



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 2015**

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.<br><b>110979</b>  |                    | 2. Exact name of the Corporation<br><b>WORDEN'S POND BUILDERS, INC.</b> |   |                     |                     |
| 3. Principal office address<br><b>117 CAMDEN ROAD</b>  |                    | City<br><b>NARRAGANSETT</b>   | State<br><b>RI</b>  | Zip<br><b>02882</b> |                     |
| 4. Business Phone No.<br><b>639-1400</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                        |   |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>TO OWN, OPERATE. BUY, SELL AND OTHERWISE DEAL IN REAL PROPERT</b>        |                    |   |   |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                     |                     |
| President Name<br><b>ANTHONY J. FIORE</b>  |                    |   | Vice-President Name   |                     |                     |
| Street Address<br><b>117 CAMDEN ROAD</b>   |                    |   | Street Address  |                     |                     |
| City<br><b>NARRAGANSETT</b>  | State<br><b>RI</b> | Zip<br><b>02882</b>   | City  | State               | Zip                 |
| Secretary Name<br><b>ANTHONY J. FIORE</b>  |                    |   | Treasurer Name<br><b>ANTHONY J. FIORE</b>                           |                     |                     |
| Street Address<br><b>117 CAMDEN ROAD</b>   |                    |   | Street Address<br><b>117 CAMDEN ROAD</b>                            |                     |                     |
| City<br><b>NARRAGANSETT</b>  | State<br><b>RI</b> | Zip<br><b>02882</b>   | City<br><b>NARRAGANSETT</b>   | State<br><b>RI</b>  | Zip<br><b>02882</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                     |                     |
| Director Name<br><b>NONE</b>   |                    |   | 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              | NO PAR              |

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**  
**DEC 19 2014**

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

**ANTHONY J. FIORE**

Print or Type Name of Authorized Representative

Date

**12/19/14**