

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 101.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

| penulty fee of \$25.00. | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|------------------------------|------------------------|-------------------|--|
| 1. Corporate II) No. | 2. Name of Corporation | | | | | |
| 1506.18 | BuildRI | | | | | |
| 3. State of Incorporation | 4. Corporate address in Rhode Island - Street Address | | | City | Zip | |
| | 155 South Main Street, suite 406 | | | Providence | RI | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip | |
| | | | | | | |
| 6. Brief Description of the character of | | ictually conducted in Rhode Isi | land | | | |
| Tride Assoc | Lishon | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 📝 FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | |
| President Name | | | Vice President Name | | | |
| Leo Marshall | | | Michael Sabitoni | | | |
| Street Address | | | Street Address | | | |
| 3 Clara St. | C) a | | 410 South Main Stree | State | · Za | |
| City | State Ma | Ztμ | * | RI | Σψ 02903 | |
| Seekonk | I IVIA | | Providence Treasurer Name | <u> </u> | 102903 | |
| Secretary Name David Palmiscano | | | Robert Silvia | | | |
| Street Address | | | Street Address | | | |
| 14 Jefferson Park | | | 161 Mill Street | | | |
| Cit _i r | State | Zip | Cl(y) | State | Zip | |
| Warwick | RI | 02888 | Cranston | RI | | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | | |
| Director Name | | | Director Name | | | |
| Donoto Bianco | | | David Rampone | | | |
| Street Address | | | Street Address | | | |
| 226 South Main Street | | | 800 Scenic View Drive | | | |
| <i>Gt</i> μ | State | Zip | Спу | State | Zip | |
| Providence | RI | 02903 | Cumberland | RI 02864 | | |
| | Wester Name | | Director Name Steve Grande | | | |
| Scott Duhamel | | | Steve Grande Street Address | | | |
| Street Address 1808 Elmwood Ave. | | | 780 Allens Ave. | | | |
| City | State | Zip | City | State | Zip | |
| Warwick | RI | 02888 | Providence | RI | 02905 | |
| 9. REGISTERED AGENT IN | • | 1 02000 | TOVIDO | 1.71 | , 52555 | |
| | | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 | | | | | | |
| This remort must | ha sianad hu aitha | s the Descident Vice Dec | sident Secretary Assistant | Sagratory Transurar Da | oniver or Tenetoe | |

This report must be signed by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| | | report, including any accompanying schedules and statements, and that all | | |
|---------------------------------|------------------|---------------------------------------------------------------------------|---------------------|--|
| File Date FILED | | statements contained herein are true and correct. | 7/25/05 | |
| Check No. JUL 2 9 2009 | MA ES JUL EDOS ~ | Signature of Officer | Date C | |
| By 075533 AND S | * CYNALLANGS | Print or Type Name of Officer | | |
| FOR SECRETARY OF STATE USE ONLY | S RECEIV | Tule of Officer F | Form 631 Rev. 09/17 | |