STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Divis
100 North Main St
Providence, RI 02903-1
401.222.3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
136499	Residential Builders, Inc.			
3. Street Address Principal Business Office: 1738 Broad St		City: Cranston	State: RI	Zip: 02905
4. Business Phone No: 401 9413388	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 0034

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE RENOVATION AND CONSTRUCTION SERVICES TO RESIDENTIAL, COMMERCIAL AND INSTITUTIONAL CUSTOMERS

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: WAYLAN TUCKER	Vice President Name: GEORGE SCHIETINGER
Street Address: 201 WENTWORTH Ave	Street Address: 171 GRAND Ave
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: RI Zip: 02905
Secretary Name: GEORGE SCHIETINGER	Treasurer Name: WAYLAN TUCKER
Street Address: Same as VP	Street Address: Same as Pres.
City: State: Zip:	City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name:	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:

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
1,000 NO PAR VALUE	NONE →	

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [barcode] [redacted]

File Date 6/21/05
Check No. 906
By: DA
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Wayln Tucker
Signature of Officer *Date*

WAYLAN TUCKER
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03