



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 111521		2. Exact name of the Corporation PREMIER HOMES, INC.					
3. Principal office address 311 GREENVILLE AVENUE		City JOHNSTON	State RI	Zip 02919			
4. Business Phone No. 401-949-4270		5. State of Incorporation RHODE ISLAND					
6. Brief description of the character of business conducted in Rhode Island LAND DEVELOPMENT AND CONSTRUCTION OF RESIDENTIAL AND COMMERCIAL BUILDINGS							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name KEVIN J. ALMEIDA		Vice-President Name KEVIN J. ALMEIDA					
Street Address 311 GREENVILLE AVENUE		Street Address 11 GREENVILLE AVENUE					
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919		
Secretary Name KEVIN J. ALMEIDA		Treasurer Name KEVIN J. ALMEIDA					
Street Address 311 GREENVILLE AVENUE		Street Address 11 GREENVILLE AVENUE					
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name KEVIN J. ALMEIDA		Director Name					
Street Address 311 GREENVILLE AVENUE		Street Address					
City JOHNSTON	State RI	Zip 02919	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
					200	COMMON	NO 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 22 2012**

Check No. **1177**

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.

KEVIN J. ALMEIDA

2/13/12
Date

Print or Type Name of Authorized Representative