



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>609</b>		2. Exact name of the Corporation <b>ALDER BROOK BUILDERS , INC</b>			
3. Principal office address <b>1 ALDER BROOK DRIVE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-263-5314</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTORS</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
President Name <b>EMILI VAZIRI</b>			Vice-President Name <b>BARBARA MEGRDICHIAN</b>		
Street Address <b>1 ALDER BROOK DRIVE</b>			Street Address <b>24 ALDER BROOK DRIVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>BARBARA MEGRDICHIAN</b>			Treasurer Name <b>EMILI VAZIRI</b>		
Street Address <b>24 ALDER BROOK DRIVE</b>			Street Address <b>1 ALDER BROOK DRIVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>					
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) (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>		
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
			600		NO PAR

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SECRETARY OF STATE  
CORPORATIONS DIV  
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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.

11:25 Am  
**FILED**  
 MAR 21 2014  
 220508  
 KM

By: \_\_\_\_\_  
 Signature of Authorized Representative  
**EMILI VAZIRI, PRESIDENT**  
 Print or Type Name of Authorized Representative

Date: \_\_\_\_\_