

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) days a

1. Corporate ID No. 6189	2. Name of Corp	Is subject to a penalty fee of \$25.00.  2. Name of Corporation Vern Rainville Carpentry, Inc.				
3. Street Address Principal Business Office 240 Railroad Street			City Manville	State RI	7/ip 02838	
4. Business Phone No. 5. State of Incorporat 401-333-0089 Rhode Island			ion			
6. Brief Description of the Carpentry	Character of Business Conduc	sted in Rhode Island				
7. NAMES AND ADD	RESSES OF THE OFFI	CERS: ("X" BOX FOR A	<i>TTACHMENT)</i> FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Vernon S. Rainville			Joan M. Rainville			
Street Address 240 Railroad Street			Street Address 240 Railroad Street			
<sup>City</sup> Manville	State RI	<sup>Zip</sup> 02838	<sup>City</sup> Manville	State RI	<sup>Zip</sup> 02838	
Secretary Name Joan M. Rainville			Treasurer Name Vernon S. Rainville			
Street Address 240 Railroad Street			Street Address 240 Railroad Street			
City Manville	State RI	<sup>Zip</sup> 02838	<i>City</i> <b>Manville</b>	State RI	<sup>Zip</sup> 02838	
8. NAMES AND ADI	DRESSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) [ FILL	IN SPACES BEFORE USING	G ATTACHMENTS	
Director Name			Director Name			
None.			Street Address			
treet Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	<del>-</del>	•••••••••••	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHOR AUTHORIZED SHARES	RIZED ("X" BOX FOR	ATTACHMENT)		D ("X" BOX FOR ATTACE SECTION MUST BE COMPLETED		
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
600 NO PAR VALUE			600	Common	No Par	
			norized representative. If the	e corporation is in the hand	s of a receiver or trustee,	
this report must be o	executed on behalf of th	e corporation by the rece	eiver or trustee.			
FILED			Under penalty of perjury, I declare and affirm that I have examined this repincluding any accompanying schedules and statements, and that all statements contained begins are true and correct.			
File Date	EB <b>0 1</b> 2011		1114	1000	1-8-11	
Check No	mne	<u>/</u>	Signature		Date	
By:	10226		Print or Type Na	the S. RAPOUNCE	<u> </u>	
	ARY OF STATE USE ONLY		Title			
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