



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. 75294		2. Exact name of the Corporation T.P. BUILDERS, INC.			
3. Principal office address 693 SOMERSET AVENUE			City TAUNTON,	State MA	Zip 02780
4. Business Phone No. 401-965-6631			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS PELCHAT			Vice-President Name THOMAS PELCHAT		
Street Address 693 SOMERSET AVENUE			Street Address 693 SOMERSET AVENUE		
City TAUNTON	State MA	Zip 02780	City TAUNTON	State MA	Zip 02780
Secretary Name THOMAS PELCHAT			Treasurer Name THOMAS PELCHAT		
Street Address 693 SOMERSET AVENUE			Street Address 693 SOMERSET AVENUE		
City TAUNTON	State MA	Zip 02780	City TAUNTON	State MA	Zip 02780
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name THOMAS PELCHAT			Director Name		
Street Address 693 SOMERSET AVENUE			Street Address		
City TAUNTON	State MA	Zip 02780	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
			600	COMMON	\$1.00

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.

FILED

01/08/2015

Signature of Authorized Representative

Date

THOMAS PELCHAT

Print or Type Name of Authorized Representative

JAN 16 2015

BY

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