

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

Filling Period: January 1 - March 1 • Filling 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. 539473	2. Name of Corporation RBG DRYWALL CONSTRUCTION, INC				
3. Street Address Principal Business Office 41 ALTHEA STREET		PROVIDENCE	State RI	^{Zip} 02907	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of DRYWALL	of Business Conducted in Ri	bode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	<u></u>	CES BEFORE USING	ATTACHMENTS
President Name RAMON GUTIERREZ			Vice President Name MILDRED GARCIA		
Street Address 41 ALTHEA STREET			Street Address 41 ALTHEA STREET		
PROVIDENCE	State RI	<i>շ</i> թ 0 29 07	PROVIDENCE	State RI	7tp 02907
Secretary Name	J	d	Treasurer Name		
Street Address			Street Address		
City	State	Ζψ	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name RAMON GUTIERREZ Street Address			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name MILDRED GARCIA Street Address		
41 ALTHEA STREET			41 ALTHEA STREET		
City PROVIDENCE Director Name	State R	21p 02907	PROVIDENCE Director Name	State RI	02907
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	1	,	10. SHARES ISSUED (*) ISSUED SHARES — THIS SECTI		·
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			500	sтк	\$0.01
			-		
This report must be executed this report must be executed of the report must be executed of t	By		Under penalty of perjincluding any accompanied herein as signature MILDRED GA Print or Type Name V.P	ury, I declare and affirm conying schedules and s true and correct.	that I have examined this report statements, and that all statements
			Title		Form 630 Rev. 08/08