



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

Amended

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 SEP 19 AM 10:35

1. Entity ID Number 000568464		2. Exact name of the Corporation Pro Builders Inc.			
3. Principal Office Address 12 Park Street			City Winchester	State MA	Zip 01890
4. Business Phone Number (339)532-9026			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Carpentry					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Felipe Ramos			Vice-President Name		
Street Address 3 Asbury Street			Street Address		
City Woburn	State MA	Zip 01801	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100.00		<i>0</i>
11. 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. 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.					
Name of Authorized Representative Felipe Ramos				Date 09/19/2016	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

FILED ←

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BY *dm* 283785

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

