

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(e&d)) is subject to a penalty fee of \$25.00.

1 Corporate ID No.	13.37. 66			<del></del>		
135984	ABLE HO	2. Name of Corporation ABLE HOME IMPROVEMENTS, INC.				
3. Street Address Principal Business Office 43 Silverwood Lane			City West Warwick	State RI	Ζίμ 02893	
4. Business Phone No. State of Incorporation Rhode Island				· · · · · · · · · · · · · · · · · · ·	<del></del>	
6. Brief Description of the Characte						
Painting and 7. NAMES AND ADDRESS! President Name Raymond Rocha	Home Imp	provements ICERS: ("x" box for atta	CHMENT)  FILL IN SE	PACES BEFORE USING	ATTACHMENTS	
Street Address 43 Silverwood Lane			Sired Address 43 Silverwood Lane			
Cits West Warwick	State RI	<sup>Ζιρ</sup> 02893	City West Warwick	State RI	<sup>Zip</sup> 02893	
Secretary Name Raymond Rocha			Treasurer Name Raymond Rocha			
Street Address 43 Silverwood Lane			Street Address 43 Silverwood Lane			
West Warwick	State RI	02893	City West Warwick	State RI	<sup>Zip</sup> 02893	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Raymond Rocha			TACHMENT)			
Street Address 43 Silverwood Lane			Street Address			
City West Warwick	State RI	<i>Zip</i> 02893	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Gity:	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			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par	
This report must be executed this report must be executed	d on behalf of the	he corporation by an authorized e corporation by the receiver of	d representative. If the cor	poration is in the hand	s of a receiver or trustee,	
			Under penalty of per	jury, I declare and affirm	that I have examined this repo	
2 - 1		<del></del> 7	including any accom- contained herein are	parrying schedules and sta	Rements, and that all statemen	
File Date	-2010		9		- 3/20/10	
419	7/		Signature	and the second	Date	
Check No.	16		Raymond Ro	ocha		
FOR SECRETARY OF STATE USE ONLY			Print or Type Name			
			President			
TOR ODERDINATION ST			Title		Form 630 Rev. 08/08	