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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			
000135495	Commodore Builders Corporation			
3. Street Address Principal Business Office		City	State	Zip
80 Bridge Street		Newton	MA	02458
4. Business Phone No.	5. State of Incorporation			
	Massachusetts			

6. Brief Description of the Character of Business Conducted in Rhode Island
Construction

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

President Name			Vice President Name		
Jospeh J. Albanese			Andrew Fraser		
Street Address			Street Address		
80 Bridge Street			80 Bridge Street		
City	State	Zip	City	State	Zip
Newton	MA	02458	Newton	MA	02458
Secretary Name			Treasurer Name		
Paula Gerry			Joseph J. Albanese		
Street Address			Street Address		
80 Bridge Street			80 Bridge Street		
City	State	Zip	City	State	Zip
Newton	MA	02458	Newton	MA	02458

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

Director Name			Director Name		
Joseph J. Albanese					
Street Address			Street Address		
80 Bridge Street					
City	State	Zip	City	State	Zip
Newton	MA	02458			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
10,000	Common	$0.00	9,700	Common	$0.00

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.

Paula Gerry 9/11/09
Signature *Date*

Paula Gerry
Print or Type Name

Secretary
Title

[redacted]

File Date FILED
Check No. SEP 14 2009
By: By 28611
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38136-10-412746

Form 630 Rev. 12/06