



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.

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

Amended

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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100.00		
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

SEP 19 2016

10:27

MAIL TO:

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

BY an 283785