RI SOS Filing Number: 200701280570 Date: 10/15/2007 4:00 PM

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.	2. Name of Corporation			
96043	South Dartmouth Construction, Inc.			
3. Street Address Principal Business Office		City	State	Zip
8 Kraseman Street		South Dartmouth	MA	02748
4. Business Phone No.	5. State of Incorporation			
508-984-3347	Massachusetts			

6. Brief Description of the Character of Business Conducted in Rhode Island
to engage in the general contracting business

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Louie M Medeiros			Natalie Reis Medeiros		
Street Address			Street Address		
14 Abner Potter's Way			14 Abner Potter's Way		
City	State	Zip	City	State	Zip
South Dartmouth	MA	02748	South Dartmouth	MA	02748
Secretary Name			**Treasurer Name**		
Natalie Reis Medeiros			Louie M Medeiros		
Street Address			Street Address		
14 Abner Potter's Way			14 Abner Potter's Way		
City	State	Zip	City	State	Zip
South Dartmouth	MA	02748	South Dartmouth	MA	02748

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Louie M Medeiros			Natalie Reis Medeiros		
Street Address			Street Address		
14 Abner Potter's Way			14 Abner Potter's Way		
City	State	Zip	City	State	Zip
South Dartmouth	MA	02748	South Dartmouth	MA	02748
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,500	Comm	no par value	100	Common	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.

[redacted] [redacted]

File Date FILED
Check No. OCT 15 2007
By: By 039357 9:01
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.

Natalie Reis Medeiros 10/11/07
Signature *Date*

Natalie Reis Medeiros
Print or Type Name

[redacted] Vice President
Title

Form 630 Rev. 12/06

14606-1-180598