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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 2010

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			
141478	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				

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

President Name: Ralph Farrar			Vice-President Name: Same		
Street Address: 20 Penbryn Avenue			Street Address		
City: Smithfield	State: RI	Zip: 02917	City	State	Zip
Secretary Name: Same			Treasurer Name: Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name: N/A			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

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.

FILED

10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	No Par Commom	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.

OCT 09 2014

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By

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3:12

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SECRETARY OF STATE
CORPORATIONS DIV

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.

10/06/2014
Signature of Authorized Representative — Date

Ralph Farrar
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
111875-8-978960