



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 2011

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. Corporate ID No. 101601		2. Name of Corporation A-1 Builders General Contractor, Ltd.			
3. Street Address Principal Business Office 685 Warren Avenue		City East Providence		State RI	Zip 02914
4. Business Phone No. 401-431-1426		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to act as general contractor for the construction, repairing and remodeling of buildings and public works of all kinds					
7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ricardo Amaral			Vice President Name Francine Amaral		
Street Address 321 County Street			Street Address 321 County Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Frederic A. Marzilli			Treasurer Name Ricardo Amaral		
Street Address 685 Warren Avenue			Street Address 321 County Street		
City East Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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					
Number of Shares		Class/Series		Par Value	
100		common		no par	
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.

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.

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

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
Ricardo Amaral
Print or Type Name
President
Title