

Advisor 01/2012

## 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

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## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 2. Exact name of the Corporation 000164575 Long Built Homes, Inc. 3. Principal office address Zip **02745** State 158 Charles McCombs Boulevard **New Bedford** MA 4. Business Phone No. 5. State of Incorporation 508-995-8420 MA 6. Brief description of the character of business conducted in Rhode Island Construction 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Vice-President Name Robert F. Long Robert F. Long Street Address Street Address 85 High Street 85 High Street State State Dartmouth MA 02748 Dartmouth MA 02748 Secretary Name Treasurer Name Robert F. Long Robert F. Long Street Address Street Address 85 High Street 85 High Street City City State State **Dartmouth** MA 02748 02748 Dartmouth MA 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Director Name Robert F. Long Street Address Street Address 85 High Street State City State Zip Dartmouth MA 02748 Director Name Director Name Street Address Street Address City State Zip 9. SHARES AUTHORIZED SHALLS 1,000 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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. 100 CNP 0.00 See Section 9 of instruction sheet. 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. Under penalty of perjury, I declare and affirm that I have examined File Date this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Check No FOR SECRETARY OF STATE USE ONLY Sign Print or Type Name of Authorized Representative
Long Built House W. Cm 191414 Form No. 530