

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

Common   C	1. Corporate ID No. 122196	2. Name of Corpo	2. Name of Corporation Imperatore Steel Erectors, Inc.				
PACTOR STORMED, USING OR OTHERWISE DEALING WITH THE BUSINESS OF PROVIDING CRANES TO CUSTOMERS, STORAGE OF PROVIDE CRANES TO CUSTOMERS, STORAGE OF THE CONTEST TO CUSTOMERS, STORAGE OF THE CONTEST TO CUSTOMERS, STO	3. Street Address Principal Business Office 2700 Plainfield Pike			Cranston	• • • • • • • • • • • • • • • • • • •		
STÖRRIG, USING OR OTHERWISE DEALING WITH THE BUSINESS OF PROVIDING CRANES TO CUSTOMERS, STORAGE OF "VASABLE AND ADDRESSES OF THE OFFICERS." ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS.    Part Address   Part Address   Part Address   Part Address   Part Address							
200 Plainfield Pike  300 State Correction R1 002921 City State Althorized Accidence  301 State Althorized Accidence Brad Bilodeau  302 State 303 State 304 State 305 State 305 State 306 State 307 State 307 State 308 State 308 State 309 State 309 State 300 S	STORING, USING	OR OTHERWISE DEA	LING WITH THE BUSI	Vice President Name			
Cranston   RI	Street Address 2700 Plainfield Pike			•			
A. Michael Acciardo  Serad Bilodeau  Serent Address SAME  System  Source Same  Source Source Same  Source Address  Source A	City Cranston	•		City	State	Zip	
SAME  Typ State   Stat	Secretary Name A. Michael Acciardo			1			
S. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS Director Name    Director Name	Street Address SAME			•			
Director Name  None  Street Address  Street Ad	City	State	Zip	City	State	Zip	
Director Name   Director Nam	Director Name	RESSES OF THE DIREC	TORS. ("X" BOX FOR		IN SPACES BEFORE USIN	G ATTACHMENTS	
Director Name   Director Name	Street Address			Street Address			
Street Address    Street Address   Street Address	City	State	Zip	City	State	Zip	
Shares Authorized ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES HARES 15SUED ("X" BOX FOR ATTACHMENT) 10. SHARES HARES 15SUED SHARES 15SU	Director Name		I	Director Name			
D. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares — Class/Series — Par Value — Number of Shares — Class/Series — 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.  Under penalty of perjury, I declare and affirm that I have examined this re including any accompanying schedules and statements, and that all staten common herein as true and correct.  File Date FILED  Check No. JAN 15 2008  By: By — Print or Type Name President  President	Street Address			Street Address			
Number of Shares  Class/Series  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.  Under penalty of perjury, I declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all statements are true and correct.  File Date  Check No. JAN 15 2008  By: By  Date  Brad Bilodeau  Print or Type Name  President	City	State	Zip	City'	State	Zip	
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