



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. 37708		2. Exact name of the Corporation RSM Builders, Inc.		
3. Principal office address 13 PENNY LANE		City CRANSTON	State R.I	Zip 02921
4. Business Phone No. 401-639-0048		5. State of Incorporation R.I		
6. Brief description of the character of business conducted in Rhode Island General Contractor, building houses				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Robert E. Moll Jr		Vice-President Name NONE		
Street Address 13 PENNY LANE		Street Address		
City CRANSTON	State R.I	Zip 02921	City	State Zip
Secretary Name Robert E Moll Jr		Treasurer Name NONE		
Street Address 13 PENNY LANE		Street Address		
City CRANSTON	State R.I	Zip 02921	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State Zip
Director Name NONE		Director Name NONE		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	CNP	0

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 _____

Check No _____

By: _____

FILED

MAR 16 2012

By: *mmc*

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.

Robert E Moll *3-5-12*
 Signature of Authorized Representative Date

Robert E Moll
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

CH # 8256