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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1502(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1503(a)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
96043	SOUTH DARTMOUTH CONSTRUCTION, INC.

3. Street Address Principal Business Office	City	State	Zip
8 KRASEMAN STREET	SO. DARTMOUTH	MASS	02748

4. Business Phone No.	5. State of Incorporation
508-984-3347	MASSACHUSETTS

6. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION

2013 AUG 30 PM 2:38
STATE OF RHODE ISLAND CORPORATIONS DIV.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
LOUIE M MEDEIROS	NATALIE REIS MEDERIOS
Street Address: 14 ABNER POTTER'S WAY	Street Address: 14 ABNER POTTER'S WAY
City: SOUTH DARTMOUTH State: MASS Zip: 02748	City: SOUTH DARTMOUTH State: MASS Zip: 02748
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
LOUIE M MEDEIROS	NATALIE REIS MEDEIROS
Street Address: 14 ABNER POTTER'S WAY	Street Address: 14 ABNER POTTER'S WAY
City: SOUTH DARTMOUTH State: MASS Zip: 02748	City: SOUTH DARTMOUTH State: MASS Zip: 02748
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100	COMMON	NPV

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.

[redacted] [redacted]

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.

Natalie Reis Mederos
Signature *Date*

Natalie Reis Mederios
Print or Type Name

Vice President
Title

[redacted]

File Date _____
Check No. _____
By: _____

FILED
AUG 30 2013
FOR SECRETARY OF STATE USE ONLY 49-204911
By
A.A. 2:38 p.m.

Form 630 Rev. 08/08

96331-1-893823