



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.

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|--|--------------------|---|--|-------------------------------------|----------------------------------|
| 1. Entity ID No. <u>167425</u> | | 2. Exact name of the Corporation <u>Devany Builders, Inc</u> | | | |
| 3. Principal office address <u>2 Dutchess Drive</u> | | | City <u>Cranston</u> | State <u>RI</u> | Zip <u>02921</u> |
| 4. Business Phone No. <u>(401) 829-8545</u> | | | 5. State of Incorporation <u>Rhode Island</u> | | |
| 6. Brief description of the character of business conducted in Rhode Island <u>Construction & development</u> | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name <u>David Michael Devany</u> | | | Vice-President Name _____ | | |
| Street Address <u>2 Dutchess Drive</u> | | | Street Address _____ | | |
| City <u>Cranston</u> | State <u>RI</u> | Zip <u>02921</u> | City _____ | State _____ | Zip _____ |
| Secretary Name <u>David Michael Devany</u> | | | Treasurer Name <u>David Michael Devany</u> | | |
| Street Address <u>2 Dutchess Drive</u> | | | Street Address <u>2 Dutchess Drive</u> | | |
| City <u>Cranston</u> | State <u>RI</u> | Zip <u>02921</u> | City <u>Cranston</u> | State <u>RI</u> | Zip <u>02921</u> |
| 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 <u>10</u> | CLASS/SERIES <u>COMMON STOCK</u> | PAR VALUE <u>NO PAR VALUE</u> |
| | | | | | |

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: _____

FILED

FOR SECRETARY OF STATE USE ONLY **MAR 12 2013**

Form No. 630
Revised: 01/2012

By MMS
CU # 2869

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. Devany 2-26-13
Signature of Authorized Representative Date

DAVID M. DEVANY
Print or Type Name of Authorized Representative