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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 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.	2. Name of Corporation
73498	COLONIAL DRYWALL, PLASTERING AND CONSTRUCTION, INC.

3. Street Address Principal Business Office	City	State	Zip
620 Colwell Road	Harrisville	RI	02830

4. Business Phone No.	5. State of Incorporation
401-568-0839	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage and render services and/or materials for drywalls, plastering, and other construction

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

President Name	Vice President Name
Michael Coutu	Same
Street Address: 620 Colwell Road	Street Address: Same
City: Harrisville; State: RI; Zip: 02830	City; State; Zip
Secretary Name: Same	Treasurer Name: Same
Street Address: Same	Street Address: Same
City; State; Zip	City; State; Zip

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

Director Name	Director Name
NONE	
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)*** ☐

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

Michael Coutu 1/27/11
Signature *Date*

MICHAEL COUTU
Print or Type Name

President
Title

[redacted]

FILED
File Date
Check No. JAN 31 2011
By: BY 3739
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Form 630 Rev. 08/08