

FOR SECRETARY OF STATE USE ONLY

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

| 1. Corporate ID No.<br>109538  | 2. Name of Corp<br>THORNHI | 2. Name of Corporation THORNHILL DESIGN BUILD, LTD.            |  |  |                              |  |
|--|----------------------------|--|--|--|------------------------------|--|
| 3. Street Address Principal Business Office<br>10 FRANKLIN STREET  |                            |  | NEWPORT  | State<br>RI  | χφ<br>02840                  |  |
| 4. Business Phone No. 401-846-9369  5. State of Incorporation RHODE ISLAND   |                            |  |  |  |                              |  |
|  | RAL CONTRACTOR             | R FOR THE CONSTRUCTIO  |  |  |                              |  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC<br>President Name<br>DONALD H. OSTERBORG  |                            |  | Vice President Name  NONE  |  |                              |  |
| Street Address 10 FRANKLIN STREET  |                            |  | Street Address   |  |                              |  |
| City<br>NEWPORT  | State<br>RI                | <sup>Zip</sup><br>02840  | City   | State  | Zip                          |  |
| Secretary Name<br>NONE   |                            |  | Treasurer Name<br>NONE   |  |                              |  |
| Street Address   |                            |  | Street Address   |  |                              |  |
| Сиу  | State                      | Zip  | City   | State  | Zip                          |  |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATA Director Name NONE   |                            |  | TACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  NONE   |  |                              |  |
| Street Address   |                            |  | Street Address   |  |                              |  |
| City   | State                      | Zip  | City   | State  | ХФ                           |  |
| Director Name NONE   |                            |  | Director Name<br>NONE  |  |                              |  |
| Street Address   |                            |  | Street Address   |  |                              |  |
| City   | State                      | Zip  | City:  | State  | Zip                          |  |
| ). SHARES AUTHORIZ   | ED                         | er i de itario ateni   | The second of th | D ("X" BOX FOR ATTAC<br>ECTION 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                    |  |
|  |                            |  | NONE   |  |                              |  |
|  |                            |  | विक्रम्भीक्षा । विश  |  |                              |  |
|  |                            | he corporation by an authoriz<br>e corporation by the receiver |  | corporation is in the hand                         | ds of a receiver or trust    |  |
| ■ F  | <b>ILE</b> D               |  | Under penalty of   | perjuly, I declar cand affirm                      | that I have examined this    |  |
| THORNHILL PRES   |                            |  | including any ac   | ompanying schedules and s<br>are true and correct. | tatements, and that all stat |  |
| File Date OCT  |                            |  | Signature  |  | Date                         |  |