

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(e)dd) is

subject to a penalty fee of \$25.00. 1. Corporate ID No.	2. Name of Corporat	ion			
96408 3. Street Address Principal Business C	LOMAŠ BŪILI	DING CORP.	City	State	Zip
2980 West Shore Road Suite 1			Warwick	ŘÍ	02886
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of GENERAL BUILDING CON RENOVATIONS AND REP. 7. NAMES AND ADDRESSES	TRACTING, COM	MERCIAL & INDUSTRIA	L BUILDINGS, AND P	RE-ENGINEERED STEI	EL BLDGS.
President Name David R. Lomas			Vice President Name David R. Lomas		
Street Address 2980 West Shore Road -Suite 1			Street Address 2980 West Shore Road — Suite 1		
City Warwick	State RI	Zip ' 02886	City Warwick	State RI	2in 02886)
Secretary Name David R. Lomas			Treasurer Name David R. Lomas		
Street Address 2980 Wset Shore Road — Suite 1			2980 Wset Shore Road—Suite 1		
City Warwick	State RI	^{2ip} 02886	City Warwick	State RI	^{Zip} 02886
8. NAMES AND ADDRESSES Director Name N/A	OF THE DIRECT	ORS: ("X" BOX FOR ATT	ACHMENT) FILL I Director Name	IN SPACES BEFORE USIN	NG ATTACHMENTS
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	ı	1	_	 D <i>("X" BOX FOR ATTAC</i> SECTION <u>MUST</u> BE COMPLETE	
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.			Number of Shares	Class/Series	Par Value
			-100-	common	no par value
This report must be executed this report must be executed				corporation is in the han	ds of a receiver or trustee,
			including any ac-		that I have examined this rep
File Date 4-6	-09	_	<u> Jav</u>	cel / Cym	o Mes. 4/2
Check No.	16/	- Et : MA :	Signature 9 - YJDawid R. Lo	omas	Date '
Ву:	me .	- Ala sha	Print or Type Nam O d y நிரes ident	me	
FOR SECRETARY OF ST	TATE USE ONLY	OBVIE STATE 10 X	SVI 36888 SVI 36888 SVI 36888	-	Form 630 Rev. 08/08