RI SOS Filing Number: 200944927270 Date: 04/09/2009 4:00 PM

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			
76603	Cornerstone Carpentry Inc.			
3. Street Address Principal Business Office		City	State	Zip
38 East Main Road		Little Compton	RI	02837
4. Business Phone No.	5. State of Incorporation			
	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To Build, repair, refurbish & Construct Buildings & Improvements

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

President Name	Vice President Name
Jonathan Souza	
Street Address: 38 East Main Road	Street Address:
City: Little Compton State: RI Zip: 02837	City: State: Zip:
Secretary Name	**Treasurer Name**
Jonathan Souza	Jonathan Souza
Street Address: 38 East Main Road	Street Address: 38 East Main Road
City: Little Compton State: RI Zip: 02837	City: Little Compton State: RI Zip: 02837

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

Director Name	Director Name
Jonatan Souza	
Street Address: 38 East Main Road	Street Address:
City: Little Compton State: RI Zip: 02837	City: State: Zip:
Director Name	Director Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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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 MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	Common	No Par

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] [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.

Jonathan Souza — *Signature* — 3/27/09 — *Date*

Jonathan Souza — *Print or Type Name*

President — *Title*

[redacted]

File Date	4-9-09
Check No.	2456
By: 32384-3-359582	MNC

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Form 630 Rev. 08/08