



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.<br>54741   |             | 2. Name of Corporation<br>PAUL ST. AMAND DESIGNER AND BUILDER, INC. |   |              |                     |
| 3. Street Address Principal Business Office<br>1093 Main Street  |             |   | City<br>Coventry  | State<br>RI  | Zip<br>02816        |
| 4. Business Phone No.<br>401-821-0402  |             | 5. State of Incorporation<br>Rhode Island                           |   |              |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Construction, building, renovation and designing                            |             |   |   |              |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |   |   |              |                     |
| President Name<br>PAUL B. ST. AMAND  |             |   | Vice President Name<br>SUSAN M. ST. AMAND                           |              |                     |
| Street Address<br>1093 Main Street   |             |   | Street Address<br>1093 Main Street                                  |              |                     |
| City<br>Coventry   | State<br>RI | Zip<br>02816  | City<br>Coventry  | State<br>RI  | Zip<br>02816        |
| Secretary Name<br>SUSAN M. ST. AMAND   |             |   | Treasurer Name<br>PAUL B. ST. AMAND                                 |              |                     |
| Street Address<br>Same   |             |   | Street Address<br>Same  |              |                     |
| City   | State       | Zip   | City  | State        | Zip                 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |   |   |              |                     |
| Director Name<br>PAUL B. ST. AMAND   |             |   | Director Name   |              |                     |
| Street Address<br>Same   |             |   | 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<br>600 No Par Value   |             |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                     |
| 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<br>600   | Class Series | Par Value<br>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.

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.

*Paul B. St. Amund* 2/1/11  
Signature Date

PAUL B. ST. AMAND

Print or Type Name

PRESIDENT

Title

|                                 |              |
|---------------------------------|--------------|
| File Date                       | <b>FILED</b> |
| Check No.                       | FEB 07 2011  |
| By:                             | <i>6/1/8</i> |
| FOR SECRETARY OF STATE USE ONLY |              |