

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 2010 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.	<del></del> .					
1. Corporate ID No. <b>75294</b>	2. Name of Corporation T.P. BUILDERS	2. Name of Corporation T.P. BUILDERS, INC.				
3. Street Address Principal Business Office 693 SOMERSET AVENUE			TAUNTON	State MA	2ip 02780	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Character GENERAL CONTRACTOR		Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAINMENT OF THOMAS PELCHAT			CHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  THOMAS PELCHAT			
Street Address 693 SOMERSET AVENUE			Street Address 693 SOMERSET AVENUE			
City TAUNTON	State MA	02780	City TAUNTON	State MA	<sup>Zip</sup> 02780	
Secretary Name THOMAS PELCHAT			Treasurer Name THOMAS PELCHAT			
Street Address 693 SOMERSET AVENUE			Street Address 693 SOMERSET AVENUE			
City TAUNTON	State MA	<sup>Zip</sup> <b>02780</b>	City TAUNTON	State MA	<sup>Zip</sup> 02780	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name THOMAS PELCHAT			TACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address 693 SOMERSET AVENUE			Street Address			
City TAUNTON	State MA	<sup>Zip</sup> 02780	City	State	Zip	
Director Name			Director Name	***************************************		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION 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.			Number of Shares	Class/Series	Par Value	
			600	COMMON	\$1.00	
This report must be executed	on behalf of the corp	poration by an authorize	ed representative. If the	corporation is in the hands	of a receiver or trustee,	
this report must be executed	on behalf of the corp	oration by the receiver	or trustee.			
			Under penalty of	perjury, I declare and affirm th	nat I have examined this repo	
File Date 1-06-	-2010	]	including any acc	companying selectules and state true and correct.	ements, and that all stateme	
121	25		Signature		Date	
Check No.	M m a		THOMAS F			
FOR SECRETARY OF STA	ATE LISE ONLY		Print or Type Name			
TOR SECRETART OF STA	NE COE ONLI	_	Title		Form 630 Rev. 08/08	