

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.

1. Entity ID No.		2. Exact name of the Corporation							
132408		N & D BUILDERS, LTD.							
3. Principal office address 5 Eagle Court			City Westerly	State RI	Zip 02891				
4. Business Phone No. (401) 596-8030			5. State of Incorporation Rhode Island						
6. Brief description of the c Generally engage i	haracter of busines n the business	s conducted in Rhode Islan of construction of re	d esidential and co	mmercial buildings					
A LIST SALE OF TOTAL	NAMES AND ADD	(ESSES) ("X" BOX FOR A	TAGHMENT)						
President Name Nelson E. Girard			Vice-President Name Mary Jo Girard						
Street Address 5 Eagle Court			Street Address 5 Eagle Court						
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891				
Secretary Name Mary Jo Girard			Treasurer Name Nelson E. Girard						
Street Address 5 Eagle Court		Anna San Anna ann an Aireann an A	Street Address 5 Eagle Court	Wegan and a second					
City Westerly	State RI	Zip 02891	City	State	Zip 02891				
8 LIST ALL DIRECTORS	(NAMES AND ADD	HESSES) ("X" BOX FOR		Delignative action					
Director Name Nelson E. Girard			Director Name Mary Jo Girard						
Street Address 5 Eagle Court			Street Address 5 Eagle Court						
City Westerly	State RI	Zip 02891	City Westerly	State Ri	Zip 02891				
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City State		Zip				
). SHARES AUTHORIZED			10. SHARES ISSUE	DI (#X%) BIOXIII FOR ATTACI	MENT:				
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				
			1000	Common	No par				
This report must be execute	ed on behalf of the o	corporation by an authorize	d representative. If the	corporation is in the hands	s of a receiver or trustee,				

the corporation by the receiver or trustee.

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Form No. 630 Revised: 01/2012 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 of Authorized Representative

Nelson E. Girard

Print or Type Name of Authorized Representative