



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 2014**

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>60864</b>		2. Exact name of the Corporation <b>ALMONTE DESIGNS, INC.</b>		
3. Principal office address <b>132 OLD RIVER ROAD, STE. 205</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. Business Phone No. <b>401-333-6300</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTIONS</b>				

**LIST ALL OFFICERS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT)**

President Name <b>FRANK J. ALMONTE</b>			Vice-President Name <b>JACQUELINE A. ALMONTE</b>		
Street Address <b>7 CORRAL COURT</b>			Street Address <b>7 CORRAL COURT</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>FRANK J. ALMONTE</b>			Treasurer Name <b>JACQUELINE A. ALMONTE</b>		
Street Address <b>7 CORRAL COURT</b>			Street Address <b>7 CORRAL COURT</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>

**LIST ALL DIRECTORS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT)**

Director Name <b>FRANK J. ALMONTE</b>			Director Name <b>JACQUELINE A. ALMONTE</b>		
Street Address <b>7 CORRAL COURT</b>			Street Address <b>7 CORRAL COURT</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**9. SHARES AUTHORIZED**  **10. SHARES ISSUED (CHECK BOX FOR ATTACHMENT)**

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
	500	COMMON	NO PAR

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 13 2014  
 4352  
 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.

*Frank J. Almonte* 1-30-14  
 Signature of Authorized Representative Date  
**FRANK J. ALMONTE, PRESIDENT**  
 Print or Type Name of Authorized Representative