



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

**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.<br>70675   |             | 2. Name of Corporation<br>MICHAEL LAFLAMME CONTRACTORS, INC. |   |                        |                               |
| 3. Street Address Principal Business Office<br><del>10 ABBOTT AVENUE</del> 206 HAMPTON WAY   |             | City<br><del>BARRINGTON</del> WAKEFIELD                      |   | State<br>RI            | Zip<br><del>02806</del> 02879 |
| 4. Business Phone No.<br>245-8582  |             | 5. State of Incorporation<br>RHODE ISLAND                    |   |                        |                               |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>GENERAL CONSTRUCTION  |             |  |   |                        |                               |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |  |   |                        |                               |
| President Name<br>MICHAEL LAFLAMME   |             |  | Vice President Name<br>KATHY LAFLAMME                               |                        |                               |
| Street Address<br><del>10 ABBOTT AVENUE</del> 206 HAMPTON WAY  |             |  | Street Address<br><del>10 ABBOTT AVENUE</del> 206 HAMPTON WAY       |                        |                               |
| City<br><del>BARRINGTON</del> WAKEFIELD  | State<br>RI | Zip<br><del>02806</del> 02879                                | City<br><del>BARRINGTON</del> WAKEFIELD                             | State<br>RI            | Zip<br><del>02806</del> 02879 |
| Secretary Name<br>MICHAEL LAFLAMME   |             |  | Treasurer Name<br>MICHAEL LAFLAMME                                  |                        |                               |
| Street Address<br><del>10 ABBOTT AVENUE</del> 206 HAMPTON WAY  |             |  | Street Address<br><del>10 ABBOTT AVENUE</del> 206 HAMPTON WAY       |                        |                               |
| City<br><del>BARRINGTON</del> WAKEFIELD  | State<br>RI | Zip<br><del>02806</del> 02879                                | City<br><del>BARRINGTON</del> WAKEFIELD                             | State<br>RI            | Zip<br><del>02806</del> 02879 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |  |   |                        |                               |
| Director Name<br>MICHAEL LAFLAMME  |             |  | Director Name<br>NONE   |                        |                               |
| Street Address<br><del>10 ABBOTT AVENUE</del> 206 HAMPTON WAY  |             |  | Street Address  |                        |                               |
| City<br><del>BARRINGTON</del> WAKEFIELD  | State<br>RI | Zip<br><del>02806</del> 02879                                | City  | State                  | Zip                           |
| Director Name<br>NONE  |             |  | Director Name<br>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. |             |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                        |                               |
|  |             |  | Number of Shares<br>100   | Class Series<br>COMMON | Par Value<br>NO PAR VALUE     |

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                       | APR 02 2012 |
| Check No.                       |             |
| By:                             | 7204        |
| 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.

Signature  
MICHAEL LAFLAMME

Print or Type Name

PRESIDENT

Title

Date  
3/24/12