State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
71007	Rotondo Builders, Inc.			
3. Street Address Principal Business Office		City	State	Zip
37 Spruce Avenue		Narragansett	RI	02882
4. Business Phone No.	5. State of Incorporation			
401-440-4129	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
General Carpentry Work

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Raffaele Rotondo			None		
Street Address			Street Address		
37 Spruce Avenue					
City	State	Zip	City	State	Zip
Narragansett	RI	02882			
Secretary Name			Treasurer Name		
Raffaele Rotondo			Raffaele Rotondo		
Street Address			Street Address		
37 Spruce Avenue			37 Spruce Avenue		
City	State	Zip	City	State	Zip
Narragansett	RI	02882	Narragansett	RI	02882

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

2014 DEC 19 PM 2:50

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par Value
THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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 — Date: 12/11/14

Raffaele Rotondo
Print or Type Name

President
Title

File Date:
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

FILED
DEC 19 2014
By 238958
A.A. 2:58 PM

Form 630 Rev. 08/08