



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. 82851		2. Exact name of the Corporation A.V. Drywall & Plastering, Inc.			
3. Principal office address 345 South Main Street		City Woonsocket	State RI	Zip 02895	
4. Business Phone No. (401) 769-8790		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Everything necessary to do drywall work.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Andrew S. Verdo			Vice-President Name Denise C. Verdo		
Street Address 138 Walnut Hill Road			Street Address 17 Andrews Drive		
City Woonsocket	State RI	Zip 02895	City Uxbridge	State MA	Zip 01569
Secretary Name Denise C. Verdo			Treasurer Name Denise Verdo		
Street Address 17 Andrews Drive			Street Address 17 Andrews Drive		
City Uxbridge	State MA	Zip 01569	City Uxbridge	State MA	Zip 01569
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	
		600	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.

File Date _____

Check No _____

By: _____

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.

FILED 9/19
 MAR 29 2012

Signature of Authorized Representative

2/29/12
 Date

FOR SECRETARY OF STATE USE ONLY

BY 11-167466

Denise C. Verdo

Print or Type Name of Authorized Representative