



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. 3700		2. Name of Corporation R. J. CARREIRO BUILDERS, INC.		
3. Street Address Principal Business Office 4 OVERLOOK DRIVE		City BRISTOL	State RI	Zip 02809
4. Business Phone No. 1-401-253-5571		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name RAYMOND J. CARREIRO		Vice President Name MARY M. CARREIRO		
Street Address 4 OVERLOOK DRIVE		Street Address 4 OVERLOOK DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI
Secretary Name MARY M. CARREIRO		Treasurer Name RAYMOND J. CARREIRO		
Street Address 4 OVERLOOK DRIVE		Street Address 4 OVERLOOK DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name RAYMOND J. CARREIRO		Director Name MARY M. CARREIRO		
Street Address 4 OVERLOOK DRIVE		Street Address 4 OVERLOOK DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 600 COMMON NO PAR		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 600	Class/Series COMMON	Par Value 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.

FILED

File Date FEB 07 2011
Check No. _____
By: BY 4115
FOR SECRETARY OF STATE USE ONLY

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.

Mary M. Carreiro 1-21-2011
Signature Date
MARY M. CARREIRO
Print or Type Name
Vice President
Title