

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street 2010 Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.I. 7-1.2-1501(s) and particular follows and provided for the second of the

1. Corporate ID No. 122964	2. Name of C	Orporation DENNIS HIGGINS	BUILDERS INC		
3. Street Address Principal Busine	ess Office	- DEMINISTRACING			
17 Warren Street, Smithfield, RI 02917			Ciţv	State	Zip
4. Business Phone No.		5. State of Incorporation			
(401) 232-3232		Rhode Island			
6. Brief Description of the Charac		lucted in Rhode Island			
Construction, Carpentry 7. NAMES AND ADDRESS	ES OF THE OF	FICERS, ("Y" POV FOR ATT	A CITATION OF THE PROPERTY OF		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA			Vice President Name Dennis W. Higgins (Asst. V-Pres., Michael Bowie)		
Dennis W. Higgins					
Street Address 17 Warren Street			Street Address 17 Warren Street		
City					
Smithfield, RI 02917	State	Zip	Sthithfield, RI 02917	State	Zip
Secretary Name	d		Transary Many		
Dennis W. Higgins			Dennis W. Higgins		
Street Address 17 Warren Street			Street Address 17 Warren Street		
<i>C</i> 91.					
Smithfield, RI 02917	State	Zíp	Smithfield, RI 02917	State	Zip
	 ES OF THE DIR	ECTORS: ("X" BOX FOR AT	: Simemicia, Ki 02917		
Director Name		- STORM (A BOATOR AT	Director Name	SPACES BEFORE USING	ATTACHMENTS
Dennis W. Higgins					
Street Address 17 Warren Street			Street Address		
City	State	1			
Smithfield, RI 02917	siate	Zip	СНу	State	Zip
Director Name			Director Name		
<u>-</u>			Princellar Pleasing		
Street Address			Street Address		
City	10		<u> </u>		
····•,	State	Zip	CHP	State	Zip
9. SHARES AUTHORIZED	I		10 CHARGE ICCION	(4	
			ISSUED SHARES — THIS SECT	("X" BOX FOR ATTACH!	MENT)
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	Day 15th
			100	Common	No Par Value
					140 Tai Value
This report must be execute	d on behalf of th	20 composition by the state of			
this report must be executed	on behalf of the	ne corporation by an authorized e corporation by the receiver of	d representative. If the cor	poration is in the hands of	of a receiver or trustee.
		or formation of the receiver of	a trustee,		
			Under panelty of	ium. I d. I. om	
			including any accom	jury, I declare and affirm that panying schedules and states	t I have examined this repor ments, and that all statement
7.5	2011	,	contained herein are	true and correct.	
File Date	2010		Manie	afferan)	2/17/2010
11	410	[Signature Dennie	W W	Date

Date

Dennis W. Higgins

President

Print or Type Name

Title