RI SOS Filing Number: 201183556690 Date: 09/29/2011 4:00 PM

Office of the Secretary of State

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			
98688	M.C.L Home Improvment and Construction Co, Inc.			
3. Street Address Principal Business Office		City	State	Zip
6 Linwood Dr		Johnsion	RI	02919
4. Business Phone No.	5. State of Incorporation			
401-943-4663	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island

Home Improvments

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

President Name	Street Address	City	State	Zip
Michael Irace	6 Linwood Dr	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
Lori Irace	6 Linwood Dr	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Michael Irace	6 Linwood Dr	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Lori Irace	6 Linwood Dr	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
Michael Irace	6 Linwood Dr	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Lori Irace	6 Linwood Dr	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Michael Irace	6 Linwood Dr	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Lori Irace	6 Linwood Dr	Johnston	RI	02919

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
1.000	STK	0

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

File Date _____

Check No. SEP 2 9 2011

By: BY 14160 + 14664

FOR SECRETARY OF STATE USE ONLY

[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.

[redacted] 9-16-11

Signature *Date*

Michael Irace

Print or Type Name

[redacted] President

Title

Form 630 Rev. 08/08

68127-4-663017