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.	2. Exact name of the Corporation
131822	PAUL SOARES CONTRACTING, INC.

3. Principal office address	City	State	Zip
125 ARLINGTON STREET	EAST PROVIDENCE	RI	02914

4. Business Phone No.	5. State of Incorporation
4014746574	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
to operate a remodeling and home improvements contracting business

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Officer	Name	Street Address	City	State	Zip
President	PAULO J. SOARES	125 ARLINGTON STREET	EAST PROVIDENCE	RI	02914
Vice-President	PAULO J. SOARES	125 ARLINGTON STREET	EAST PROVIDENCE	RI	02914
Secretary	PAULO J. SOARES	125 ARLINGTON STREET	EAST PROVIDENCE	RI	02914
Treasurer	PAULO J. SOARES	125 ARLINGTON STREET	EAST PROVIDENCE	RI	02914

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
PAULO J. SOARES	125 ARLINGTON STREET	EAST PROVIDENCE	RI	02914
NONE				
NONE				
NONE				

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR VALUE

2014 MAR -3 PM 1
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.

FILED
MAR 0 3 2014

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.

File Date:
Check No.:
By: BY Cn 218940
FOR SECRETARY OF STATE USE ONLY

Paulo J. Soares 1/27/14
Signature of Authorized Representative — Date

PAULO J. SOARES
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
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