



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

2014

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 000602104		2. Exact name of the Corporation Alternative Building Corp.			
3. Principal office address 258 Putnam Hill Road		City Sutton	State MA	Zip 01590	
4. Business Phone No. 508-865-1561		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island General Contractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE INSTRUCTIONS)					
President Name Michael Whitten			Vice-President Name Michael Whitten		
Street Address 258 Putnam Hill Road			Street Address 258 Putnam Hill Road		
City Sutton	State MA	Zip 01590	City Sutton	State MA	Zip 01590
Secretary Name Michael Whitten			Treasurer Name Michael Whitten		
Street Address 258 Putnam Hill Road			Street Address 258 Putnam Hill Road		
City Sutton	State MA	Zip 01590	City Sutton	State MA	Zip 01590
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name Michael Whitten			Director Name NONE		
Street Address 258 Putnam Hill Road			Street Address		
City Sutton	State MA	Zip 01590	City	State	Zip
Director Name NONE			Director Name NONE		
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.					

2015 JUN -1 AM 11:27
 SECRETARY OF STATE
 CORPORATIONS DIV

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

11:28 AM
FILED
 JUN 01 2015
 249988
 KM

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.

Michael Whitten 5/27/15
 Signature of Authorized Representative Date

Michael Whitten
 Print or Type Name of Authorized Representative