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

Amended 2009

***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. Corporation ID No.	2. Name of Corporation
153837	South Shore Custom Homes INC.

3. Street Address Principal Business Office	City	State	Zip
57 High Street	Ashaway	RI	02804

4. Business Phone No.	5. State of Incorporation
401-315-2085	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	Vice President Name
Clifford Clark	NONE
Street Address: 57 High Street	Street Address:
City: Ashaway State: RI Zip: 02804	City: State: Zip:
Secretary Name: DAWN Clark	Treasurer Name: DAWN Clark
Street Address: 57 High Street	Street Address: 57 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	Director Name
NONE	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:

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 DEC 14 AM 10:56

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		

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]

DEC 14 2009
10:56

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
Print or Type Name

Secretary & Treasurer
Title

[redacted]

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

Form 630 Rev. 08/08