



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. <b>789052</b>		2. Exact name of the Corporation <b>B &amp; R HOME IMPROVEMENT, INC.</b>			
3. Principal office address <b>16 PACIFIC STREET</b>		City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	
4. Business Phone No. <b>365-9264</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input checked="" type="checkbox"/>					
President Name <b>ROBERT R. ST. PIERRE</b>			Vice-President Name <b>ROBERT R. ST. PIERRE, JR.</b>		
Street Address <b>16 PACIFIC STREET</b>			Street Address <b>16 PACIFIC STREET</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>ALBERT ST. PIERRE</b>			Treasurer Name <b>ROBERT R. ST. PIERRE, JR.</b>		
Street Address <b>16 PACIFIC STREET</b>			Street Address <b>16 PACIFIC STREET</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input checked="" type="checkbox"/>					
Director Name <b>ROBERT R. ST. PIERRE</b>			Director Name <b>ROBERT R. ST. PIERRE, JR.</b>		
Street Address <b>16 PACIFIC STREET</b>			Street Address <b>16 PACIFIC STREET</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input checked="" 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
			100	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.

**FILED**

FEB 28 2013

File Date

Check No.

By

1132

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.

X   
Signature of Authorized Representative

02/23/13  
Date

FOR SECRETARY OF STATE USE ONLY

**ROBERT R. ST. PIERRE, President**

Print or Type Name of Authorized Representative