



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. 105957		2. Name of Corporation Good Neighbor Homes, Inc.	
3. Street Address Principal Business Office 300 Olney Keach Trail		City Pascoag	State RI
4. Business Phone No. 401-568-3202		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island SALE of Modular Homes & Related Const.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert J. Woods Sr.		Vice President Name Robert J. Woods Jr.	
Street Address 300 Olney Keach Trail		Street Address 104 Church St.	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
Secretary Name SAME		Treasurer Name Robert J. Woods Sr.	
Street Address		Street Address SAME	
City	State	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Robert J. Woods Sr.		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. SHARES AUTHORIZED 3		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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 3	Class/Series COMMON
			Par Value NO PAR

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 FEB -9 AM 9:25

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 **FILED**
Check No. **FEB 09 2011**
By: **By 136824**

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 **Robert J. Woods** Date **2/7/11**
Print or Type Name **Robert J. Woods**



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ATTACHMENT

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4. Business Phone No.		5. State of Incorporation			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name VICE President Ryan J. Woods		Vice President Name Nicholas J. Woods			
Street Address 455 Chapel ST		Street Address 300 Olney Keach Trail			
City Harrisville	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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Robert J. Woods 2/7/11
Signature Date
Robert J. Woods
Print or Type Name