



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 108361		2. Exact name of the Corporation SCOTT'S PRIME BUILDERS, INC.												
3. Principal Office Address 6104 PHEASANT DRIVE			City PORT ORANGE	State FL	Zip 32128									
4. NAICS Code 23 u 118		6. Brief description of the character of business conducted in Rhode Island GENERAL MANUFACTURING OF CABINETRY AND OTHER FIXTURES.												
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 SCOTT MAURO			Vice-President Name SAME											
Street Address 6104 PHEASANT DRIVE			Street Address											
City PORT ORANGE	State FL	Zip 32128	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
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 NONE			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			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	\$1.00			
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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. 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 SCOTT MAURO				Date 02/16/2018										
Signature of Authorized Representative 			SIGN DOCUMENT HERE 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

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FORM 630 - Revised: 10/2017