



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 6176		2. Name of Corporation Mac & Bob, Inc.			
3. Street Address Principal Business Office 54 Ellery Rd			City Newport	State RI	Zip 02840
4. Business Phone No. 4018464914		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island engage in general construction work					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald MacDonald			Vice President Name Kevin MacDonald		
Street Address 21 Harrison Ave			Street Address 54 Ellery Rd		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Carol MacDonald			Treasurer Name Ronald MacDonald		
Street Address 21 Harrison Ave			Street Address 21 Harrison Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald MacDonald			Director Name Kevin MacDonald		
Street Address 21 Harrison Ave			Street Address 54 Ellery Rd		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000	common no par value		200	common	no par value

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.

<b>FILED</b>
File Date _____
Check No. <b>FEB 11 2008</b>
By: <b>42992</b>
FOR SECRETARY OF STATE USE ONLY

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.

Kevin MacDonald 2/8/08  
Signature Date  
Kevin MacDonald  
Print or Type Name  
Vice President  
Title