



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

A. Ralph Molis, 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 82851		2. Name of Corporation A.V.DRYWALL & PLASTERING, INC.			
3. Street Address Principal Business Office 345 SOUTH MAIN STREET			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. (401) 769-8790		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island EVERYTHING NECESSARY TO DO DRYWALL WORK					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANDRE D. VERDO			Vice President Name DENISE C. VERDO		
Street Address 17 ANDREWS DRIVE			Street Address 17 ANDREWS DRIVE		
City UXBRIDGE	State MA	Zip 01569	City UXBRIDGE	State MA	Zip 01569
Secretary Name DENISE C. VERDO			Treasurer Name ANDRE D. VERDO		
Street Address 17 ANDREWS DRIVE			Street Address 17 ANDREWS DRIVE		
City UXBRIDGE	State MA	Zip 01569	City UXBRIDGE	State MA	Zip 01569
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 600		Class/Series COMMON		Par Value NO PAR VALUE	
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.					

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.

Signature Andre Verdo Date 02-15-11

Print or Type Name
ANDRE D. VERDO

PRESIDENT/TREASURER

Title

FILED	
File Date	<u>MAR 02 2011</u>
Check No.	<u>1704</u>
By: BY	<u>1704</u>
FOR SECRETARY OF STATE USE ONLY	