



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. 96043		2. Name of Corporation South Dartmouth Construction, Inc.			
3. Street Address Principal Business Office 8 Kraseman Street			City South Dartmouth	State MA	Zip 02748
4. Business Phone No. 508-984-3347		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louie M Medeiros			Vice President Name Natalie Reis Medeiros		
Street Address 14 Abner Potter's Way			Street Address 14 Abner Potter's Way		
City South Dartmouth	State MA	Zip 02748	City South Dartmouth	State MA	Zip 02748
Secretary Name Natalie Reis Medeiros			Treasurer Name Louie M Medeiros		
Street Address 14 Abner Potter's Way			Street Address 14 Abner Potter's Way		
City South Dartmouth	State MA	Zip 02748	City South Dartmouth	State MA	Zip 02748
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Louie M Medeiros			Director Name Natalie Reis Medeiros		
Street Address 14 Abner Potter's Way			Street Address 14 Abner Potter's Way		
City South Dartmouth	State MA	Zip 02748	City South Dartmouth	State MA	Zip 02748
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.

FILED

File Date OCT 15 2007

Check No. _____

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

Vice President

Title