

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. 000135495 | 2. Name of Corpo Commodore | 2. Name of Corporation Commodore Builders Corporation | | | | |
|--|-------------------------------|---|---|---------------------------------|----------------------------------|--|
| 3. Street Address Principal Business Office 80 Bridge Street | | | City Newton | State MA | <i>Zip</i> 02458 | |
| 4. Business Phone No. 5. State of Incorporal Massachusetts | | | ion | | | |
| 6. Brief Description of the Cha Construction | tracter of Business Conduct | ed in Rhode Island | | | | |
| | ESSES OF THE OFFIC | CERS: ("X" BOX FOR A | ATTACHMENT) [FILL IN | SPACES BEFORE USING | ATTACHMENTS | |
| President Name Jospeh J. Albanese | | | Vice President Name Andrew Fraser | | | |
| Street Address | | | Street Address | | | |
| 80 Bridge Street | | | 80 Bridge Street | | | |
| City Newton | State MA | Ζ <i>ί</i> ρ 02458 | City Newton | State MA | 7ip 02458 | |
| Secretary Name Paula Gerry | | | Treasurer Name Joseph J. Albanese | | | |
| Street Address 80 Bridge Street | | | Street Address 80 Bridge Street | | | |
| City Newton | State MA | ^{Zip} 02458 | City Newton | State MA | <i>Ζφ</i> 02458 | |
| | ESSES OF THE DIREC | CTORS: ("X" BOX FOR | ATTACHMENT) [FILL] | IN SPACES BEFORE USIN | IG ATTACHMENTS | |
| Director Name Joseph J. Albanese | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| 80 Bridge Street | | | | | | |
| City | State | Zip | City | State | Zip | |
| Newton Director Name | JMA | 02458 | Director Name | . | | |
| in the state of th | | | is a color reality | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | | : 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [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 | |
| | | | 1.4 (2.5) | | | |
| | | | orized representative. If the | corporation is in the hand | ls of a receiver or trustee, | |
| this report must be exec | cuted on behalf of the | corporation by the rece | iver or trustee. | | | |
| | | | | | | |
| | | | Under nepalty of | f neriury. I declare and affirm | that I have examined this repor | |
| | | | | | tatements, and that all statemen | |
| | | | contained herein | are true and correct. | alulas | |
| File Date | FILED - | | jaru | · sain | 9/11/09 | |
| Check No. | | | Signature | (2-0) | Date | |
| | SEP 1 4 2009 | | Taula | Derry | | |
| Ву: | 1- 5 8 h | | Print or Type Nar | L . | | |
| FOR SECRETARY | A STATE USE ONE | II . | Tile | tanj | | |