

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. 7-1.2-1 subject to a penalty fee of \$25.00.	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
1. Corporate ID No.	2. Name of Corporation	

subject to a penalty fee of \$25.			_	s aper inc ume prescribea b	y uiw (R.1.G.L. /-1.2-1301(c&a)) 1	
1. Corporate ID No.	2. Name of Corpora		C TNG			
63 9 37 3. Street Address Principal Bu	SAN AN	TONIO BUILDER				
145 Widow S			City	State	Zip	
4. Business Phone No.	Weeks Moak	5. State of Incorporation	Exeter	RI	02822	
397-9939 RHODE I			SLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island						
INSTALLI	NG WATER GAR	DENS AND FISH	PONDS			
7. NAMES AND ADDRE	ESSES OF THE OFFICE	RS: ("X" BOX FOR ATTA	ACHMENT) [FILL IN ST	PACES BEFORE USIN	G ATTACHMENTS	
resident turne			Vice President Name			
<u>David San Antonio</u>			Patricia San Antonio			
Street Address			Street Address			
145 Widow Sweets Road City State Zip			145 Widow Sweets Road			
Exeter	RI	02822	E xeter	State RI	7.tp 02822	
Secretary Name			Treasurer Name		UZUZZ	
Gloria Sar	Antonio		David San A	ntonio		
Street Address			Street Address			
<u> 137 Widow</u>	Sweets Road		145 Widow Sweets Road			
City	State	Zip	City	State	Zip	
Exeter	RI	02822	Exeter	RI	02822	
O. NAMES AND ADDRES Director Name	SSES OF THE DIRECTO	ORS: ("X" BOX FOR ATA	FACHMENT) FILL IN	SPACES BEFORE USI	NG ATTACHMENTS	
NONE			Director Name			
Street Address			Street Address			
			witter Address			
City	State	Ζip	City	State	Zip	
*****************************			*	Anone	Σ.μ	
Director Name		,,,	Director Name	······································		
treet Address			Street Address			
Жу	State					
···	. Steat.	Zip	City	State	Zip	
. SHARES AUTHORIZE	.D		: 10 SHADES ISSUED /	"" POV FOR 1		
			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 a	an additional filing. See	e Section 9 of		CANAGO DE FIES	rar value	
instruction sheet.			NONE			
300 C	OMM NO FAR V	ALUE				
,						
his report must be execu	uted on behalf of the co	rporation by an authorize	d representative. If the cor	poration is in the han-	ds of a receiver or trustee,	
us report must be execu	ited on behalf of the cor	poration by the receiver of	or trustee.		,	
			Under penalty of per	jury, I declare and affirm	that I have examined this repo	
		_	including any accom	panying schedules and s	tatements, and that all statemer	
Sile Date F11	ED		comained herein are	true and correct.		
ile Date	ED		Mond da	1 intonic	1/31/3	
Check No FCD a	1.0044		Signature		Date	
LFR (4 2011		<u>David San</u>	<u>Antoni</u> o		
Ву:			Print or Type Name			
FOR SECRETARY OF	F NIADE UNION		President			
- Joseph William			Title			
					Form 630 Rev. 08/08	