RI SOS Filing Number: 201292822440 Date: 05/16/2012 4:00 PM

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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.	2. Name of Corporation		
322936	THE DRAFTING SUBCONTRACTOR, INC.		
3. Street Address Principal Business Office	City	State	Zip
8 MASON DRIVE	CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation		
401-334-4306	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
STRUCTURAL STEEL DETAILING / DRAFTING SERVICE

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
KEVIN JACQUES	DIANE JACQUES
Street Address: 8 MASON DRIVE	Street Address: 8 MASON DRIVE
City: CUMBERLAND State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864
Secretary Name: DIANE JACQUES	Treasurer Name: KEVIN JACQUES
Street Address: SAME	Street Address: SAME
City: State: Zip:	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
KEVIN JACQUES	
Street Address: SAME	Street Address:
City: State: Zip:	City: State: Zip:
Director Name: N/A	Director Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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CORPORATIONS DIV
2012 MAY 16 AM 10:52

9. SHARES AUTHORIZED

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

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	Class/Series	Par Value
NONE	NONE	NONE

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.

[redacted]

FILED

File Date

Check No. MAY 16 2012

By: 170603 10:52

FOR SECRETARY OF STATE USE ONLY

78135-5-737029

[redacted]

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 1/1/2010
Date

KEVIN JACQUES
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08