

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&d)) is

ubject to a penalty fee of \$25.0 Corporate ID No.		Harman A. Carlo			
48055	R. S. CC	e of Corporation S. COELHO BUILDERS, INC.			
3. Street Address Principal Business Office 999 Chalkstone Avenue			Providence	State R1	^{Zip} 02908
		5. State of Incorporation RHODE ISLAN			I
. Brief Description of the Cha Construction business		cted in Rhode Island			
. NAMES AND ADDRE	esses of the off	ICERS: ("X" BOX FOR ATT	ACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS
resident Name Robert S. Coelho			Vice President Name Jonathan M. Coelh	_	
Street Address 156 Touisset Road			Street Address 29 Franklin Court		
Warren	State RI	Zip 02885	City Warren	State RI	χ _{iμ} , 02885
R. Shawn Coelho			Treasurer Name Julie A. Coelho		
Street Address 29 Franklin Court			Street Address 156 Touisset Road		
ւյր Warren	State RI	^{Zip} 02885	^{City} Warren	State RI	^{Zip} 02885
	ESSES OF THE DIR	ECTORS: ("X" BOX FOR A		N SPACES BEFORE USIN	G ATTACHMENTS
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	CHy	State	Zip
Director Name		J	Director Name		
Street Address			Street Address		
Chy	State	Zip	City	State	Zip
). SHARES AUTHORIZ	ED	ı	: 10. SHARES ISSUED	 - ("X" BOX FOR ATTAC	 'HMENT)
				CTION MUST BE COMPLETED	
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.			i	Class/Series	Par Value
			101	Common	No par value
This report must be exe-	cuted on behalf of t	he corporation by an authori	zed representative. If the	corporation is in the hand	ls of a receiver or truste
his report must be exec	cuted on behalf of th	ne corporation by the receive	r or trustee.		
			Under penalty of	perjury, I declare and affirm	that I have examined this r
			including any acc	ompanying seacdules and start true and controls.	atements, and that all state
File Date FILE)		contained nereins	are true and cyrrect.	0-18-
			Signujure	17.	Date
Check No AUG 2 4 2	n na		Juli	i A. Gell	10
By: By	65		Print or Type Nam	 	<u></u>
FOR SECRETARY	OF STATE USE ONLY		Title	1001001	