



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. 108361		2. Exact name of the Corporation XXXXXXXXXXXXXXXXXXXX PRIME BUILDERS, INC. SCOTT'S PRIME BUILDERS, INC.			
3. Principal office address 272 OLD BAPTIST ROAD		City NO. KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. 401-885-2719		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL MANUFACTURING OF CABINETRY AND OTHER FIXTURES.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SCOTT MAURO			Vice-President Name CHRISTOPHER R. CRAIK		
Street Address 272 OLD BAPTIST ROAD			Street Address 60 SACHEM ROAD		
City NO. KINGSTOWN	State RI	Zip 02852	City NO. KINGSTOWN	State RI	Zip 02852
Secretary Name NONE			Treasurer Name SCOTT MAURO		
Street Address			Street Address 272 OLD BAPTIST ROAD		
City	State	Zip	City NO. KINGSTOWN	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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 ("X" BOX FOR ATTACHMENT) <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
			100	COMMON	\$1.00

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 ONLY

FILED

MAR 27 2014

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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.

Scott Mauro **02/14/2014**
 Signature of Authorized Representative Date

SCOTT MAURO
 Print or Type Name of Authorized Representative