

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 (20) days after the time beautiful to the company of t

law (R.I.G.L. 7-1,2-1501(c&d)) is						
Corporate ID No. 7571 2. Name of Corporation M. DiSandro & Sons Masonry, Inc.						
3. Street Address Principal Business Office 106 Lonsdale Farm Road			Cumberland	State RI	02864	
4. Business Phone No. 5. State of Incorporation 401-334-0909 Rhode Island						
6 Brief Description of the Character of Business Conducted in Rhode Island Masonry						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name None			
Robert DiSandro			Street Address			
Street Address 106 Lonsdale Farm Road						
Gity Cumberland	RI	02864	Gly:	State	Zip	
Secretary Name Robert DiSandro			Treasurer Name Robert DiSandro			
Street Address 106 Lonsdale Farm Road			Street Address 106 Lonsdale Farm Road			
City: Cumberland	State RI	^{Ζίρ} 02864	பர் Cumberland	State RI	02864	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS. Director Name			
None Street Address			Street Address		<u>c</u>	
City	State	. Zip	City	Stale	Zib	
Director Nante			Director Name		F 74	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. 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	
200 Common No Par Value			81	Common	No Par Value	
This report must be executed this report must be executed	on behalf of the corpon behalf of the corpo	oration by an authorize oration by the receiver o	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,	

File Date	FILED			
Check No.	JAN 1 8 2008			
Ву:	By 144-188			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm including any accompanying schedules and contained herein are true and correct.	n that I have examined this report, statements, and that all statements
Signature	Date
Robert DiSandro	
Print or Type Name	
President	
Title	Form 630 Rev. 12/06