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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 2008

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		
6254	Macera Bros. Construction Co.		
3. Street Address Principal Business Office	City	State	Zip
81 Hartford Pike	North Scituate	RI	02857
4. Business Phone No.	5. State of Incorporation		
(401) 934-1778	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Buying, selling and holding real estate, general construction of buildings, landscaping, including installation of septic systems and driveways.

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

President Name	Vice President Name
Anthony J. Macera	Karen E. Macera
Street Address: 96 Walnut Street	Street Address: 96 Walnut Street
City: Johnston; State: RI; Zip: 02919	City: Johnston; State: RI; Zip: 02919
Secretary Name: Anthony J. Macera	Treasurer Name: Karen E. Macera
Street Address: 96 Walnut Street	Street Address: 96 Walnut Street
City: Johnston; State: RI; Zip: 02919	City: Johnston; State: RI; Zip: 02919

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

Director Name	Director Name
Anthony J. Macera	
Street Address: 96 Walnut Street	Street Address:
City: Johnston; State: RI; Zip: 02919	City: ; State: ; Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300	No Par Value	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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]

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.

Anthony J. Macera 1-7-08
Signature *Date*

Anthony J. Macera
Print or Type Name

[redacted] President
Title

FILED
File Date
JAN 09 2008
Check No.
By 1709
By:
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17637-4-214030

Form 630 Rev. 12/06