

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

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 subject to a penalty fee of \$25.00		pration failing or refusing to file its an	nual report within thirty (30) days	after the time prescribed by law	w (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 11405	2. Name of Con EASTERN	oration HOME IMPROVEMENT	, INC.		
3. Street Address Principal Busi 1030 Main Street	treet Address Principal Business Office 030 Main Street		City West Warwick	State RI	^{Zφ} 02893
		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Char GENERAL CONSTRUC	acter of Business Condu CTION, HOME IMI	cted in Rhode Island PROVEMENT SERVICE AN	ID ALLIED OPERATIONS		
7. NAMES AND ADDRES	SSES OF THE OFF	CERS: ("X" BOX FOR ATT	ACHMENT) TILL IN S	PACES BEFORE USING	ATTACHMENTS
Richard D. Santilli			Louis Raposa, Jr.		
Street Address 1030 Main Street			Street Address 1030 Main Street		
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State Rl	^{Zip} 02893
Secretary Name Richard D. Santilli			Treasurer Name Louis Raposa, Jr.		
Street Address 1030 Main Street			Street Address 1030 Main Street		
City West Warwick	State RI	^{Ζψ} 02893	City West Warwick	State RI	^{Zip} 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name Richard D. Santilli			TTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Louis Raposa, Jr.		
Street Address 1030 Main Street			Street Address 1030 Main Street		
City	State	Zip	City	State	Zip
West Warwick Director Name	RI	02893	West Warwick Director Name	RI	J02893
Street Address			Street Address		
City	State	Zip	City	State	Zíp
9. SHARES AUTHORIZ	ED	I	_	("X" BOX FOR ATTAC CTION MUST BE COMPLETE	
This information is currently of record in the Office of the Secretary of			f Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			600	Comm	No Par Value
This report must be exe	cuted on behalf of	the corporation by an author	ized representative. If the c	corporation is in the han	ds of a receiver or trustee,
this report must be exec	cuted on behalf of t	he corporation by the receive	er or trustee.		
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			including any seco	ompanying schedules and s	n that I have examined this report statements, and that all statemen
File Date	LED	,	contained herein a	are truff and correct.	2/25/11
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By: By	16432		Print or Type Name	CA DIZAN	// /
FOR SECRETARY OF STATE USE ONLY			Title	VENT	