



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

1. Corporation ID No. IC100173		2. Name of Corporation Priority Inspections Inc.	
3. Street Address Principal Business Office 440 Dry Bridge Rd.		City N. Kingstown	State RI
4. Business Phone No. 401.294.4994		5. State of Incorporation R.I.	
6. Brief Description of the Character of Business Conducted in Rhode Island TO Engage in Inspection of Building			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Ernest Silvio		Vice President Name	
Street Address 440 Dry Bridge Road		Street Address	
City N. Kingstown	State RI	City	State
Zip 02852		Zip	
Secretary Name Hilda Silvio		Treasurer Name Ernest Silvio	
Street Address 440 Dry Bridge Road		Street Address 440 Dry Bridge Rd.	
City N. Kingstown	State RI	City N. Kingstown	State RI
Zip 02852		Zip 02852	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Ernest Silvio		Director Name none	
Street Address 440 Dry Bridge Rd		Street Address	
City N. Kingstown	State RI	City	State
Zip 02852		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 600 Comm NO Par Value		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ 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.		ISSUED SHARES	Class Series
		Number of Shares 100	Class Series Common
			Par Value NO Par

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CORPORATIONS DIV
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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

FILED

FEB 02 2011

By

136297 DS

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 _____ Date **1-5-11**

Print or Type Name

Title