



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
FEB 6 2021
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| | | | | | |
|--|-------------|--|---|----------------------|--------------|
| 1. Entity ID Number 108361 | | 2. Exact name of the Corporation SCOTT'S PRIME BUILDERS, INC. | | | |
| 3. Principal Office Address 6104 PHEASANT RIDGE DRIVE | | City PORT ORANGE | | State FL | Zip 32128 |
| 4. NAICS Code 236118 | | 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 | | |
| Street Address 6104 PHEASANT RIDGE DRIVE | | | Street Address | | |
| City PORT ORANGE | State FL | Zip 32128 | City | State | Zip |
| Secretary Name SAME | | | Treasurer Name | | |
| 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 This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES CLASS/SERIES 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. 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 X 02/23/2021 | |
| Signature of Authorized Representative X <i>Scott Mauro</i> | | | | | |

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020