



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
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
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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
		3000	CNP	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