



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 2010

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. 000173466		2. Exact name of the Corporation Cormier Construction Inc.		
3. Principal office address 71 Rainbow Rd		City Chepachet	State RI	Zip 02814
4. Business Phone No. 401-639-4177		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Building and remodeling of residential structures				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Steven Thomas Cormier		Vice-President Name None		
Street Address 71 Rainbow Rd		Street Address		
City Chepachet	State RI	Zip 02814	City	State
Secretary Name None		Treasurer Name None		
Street Address		Street Address		
City	State	Zip	City	State
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
Director Name None		Director Name None		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		500	STK	\$0.01

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 SECRETARIAT OF STATE
 CORPORATION DIV
 JUN 15 AM 10:39

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

JUN 15 2012

Signature of Authorized Representative _____ Date **06/14/2012**

Steven T. Cormier

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

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