



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>9421</b>		2. Exact name of the Corporation <b>Ted's Construction Co., Inc.</b>			
3. Principal office address <b>1081 Diamond Hill Road</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
4. Business Phone No. <b>401-769-4285</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>General Construction</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>June Aubin</b>			Vice-President Name <b>Alexander Aubin</b>		
Street Address <b>103 St. Agnes Avenue</b>			Street Address <b>1065 Diamond Hill Road</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
Secretary Name <b>Jeannine Desjarlais</b>			Treasurer Name <b>Ronald Aubin</b>		
Street Address <b>31 Rocco Drive</b>			Street Address <b>103 St. Agnes Avenue</b>		
City <b>Blackstone</b>	State <b>MA</b>	Zip <b>01504</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<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
			133	Common	No Par Value

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.,

FILED

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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.

*June A. Aubin*  
 Signature of Authorized Representative

*2/11/14*  
 Date

June Aubin, President

Print or Type Name of Authorized Representative