



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 2000

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. 71007 | | 2. Name of Corporation Rotondo Builders, Inc. | | | |
| 3. Street Address Principal Business Office 37 Spruce Avenue | | | City Narragansett | State RI | Zip 02882 |
| 4. Business Phone No. 401-440-4129 | | 5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Raffaele Rotondo | | | Vice President Name None | | |
| Street Address 37 Spruce Avenue | | | Street Address | | |
| City Narragansett | State RI | Zip 02882 | City | State | Zip |
| Secretary Name Raffaele Rotondo | | | Treasurer Name Raffaele Rotondo | | |
| Street Address 37 Spruce Avenue | | | Street Address 37 Spruce Avenue | | |
| City Narragansett | State RI | Zip 02882 | City Narragansett | State RI | Zip 02882 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 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 |
| 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | | |
| Number of Shares 200 | | Class/Series Common | | Par Value No Par Value | |
| THIS SECTION MUST BE COMPLETED | | | | | |

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 CORPORATION DIVISION
 STATE

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

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: Raffaele Rotondo Date: 12/11/14
 Print or Type Name: Raffaele Rotondo
 Title: President

FILED
 DEC 19 2014
 By: 238958
 A.A. 2:51 p.m.