



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

**Annual Report for the year: 2017**  
**Corporation**

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

1. Entity ID Number <b>108361</b>	2. Exact name of the Corporation <b>SCOTT'S PRIME BUILERS, INC.</b>
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3. Principal Office Address <b>6104 PHEASANT RIDGE DRIVE</b>	City <b>PORT ORANGE</b>	State <b>FL</b>	Zip <b>32128</b>
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4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>GENERAL MANUFACTURING OF CABINETRY AND OTHER FIXTURES.</b>
5. State of Incorporation <b>RHODE ISLAND</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SCOTT MAURO</b>			Vice-President Name <b>SAME</b>		
Street Address <b>6104 PHEASANT RIDGE DRIVE</b>			Street Address		
City <b>PORT ORANGE</b>	State <b>FL</b>	Zip <b>32128</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>100</b>	<b>COMMON</b>	<b>\$1.00</b>

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 <b>SCOTT MAURO</b>	Date <b>02/28/2017</b>
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Signature of Authorized Representative

**FILED**  
**MAR 23 2017**  
 BY 24381