



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

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. 46043		2. Exact name of the Corporation BUILDERS SURPLUS, INC.			
3. Principal office address 2457 POST ROAD		City WARWICK	State RI	Zip 02886	
4. Business Phone No. 401-737-9900		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island ACQUIRE AND SELL MILLWORK AND OTHER REAL AND PERSONAL PROPERTY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL P. WINTER			Vice-President Name NONE		
Street Address 2457 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name E. COLBY CAMERON			Treasurer Name MICHAEL P. WINTER		
Street Address 301 PROMENADE STREET			Street Address 2457 POST ROAD		
City PROVIDENCE	State RI	Zip 02908	City WARWICK	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL P. WINTER			Director Name		
Street Address 2457 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02886	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
			100	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

Form No. 638
Revised: 01/2012

FILED

MAR 02 2017

BY

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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

MICHAEL P. WINTER, PRESIDENT

Print or Type Name of Authorized Representative

Date

2/25/2017