



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 **2013**

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. 115861		2. Exact name of the Corporation D.M. ROSS DESIGN BUILDERS, INC.					
3. Principal office address 87 Acre Avenue			City Barrington		State RI	Zip 02806	
4. Business Phone No. (401) 245-2732			5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island To engage in all aspects of the construction industry.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name David M. Ross			Vice-President Name Vacant				
Street Address 87 Acre Avenue			Street Address				
City Barrington	State RI	Zip 02806	City	State	Zip		
Secretary Name George D. Ross			Treasurer Name David M. Ross				
Street Address 11 Juniper Street			Street Address 87 Acre Avenue				
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			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
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		
			92	Common	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 31 2013

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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.

David M. Ross 1/28/13
 Signature of Authorized Representative Date

David M. Ross, President

Print or Type Name of Authorized Representative