

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree Providence, RI 02904-261

401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PR

2009

1. Corporate ID No.	2. Name of Cor	2. Name of Corporation Mac & Bob, Inc.				
		o, inc.				
3. Street Address Principal Business Office 54 Ellery Road			City Newport	State RI	Zip 02840	
4. Business Phone No. 4018464914 5. State of Incorporation Rhode Island 5. Brief Description of the Character of Business Conducted in Rhode Island						
engage in general co	nstruction work					
 NAMES AND ADDR President Name 	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	<i>ICHMENT)</i> FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
Ronald MacDonald			Vice President Name Kevin MacDonald			
Street Address 21 Harrison Ave			Street Address 54 Ellery Road			
City Newport	State RI	^{Zip} 02840	City Newport	State RI	<i>Ζιρ</i> 02840	
Secretary Name Carol MacDonald			Treasurer Name Ronald MacDonal	d		
Street Address 21 Harrison Ave			Street Address 21 Harrison Ave			
City Newport	State RI	^{Zip} 02840	City Newport	State	Zip	
. NAMES AND ADDR		CTORS: ("X" BOX FOR AT	•	RI	02840	
Director Name Ronald MacDonald		orono, (A Box Por All	Director Name Kevin MacDonald	IN SPACES BEFORE USII	NG ATTACHMENTS	
treet Address			Street Address			
21 Harrison Ave			54 Ellery Road			
City	State	Zip	City	State	Zip	
Vewport	RI	02840	Newport	RI	02840	
irector Name			Director Name	*****************************	************************	
treet Address			C			
			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZ	ED	l	10. SHARES ISSUED	O ("X" BOX FOR ATTAC ECTION MUST BE COMPLETED	HMENT) 🖂	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of nstruction sheet.			Number of Shares	Class/Series	Par Value	
			200	common	no par value	
his report must be exe	cuted on behalf of the	e corporation by an authorize	d representative Test			
his report must be execusis report must be exec	cuted on behalf of the	e corporation by an authorize corporation by the receiver of	d representative. If the or trustee.	corporation is in the hand	s of a receiver or tru	
FILE	1		Under penalty of	periury I declare and office.		
··· ·· ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·			including any acc	perjury, I declare and affirm ompanying schedules and state true and correct.	that I have examined this atements, and that all state	
ile Date FEB 202	UU 9		Kins	Mumand	2/13/2	
		•	11000000	I FI TV /N/LWY I	201111111111111111111111111111111111111	
heck NBY LX	79 7 J		Signature	1	Date	

Print or Type Name Vice President

Title