



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 **2011**

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. 141478		2. Exact name of the Corporation Sentinel Builders, Inc.			
3. Principal office address 20 Penbryn Avenue		City Smithfield		State RI	Zip 02917
4. Business Phone No. 401 243-4787		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Construction Service and Supply Contractor					
LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name Ralph Farrar		Vice President Name <i>Same</i>			
Street Address 20 Penbryn Avenue		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name <i>Same</i>		Treasurer Name <i>Same</i>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name <i>N/A</i>		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					
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		No Par Common		N/A	

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
Filing No.
By
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative
Ralph Farrar
Date
10/06/2014

Print or Type Name of Authorized Representative