

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

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 F

1. Entity ID No. 73386	2. Exact name of the Corporation Carl A. Malmborg & Son, Inc.				
3. Principal office address 1626 Phenix Avenue			City Cranston	State RI	Zip 02921
4. Business Phone No. 401-821-2377			5. State of Incorporation Rhode Island		
Brief description of the chara Home Building Improv	cter of busines ement	s conducted in Rhode Island	d		
ar in the second	ES AND ADD	RESSES) ("\$" BOX, FOR A			
President Name Edward P. Plaziak, Jr.			Vice-President Name Carl A. Malmborg		
Street Address 1626 Phenix Avenue			Street Address 1626 Phenix Avenue		
ity Cranston	State RI	Zip 02921	City Cranston	State RI	^{Zip} 02921
cretary Name dward P. Plaziak, Jr.			Treasurer Name Edward P. Plaziak, Jr.		
Street Address 1626 Phenix Avenue			Street Address 1626 Phenix Avenue		
ity Cranston	State RI	Zip 02921	City State RI		Zip 02921
LIST ALL DIRECTORS (NA	MES AND AD	DRESSES) ("X" BOX FOR			
irector Name Edward P. Plaziak, Jr.			Director Name		
Street Address 1626 Phenix Avenue			Street Address		
ity Cranston	State RI	Zip 02921	City	State	Zip
irector Name			Director Name		
Street Address			Street Address		
iity	State	Zip	City	State	Zip
, SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
This information is currently of record in the Office of the Sparetery		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			200	common	none
This report must be executed o	on behalf of the	corporation by an authorize	ed representative. If the o	corporation is in the hand	s of a receiver or trustee,
this report must be executed on behalf of the Pate FILED FILED FEB 2 6 2014			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.		
Check No		FEB 2 6 2014	Zahano	J/M	1 1/8/19
sy:	BY	1192	Signature of Authori Edward P. Plaz	zed Representative	Date
FUM SECHE IARY OF STATE	FOR SECRETARY OF STATE USE ONLY			of Authorized Representa	ative

Form No. 630 Revised: 01/2012