

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

1. Corporate ID No. 45372 3. Street Address Principal Business Of 2 Williams Street 4. Business Phone No. 4013312222 6. Brief Description of the Character of CONSTRUCTION INCLUDING. 7. NAMES AND ADDRESSES of President Name Gary P. Anderson Street Address PO Box 699 City Hope Valley Secretary Name Gary P. Anderson	flice Business Conducted in I NG CABINET-MAK OF THE OFFICERS:	5. State of Incorporation RHODE ISLAND Rhode Island NG AND REMODELIN	City Providence NG CHMENT) FILL IN Vice President Name	State RI SPACES BEFORE USING	Zip 02903		
2 Williams Street 4. Business Phone No. 4013312222 6. Brief Description of the Character of CONSTRUCTION INCLUDIN 7. NAMES AND ADDRESSES of President Name Gary P. Anderson Street Address PO Box 699 City Hope Valley Secretary Name	f Business Conducted in I NG CABINET-MAK OF THE OFFICERS:	RHODE ISLAND thode Island NG AND REMODELIN	Providence NG CHMENT) FILL IN Vice President Name	RI	02903		
4013312222 6. Brief Description of the Character of CONSTRUCTION INCLUDING. 7. NAMES AND ADDRESSES of President Name Gary P. Anderson Street Address PO Box 699 City Hope Valley Secretary Name	NG CABINET-MAK OF THE OFFICERS: State	RHODE ISLAND thode Island NG AND REMODELIN	CHMENT) FILL IN Vice President Name	SPACES BEFORE USING			
7. NAMES AND ADDRESSES OF President Name Gary P. Anderson Street Address PO Box 699 City Hope Valley Secretary Name	NG CABINET-MAK OF THE OFFICERS: State	NG AND REMODELIN	CHMENT) FILL IN Vice President Name	SPACES BEFORE USING	Ateleta over		
Gary P. Anderson Street Address PO Box 699 City Hope Valley Secretary Name	State	("X" BOX FOR ATTA	Vice President Name	SPACES BEFORE USING	A PERSONAL ACCUSATION OF THE PERSON OF THE P		
Gary P. Anderson Street Address PO Box 699 City Hope Valley Secretary Name			•		ATTACHMENTS		
PO Box 699 City Hope Valley Secretary Name			Vice President Name MacKenzie Anderson				
Hope Valley Secretary Name		PO Box 699			Street Address 250 Fenner Hill Road		
_	RI	_{Zip} 02832	City Hope Valley	State RI	^{Zip} 02832		
				Treasurer Name Ian Paul Anderson			
Street Address Same			Street Address 58 Sprague Street				
City	State	Zip	City Portsmouth	State RI	^{Zip} 02871		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATI Director Name N/A Street Address			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name N/A Street Address				
City	State	Zip	City	State	Zip		
Director Name N/A			Director Name N/A				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED			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		
			100	COMMON	1.00		

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File Date	
Ch. I. N.	MAR 2 9 2011
Check No	100/
Ву:_БҮ	08/0
FO	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a	ffirm that I have examined this report
including any accompanying schedules a	and statements, and that all statements
contained herein are true and correct.	
Say Kinde	3/18/11
Signature	Date
GARY PANOERS	めい
Print or Type Name	
PRESIDENT	
Tyle	
•	Form 630 Rev. 08/08