



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 2012

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. 000111092		2. Exact name of the Corporation Campbell Builders, Inc.							
3. Principal office address 21 KNOWLES DRIVE		City WARWICK	State RI	Zip 02888					
4. Business Phone No. 401-487-8901		5. State of Incorporation RHODE ISLAND							
6. Brief description of the character of business conducted in Rhode Island TO CONSTRUCT, REMODEL, RENOVATE, BUILD, SELL, DEVELOP REAL ESTATE. TO PROVIDE CARPENTRY ROUGH AND FINISH CARPENTRY									
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
President Name PETER CAMPBELL			Vice-President Name PETER CAMPBELL						
Street Address 21 KNOWLES DRIVE			Street Address 21 KNOWLES DRIVE						
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888				
Secretary Name PETER CAMPBELL			Treasurer Name PETER CAMPBELL						
Street Address 21 KNOWLES DRIVE			Street Address 21 KNOWLES DRIVE						
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
Director Name PETER CAMPBELL			Director Name						
Street Address 21 KNOWLES DRIVE			Street Address						
City WARWICK	State RI	Zip 02888	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	
						2,000	CNP	0.00	

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

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.

FILED 1047

Signature of Authorized Representative

Date

PETER CAMPBELL

Print or Type Name of Authorized Representative

BY

JUN 25 2013

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