



**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. 82700		2. Exact name of the Corporation Shire Corporation		
3. Principal office address 7 Starline Way		City Cranston	State RI	Zip 02921
4. Business Phone No. (401) 743-3430		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Commercial Construction.				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name Laura Gammino		Vice-President Name Thomas Gammino		
Street Address 7 Starline Way		Street Address 7 Starline Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI
Secretary Name Laura Gammino		Treasurer Name Thomas Gammino		
Street Address 7 Starline Way		Street Address 7 Starline Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name Laura Gammino		Director Name Thomas Gammino		
Street Address 7 Starline Way		Street Address 7 Starline Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
		1,000	Common	No Value

2013 AUG 21 PM 2:31  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

*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**  
 Form No. 630  
 Revised: 01/2012

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.

Signature of Authorized Representative: Thomas Gammino Date: 8.21.13  
 Print or Type Name of Authorized Representative: Thomas Gammino

**FILED**  
 AUG 21 2013 2:31 pm  
 By 204227  
 KM