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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 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(c), 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 |
|---|---|
| 123060 | JAMES SOARES CONTRACTORS, INC. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 18 Simmons Street | Newport | R I | 02840 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 401-849-3159 | RHODE ISLAND |

6. Brief Description of the Character of Business Conducted in Rhode Island: Construction, building, repairing and remodeling of all types of homes, buildings, including residential, commercial and recreational, etc.

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| James A. Soares | 18 Simmons Street | Newport | R I | 02840 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| James A. Soares, Jr. | 18 Simmons Street | Newport | R I | 02840 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| James A. Soares | 18 Simmons Street | Newport | R I | 02840 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| James A. Soares | 18 Simmons Street | Newport | R I | 02840 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| James A. Soares | 18 Simmons Street | Newport | R I | 02840 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| James A. Soares, Jr. | 18 Simmons Street | Newport | R I | 02840 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

**9. SHARES AUTHORIZED**
8,000 NO PAR VALUE

**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 |
|---|---|---|
| 8,000 | No Par Value | |
| | | |

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.

*Signature* — *Date*: 2/8/10

James A. Soares
*Print or Type Name*

President
*Title*

[redacted]

*File Date*: 2-9-2010
*Check No.*: 6251
*By*: mnc
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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