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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.	2. Name of Corporation		
164493	MILLS CONSTRUCTION CORPORATION, INC		
3. Street Address Principal Business Office	City	State	Zip
160 OTIS STREET	NORTH BOROUGH	MA	01532
4. Business Phone No.	5. State of Incorporation		
508 393 3341	MASSACHUSETTS		

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: NEIL R. CROTHERS	Vice President Name: N/A.
Street Address: 160 OTIS ST.	Street Address:
City: NORTHBOROUGH. State: MA Zip: 01532	City: State: Zip:
Secretary Name: SHEILA CROTHERS	Treasurer Name:
Street Address: 160 OTIS ST.	Street Address:
City: NORTHBOROUGH. State: MA Zip: 01532	City: State: Zip:

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

Director Name: NEIL R. CROTHERS	Director Name: N/A.
Street Address: 160 OTIS ST.	Street Address:
City: NORTHBOROUGH. State: MA. Zip: 01532	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

2011 APR -6 PM 1:19 RECEIVED SECRETARY OF STATE CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10,000.00		NONE.

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]

FILED
APR 06 2011
By 14105

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: [signature] Date: 2/28/11

NEIL R. CROTHERS
Print or Type Name

PRESIDENT
Title

[redacted]

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

61120-2-583410

Form 630 Rev. 08/08