



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 2013

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. 609		2. Exact name of the Corporation ALDER BROOK BUILDERS, INC					
3. Principal office address 1 ALDER BROOK DRIVE				City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 401-263-5314				5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTORS							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)							
President Name EMILI VAZIRI				Vice-President Name ARDALAN VAZIRI			
Street Address 1 ALDER BROOK DRIVE				Street Address 1 ALDER BROOK DRIVE			
City CRANSTON	State RI	Zip 02920		City CRANSTON	State RI	Zip 02920	
Secretary Name ARDALAN VAZIRI				Treasurer Name EMILI VAZIRI			
Street Address 1 ALDER BROOK DRIVE				Street Address 1 ALDER BROOK DRIVE			
City CRANSTON	State RI	Zip 02920		City CRANSTON	State RI	Zip 02920	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)							
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	
9. SHARES AUTHORIZED				10. SHARES ISSUED (SEE BOX FOR ATTACHMENT)			
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.

File Date
 Check No
 By
 FOR SECRETARY OF STATE USE

11:24 am
FILED
 MAR 21 2014
 220508
 KM

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.

CZ
 Signature of Authorized Representative _____ Date _____
EMILI VAZIRI, PRESIDENT
 Print or Type Name of Authorized Representative