



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. 17115		2. Exact name of the Corporation RADIAL BUILDERS INCORPORATED		
3. Principal office address 62 SEA VIEW RD.		City Charlestown	State RI	Zip 02813
4. Business Phone No. (401) 364-3456		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island BUILDING Contractor - HOME BUILDING construction				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name FORRESTER C. SAFFORD		Vice-President Name THOMAS E. SAWICKY		
Street Address 62 SEA VIEW RD.		Street Address 105 OLD VOLUNTOWN RD.		
City Charlestown	State RI	Zip 02813	City EXETER	State RI
Secretary Name FORRESTER C. SAFFORD		Treasurer Name THOMAS E. SAWICKY		
Street Address 62 SEA VIEW RD.		Street Address 105 OLD VOLUNTOWN RD.		
City Charlestown	State RI	Zip 02813	City EXETER	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	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"/>				
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.				

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 _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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.

Thomas E. Sawicky **3/19/2012**
 Signature of Authorized Representative Date

THOMAS E. SAWICKY Treasurer
 Print or Type Name of Authorized Representative