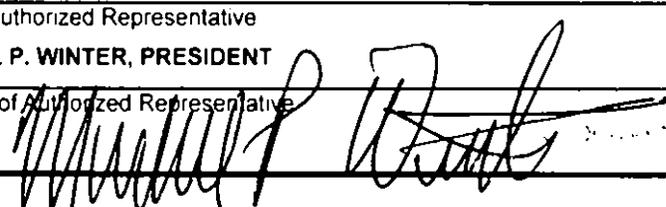




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 46043		2. Exact name of the Corporation BUILDERS SURPLUS, INC.			
3. Principal Office Address 2457 POST ROAD			City WARWICK	State RI	Zip 02886
4. NAICS Code 423310		6. Brief description of the character of business conducted in Rhode Island ACQUIRE AND SELL MILLWORK AND OTHER REAL AND PERSONAL PROPERTY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL P. WINTER			Vice-President Name		
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) Check the box to indicate an 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 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		PAR VALUE
			100	COMMON	\$1.00
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. <i>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.</i>					
Name of Authorized Representative MICHAEL P. WINTER, PRESIDENT				Date 3/5/ , 2018	
Signature of Authorized Representative 				FILED	

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

MAR 07 2018
 BY: 027442 PS
 FORM 630 - Revised: 10/2017