



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 02904-261
401.222.304

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 710717		2. Name of Corporation North Atlantic Builders, Inc		
3. Street Address Principal Business Office High Street		City Block Island	State RI	Zip 02807
4. Business Phone No.		5. State of Incorporation Rhode Island		

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

Construction and all other lawful purposes

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

President Name Joshua Redd			Vice President Name		
Street Address P. O. Box 218			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name Joshua Redd			Treasurer Name Joshua Redd		
Street Address P. O. Box 218			Street Address P. O. Box 218		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807

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

Director Name Joshua Redd			Director Name		
Street Address P. O. Box 218			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
100	A	No Par Value
THIS SECTION MUST BE COMPLETED		

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.

FILED

File Date JAN 30 2012

Check No. 1058

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 1/20/12
Signature Date
Joshua Redd
Print or Type Name
President
Title