



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. 83502		2. Exact name of the Corporation Houle Enterprises Inc.	
3. Principal office address 23 Greene St.		City West Warwick	State R.I.
4. Business Phone No. 401-828-7020		Zip 02893	
5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Commercial & Residential Construction			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name NORMAN J. Houle		Vice-President Name NORMAN G. Houle	
Street Address 23 Greene St.		Street Address 25 Greene St	
City W. WARWICK	State RI	Zip 02893	City W. WARWICK
Secretary Name ANNE-MARIE Houle		Treasurer Name MANCY A. Houle	
Street Address 23 Greene St		Street Address 23 Greene St	
City W. WARWICK	State R.I.	Zip 02893	City W. WARWICK
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Director Name /		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED 5000 No Par Value		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 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.

File Date **FEB 22 2012**

Check No

By: **5727**

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.

NORMAN J. Houle 2/19/12
Signature of Authorized Representative Date

NORMAN J. Houle President
Print or Type Name of Authorized Representative