



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. 161955		2. Name of Corporation The Professional Handyman Inc.			
3. Street Address Principal Business Office 130 BROADWAY		City PAWT	State RI	Zip 02860	
4. Business Phone No. 401 447-6998		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Engage in CONSTRUCTION WORK and Ancillary Purposes					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Latraverse			Vice President Name		
Street Address 130 Broad way			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Michael Latraverse			Treasurer Name Michael Latraverse		
Street Address 130 Broadway			Street Address 130 Broadway		
City Pawt.	State RI	Zip 02860	City 130 Broadway	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>		
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 200 Shares	Class/Series	Par Value \$.01

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.

Signature: Michael Latraverse
Date: 5-4-09
Print or Type Name: Michael Latraverse
Title: President

File Date: **FILED**
Check No.: **131**
By: **DS**
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