

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&c	d)) is subject to a pend	alty fee of \$25.00.	ang to fue as unional report a		
. Corporate ID No. 158131	2. Name of Corpor Reliable Tru	uss and Components, I	nc.		
3. Street Address Principal Business Office 71 Maple Street			Mansfield Mansfield	State MA	^{Zip} 02048
4. Business Phone No. 5. State of Incorporati					
508 339–8020 Massachuse 6. Brief Description of the Character of Business Conducted in Rhode Island			tts		
			TACHMENT) [FILL IN SI	PACES BEFORE USING	ATTACHMENTS
President Name		·	Vice President Name Manuel M.		
Manuel M. Pina			Street Address		
Street Address 71 Maple Street			71 Maple Street		
City	State	Zip	City	State	02048
Mansfield	MA	02048	Mansfield	MA	
Secretary Name			Treasurer Name Manuel M. Pina		
Steven S. Kaitz Street Address			Street Address		
71 Maple Street			71 Maple Street		
City	State MA	^{Zip} 02048	Mansfield	State MA	^{Zip} 02048
Mansfield	SSES OF THE DIREC		ATTACHMENT) [] FILL IN		G ATTACHMENTS
8. NAMES AND ADDRES Director Name	CONTRACTOR AND		Director Name		
Steven S. Kaitz			Louis Kaitz		
Street Address			Street Address 71 Maple Street		
71 Maple Stree	State	Zip	City:	State	Zip
Mansfield	MA	02048	Mansfield	MA MA	02048
Director Name	h 		Director Name	man.	
Marjorie Kaitz	z Seligman		Manuel M. Street Address	Pina	
Street Address			71 Maple Street		
71 Maple Stree	State	Ζip	Спу	State	Zip
Mansfield	MA.	02048	Mansfield	MA MA	02048
9. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)		("X" BOX FOR ATTACA	
AUTHORIZED SHARES	(News Control	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares	Class/Series				
200,000	N/A	None	100	common/voti	ing no par
			10 41	corneration is in the hand	ts of a receiver or truster
This report must be exe	ecuted on behalf of the	ne corporation by an author e corporation by the recein	orized representative. If the o	orporation is in the name	23 07 4 10001101 01 01 01
this report must be exec	ruled on benan or th	c corporation by the recor			1
				1	
			Under penalty of	perjury, I declare appratfirm	that I have examined this r
			including any acco	impanying schedules and st tre true and fortunet.	tatements, and that all state
FI	LED		em ainea nerein a	ine true project.	11) (m)
File Date			Signature	TO VI	Date
Check No. JAN	14 2008			M Dina	
Check No.	50		Print or Type Name	M. Pina	
Ву:Ву	×1000		Presid		
FOR SECRETARY	OF STATE USE ONLY		Tule	ICIT	
10.1.520			тис		Form 630 Rev. 12/0

7. Names and addresses of the officers, cont'd:

Chief Executive Officer -

Manuel M. Pina 71 Maple Street Mansfield, MA 02048

Vice President -

Paul F. Gearin 71 Maple Street Mansfield, MA 02048

