



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Amended 2009

A. Ralph Mollis, Secretary of State
Corporations Division
118 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. 153837		2. Name of Corporation South Shore Custom Homes INC.			
3. Street Address Principal Business Office 51 High Street		City Ashaway	State RI	Zip 02804	
4. Business Phone No. 401-315-2085		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island New Homes Construction/Remodeling Home Repairs					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Clifford Clark		Vice President Name NONE			
Street Address 51 High Street		Street Address			
City Ashaway	State RI	Zip 02804	City	State	Zip
Secretary Name Dawn Clark		Treasurer Name Dawn Clark			
Street Address 51 High Street		Street Address 51 High Street			
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 3		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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	Class Series	Par Value	
		NONE			
		NONE			

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CORPORATIONS DIV
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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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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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.

Dawn Clark 12/10/09
Signature Date
Dawn Clark
Principal or Type Name
Secretary & Treasurer
Title



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

