



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. 43838		2. Exact name of the Corporation MICHAEL WEST BUILDERS, INC.			
3. Principal office address P.O. BOX 504			City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 245-9191			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL WEST			Vice-President Name NONE		
Street Address P.O. BOX 504			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Secretary Name MICHAEL WEST			Treasurer Name MICHAEL WEST		
Street Address P.O. BOX 504			Street Address P.O. BOX 504		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL WEST			Director Name NONE		
Street Address P.O. BOX 504			Street Address		
City BARRINGTON	State RI	Zip 02806	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	COMMON	NO PAR VALUE

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 SECRETARY OF STATE
 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 _____

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.

Michael West

3/26/12

Signature of Authorized Representative

Date

MICHAEL WEST, PRESIDENT

Print or Type Name of Authorized Representative