

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 2012

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(ccrd)) is

subject to a penalty fee of \$25.	00.		, , , , , , , , , , , , , , , , , , , ,		(1.1.1.501(1.5.17))
1. Corporate ID No. 3234	2. Name of Corp CAETANO	CONSTRUCTION, INC.			
3. Street Address Principal Business Office 26 Castine Street			City Cumberland	State RI	<sup>Zip</sup> 02864
4. Business Phone No. 5. State of Incorporation (401) 722-0964 Rhode Island		<u> </u>			
6. Brief Description of the Cha GENERAL CONSTRU					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Antonio Caetano			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Maria Caetano		
Street Address 26 Castine Street			Street Address 26 Castine Street		
Cumberland	State RI	<sup>Zip</sup> 02864	Cuy Cumberland	State RI	02864
Secretary Name Maria Caetano			Treasurer Name Antonio Caetano		
Street Address 26 Castine Street			Street Address 26 Castine Street		
Cumberland	State RI	<sup>2ip</sup> 02864	City Cumberland	State RI	<sup>Zip</sup> 02864
Director Name  Maria Caetano	SSESTAL TIME DING	CIORS: ( A BOA FOR ALL	ACHMENT)   FILL IN Director Name Antonio Caetano	n spaces before usin	G ATTACHMENTS
Street Address 26 Castine Street			Street Address 26 Castine Street		
City Cumberland	State RI	<sup>Zip</sup> 02864	City Cumberland	State RI	<i>Ζι</i> ρ <b>02864</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	СИУ	State	Zíp
9. SHARES AUTHORIZI	ED '		·	 <i>("X" BOX FOR ATTACI</i>  CTION <u>MUST</u> 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
			150	СОММОН	NO PAR VALUE

This report must be executed on behalf of the corporation by this report must be executed on behalf of the corporation by t	an authorized representative. If the corporation is in the hands of a receiver or trustee, the receiver or trustee.	
FILEU	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements	
File Date	Signature Date	
By:  FOR SECRETARY OF STATE USE ONLY	Antonio Caetano  Print or Type Name  President	
TO SOME DIVINE USE ONE!	Title	