



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

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

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. 00144962		2. Name of Corporation Paul Costa Carpenter, Inc	
3. Street Address Principal Business Office 119 Wood Street		City Swansea	State MA
		Zip 02777	
4. Business Phone No. 4012451913		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island General contracting Business. The Business of construction and real property development, purchase and sales			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Paul Costa		Vice President Name Paul Costa	
Street Address 119 Wood Street		Street Address 119 Wood Street	
City Swansea	State MA	Zip 02777	City Swansea
			State MA
			Zip 02777
Secretary Name Paul Costa		Treasurer Name Paul Costa	
Street Address 119 Wood Street		Street Address 119 Wood Street	
City Swansea	State MA	Zip 02777	City Swansea
			State MA
			Zip 02777
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Paul Costa		Director Name	
Street Address 119 Wood Street		Street Address	
City Swansea	State	Zip	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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 3000	Class/Series CNP
		Par Value 0	

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 CORPORATIONS DIV
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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 _____

Check No. MAR 13 2012

By: de 166069

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.

Paul Costa 3-12-12
Signature Date

Paul Costa
Print or Type Name

President
Title