



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

1. Corporate ID No. 507205		2. Name of Corporation SAFE HOME DELEAD AND CONSTRUCTION CO., INC.			
3. Street Address Principal Business Office 421-R SOUTH MAIN STREET			City BELLINGHAM	State MA	Zip 02019
4. Business Phone No. (508) 309-2191		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH McCARTER			Vice President Name		
Street Address 421-R SOUTH MAIN STREET			Street Address		
City BELLINGHAM	State MA	Zip 02019	City	State	Zip
Secretary Name SUSAN McCARTER			Treasurer Name KENNETH McCARTER		
Street Address 421-R SOUTH MAIN STREET			Street Address 421-R SOUTH MAIN STREET		
City BELLINGHAM	State MA	Zip 02019	City BELLINGHAM	State MA	Zip 02019
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 NO PAR VALUE					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION 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 NONE	Class/Series	Par Value	

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 FEB 10 2012

Check No. By [Signature]

By: 1133

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] 3 January 2012
Signature Date

KENNETH McCARTER
Print or Type Name

PRESIDENT
Title