RI SOS Filing Number: 202567315940 Date: 3/13/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2025 MAR 13 PM 2:23

FILED
MAR 13 2025
BY

Annual Report for the year: 2025
Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000108361	SCOTT'S PRIME BUILDERS, INC

3. Principal Office Address	City	State	Zip
6104 PHEASANT RIDGE DRIVE	PORT ORANGE	FL	32128

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	TO PROVIDE MANUFACTURING SERVICES OF CABINETRY AND OTHER FIXTURES
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: SCOTT MAURO			Vice-President Name: SAME		
Street Address: 6104 PHEASANT RIDGE ROAD			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 ☐

Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
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 ☐

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	Date
SCOTT MAURO, PRESIDENT	3/3/25 ✓

Signature of Authorized Representative: ✓ Scott Mauro

FILED
MAR 13 2025
BY VVHFM

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

FORM 630- Revised: 12/2023