



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 2009

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. 192732		2. Name of Corporation A & F General Contractors, INC.		
3. Street Address Principal Business Office 663 Lees River Avenue		City Somerset	State MA	Zip 02725
4. Business Phone No. 508-679-1165		5. State of Incorporation Massachusetts		
6. Brief Description of the Character of Business Conducted in Rhode Island Contractors				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Gerald R. Alix, JR.		Vice President Name		
Street Address 663 Lees River Ave.		Street Address		
City Somerset	State MA	Zip 02725	City	State
Secretary Name Deborah Alix		Treasurer Name Steven J. Farias		
Street Address 663 Lees River Ave.		Street Address 187 Robeson Street		
City Somerset	State MA	Zip 02725	City Fall River	State MA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Gerald R. Alix, JR.		Director Name Steven J. Farias		
Street Address 663 Lees River Ave.		Street Address 187 Robeson Street		
City Somerset	State MA	Zip 02725	City Fall River	State MA
Director Name Deborah Alix		Director Name		
Street Address 663 Lees River Ave.		Street Address		
City Somerset	State MA	Zip 02725	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 1,000	Class/Series Common	Par Value NPV

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 SEP 11 2009

Check No. _____

By: 10842

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.

Deborah Alix 9-9-09
Signature Date

Deborah Alix
Print or Type Name

Clerk
Title