



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 2007

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. 121682		2. Name of Corporation VERNON PROJECT MANAGEMENT, INC.			
3. Street Address Principal Business Office 68 Shady Lea Road			City N. Kingstown	State RI	Zip 02852
4. Business Phone No. 295-4043		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Consulting, construction management, general contractor, subcontractor, for both commercial and residential projects and municipal projects for cities, towns, state and federal government.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles H. Vernon			Vice President Name Charles H. Vernon		
Street Address 68 Shady Lea Road			Street Address 68 Shady Lea Road		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Secretary Name Charles H. Vernon			Treasurer Name Charles H. Vernon		
Street Address 68 Shady Lea Road			Street Address 68 Shady Lea Road		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles H. Vernon			Director Name		
Street Address 68 Shady Lea Road			Street Address		
City N. Kingstown	State RI	Zip 02852	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 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
600 NO PAR VALUE			100	COMMON	NONE

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.

File Date	FILED
Check No.	SEP 12 2007
By:	4698
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: Charles H. Vernon Date: 9-7-07
Charles H. Vernon
Print or Type Name
President
Title