

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.

·	FAILURE TO FI	LE THIS REPORT BY N	IARCH 31 WILL RES	SULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.		2. Exact name of the Corporation				
111521	PREMI	ER HOMES, INC.				
3. Principal office address 311 GREENVILLE AVENUE			City JOHNSTON	State RI	Zip 02919	
4. Business Phone No. 401-949-4270			5. State of Incorporation RHODE ISLAND			
6. Brief description of the ch		s conducted in Rhode Island STRUCTION OF RESI		OMMERCIAL BUILD	INGS	
7/1 IST A LEGORFICERS (N	AMES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)			
President Name KEVIN J. ALMEIDA			Vice-President Name KEVIN J. ALMEIDA			
Street Address 311 GREENVILLE AVENUE			Street Address 311 GREENVILLE AVENUE			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919	
Secretary Name KEVIN J. ALMEIDA				Treasurer Name KEVIN J. ALMEIDA		
Street Address 311 GREENVILLE AVENUE			Street Address 311 GREENVILLE AVENUE			
City JOHNSTON	State RI	Zip 02919	City State RI		Zip 02919	
8 LIST ALL DIRECTORS (NAMES AND ADD	RESSES) (#X#BOX FOR	ATT/A(CHMENT)			
Director Name KEVIN J. ALMEIDA			Director Name			
Street Address 311 GREENVILLE A\	/ENUE		Street Address			
City JOHNSTON	State RI	Zip 02919	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZED	BRE A SELECTION OF SE		10. SHARES ISSUE	O ("X" BOX FOR ATTACI	(MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.		200	COMMON	NO PAR VALUE		
This report must be execute		corporation by an authorize st be executed on behalf of			s of a receiver or trustee,	

FILED	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and stateme and that all statements contained herein are true and correct.	
Check No. FFB 2 1 2013	2	1/29/13
	Signature of Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY 1585	KE V IN J. ALMEIDA	
Bunkan sandar unicaratica de la company	Print or Type Name of Authorized Representative	

Form No. 630 Revised: 01/2012