



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. 794484		2. Exact name of the Corporation Building Masters Construction Coops.			
3. Principal office address PO Box 1364		City Fall River		State MA	Zip 02722
4. Business Phone No. 508 294 8038		5. State of Incorporation MA.			
6. Brief description of the character of business conducted in Rhode Island New Construction Residential & Commercial					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Brian M. Lussier			Vice-President Name Same		
Street Address P.O. Box 1364			Street Address		
City Fall River	State MA	Zip 02722	City	State	Zip
Secretary Name Same			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" 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 ("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		20,000.00

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SECRETARY OF STATE
CORPORATIONS DIV
2014 OCT 10 PM 2:32

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

OCT 10 2014

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A.A. 2:34pm

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.

Sig Nature of Authorized Representative

Brian M. Lussier

Print or Type Name of Authorized Representative

Date

10/10/14