address 419 Shore Rd.		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name 			Treasurer Name Randolph C. Knight		
Street Address 			Street Address 419 Shore Rd.		
City 	State 	Zip 	City Westerly	State RI	Zip 02891
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 		
City 	State 	Zip 	City 	State 	Zip
Director Name 			Director Name 		
Street Address 			Street Address 		
City 	State 	Zip 	City 	State 	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 <u>MUST</u> BE COMPLETED		
			Number of Shares 600	Class/Series 	Par Value No Par Value

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 31 2009
Check No.	
By:	By 16606
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 **Randolph C. Knight** Date **3/25/09**
Print or Type Name **Randolph C. Knight**
Title **VP / Treasurer**