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(cont'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
105957	Good Neighbor Homes, Inc.			
3. Street Address Principal Business Office		City	State	Zip
300 Olney Keach Trail		Pascoag	RI	02859
4. Business Phone No	5. State of Incorporation			
401-568-3202	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			Vice President Name		
Robert J. Woods Sr.			Robert J Woods Jr.		
Street Address			Street Address		
300 Olney Keach Trail			104 Church St.		
City	State	Zip	City	State	Zip
Pascoag	RI	02859	Pascoag	RI	02859
Secretary Name			**Treasurer Name**		
SAME			Robert J. Woods Sr.		
Street Address			Street Address		
			SAME		
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		
Robert J. Woods Sr.					
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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SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED 3

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 State. Changes require an additional filing. See Section 9 of instruction sheet.

Number of Shares	Class/Series	Par Value
3	COMMON	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.

[redacted] [redacted]

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.

Robert J Woods — 2/7/11
Signature — *Date*

Robert J. Woods
Print or Type Name

File Date FILED
Check No. FEB 09 2011
By: By 136824

[redacted]

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

ATTACHMENT

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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	Street Address	City	State	Zip
VICE President Ryan J. Woods	455 Chapel ST	Harrisville	RI	02830
Vice President Name	Street Address	City	State	Zip
Nicholas J. Woods	300 Olney Keach Trail	Pascoag	RI	02859
Secretary Name	Street Address	City	State	Zip
Treasurer Name	Street Address	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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Robert J. Woods — 2/7/11
Signature — *Date*

Robert J. Woods
Print or Type Name

File Date _____

Check No. _____

By: _____

[redacted]