



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. 88764		2. Name of Corporation A.M. CONSTRUCTION, INC.			
3. Street Address Principal Business Office 66 SMITH AVENUE			City SMITHFIELD	State RI	Zip 02828
4. Business Phone No. 401 949 5730		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO CONSTRUCT AND RECONSTRUCT RESIDENTIAL AND COMMERCIAL BUILDINGS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE N. ANDRADE			Vice President Name		
Street Address 66 SMITH AVENUE			Street Address		
City SMITHFIELD	State RI	Zip 02828	City	State	Zip
Secretary Name JOSE N. ANDRADE			Treasurer Name JOSE N. ANDRADE		
Street Address 66 SMITH AVENUE			Street Address 66 SMITH AVENUE		
City SMITHFIELD	State RI	Zip 02828	City SMITHFIELD	State RI	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSE N. ANDRADE			Director Name		
Street Address 66 SMITH AVENUE			Street Address		
City SMITHFIELD	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		200		NO PAR

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.

**FILED**

File Date MAR 03 2008

Check No. By 1882 KM

By: \_\_\_\_\_

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.

Signature JOSE ANDRADE Date 2-28-08

Print or Type Name JOSE ANDRADE

Title PRESIDENT