



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. 97520		2. Exact name of the Corporation SCITUATE BUILDERS, INC.			
3. Principal office address 180 GEORGE WASHINGTON HIGHWAY			City CLAYVILLE	State RI	Zip 02815
4. Business Phone No. (401) 286-1818			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO PERFORM CONSTRUCTION CONTRACT WORK WITH EMPHASIS ON PLASTERING AND REMODELING WORK AS WELL AS OTHER CONSTRUCTION SERVICES					
President Name JOSE LAMEIRO			Vice-President Name JOSE LAMEIRO		
Street Address 180 GEORGE WASHINGTON HIGHWAY			Street Address 180 GEORGE WASHINGTON HIGHWAY		
City CLAYVILLE	State RI	Zip 02815	City CLAYVILLE	State RI	Zip 02815
Secretary Name JOSE LAMEIRO			Treasurer Name JOSE LAMEIRO		
Street Address 180 GEORGE WASHINGTON HIGHWAY			Street Address 180 GEORGE WASHINGTON HIGHWAY		
City CLAYVILLE	State RI	Zip 02815	City CLAYVILLE	State RI	Zip 02815
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSE LAMEIRO			Director Name NONE		
Street Address 180 GEORGE WASHINGTON HIGHWAY			Street Address		
City CLAYVILLE	State RI	Zip 02815	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <input checked="" type="checkbox"/>			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 SHARES	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.

FILED
 JUL 08 2015
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 A.A.
 FOR SECRETARY OF STATE USE ONLY

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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: *[Signature]*
 Date: 7/7/2015
 Print or Type Name of Authorized Representative: **JOSE LAMEIRO**

PAID
 7/15/15