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
125510	Richmond Gardner Builder, Inc.

3. Principal office address	City	State	Zip
60 South County Commons Way, Suite G4	Wakefield	RI	02879

4. Business Phone No.	5. State of Incorporation
401-788-9080	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To conduct and carry on the business of general contractors and builders

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

President Name	Street Address	City	State	Zip
Richmond Gardner	2695 Commodore Oliver Hazard Perry Highway	Wakefield	RI	02879

Vice-President Name	Street Address	City	State	Zip
Emerson Gardner	356 Cards Pond Road	Wakefield	RI	02879

Secretary Name	Street Address	City	State	Zip
Emerson Gardner	356 Cards Pond Road	Wakefield	RI	02879

Treasurer Name	Street Address	City	State	Zip
Richmond Gardner	2695 Commodore Oliver Hazard Perry Highway	Wakefield	RI	02879

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

Director Name	Street Address	City	State	Zip
Richmond Gardner	2695 Commodore Oliver Hazard Perry Highway	Wakefield	RI	02879

Director Name	Street Address	City	State	Zip
Emerson Gardner	356 Cards Pond Road	Wakefield	RI	02879

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

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.

PLEASE SIGN & DA

Signature of Authorized Representative — Date

Richmond Gardner
Print or Type Name of Authorized Representative

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

FILED
MAR 18 2014
2935

Form No. 630
Revised: 01/2012