



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

AMENDED

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. <u>61988</u>		2. Name of Corporation <u>MURANO MASONRY INC</u>		
3. Street Address Principal Business Office <u>129 Tower Street</u>		City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
4. Business Phone No. <u>(401) 596-4652</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island <u>MASONRY AND STONE WORK</u>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>Philip J Murano JR</u>		Vice President Name <u>Philip J Murano JR</u>		
Street Address <u>129 Tower St</u>		Street Address <u>129 Tower St</u>		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>
Secretary Name <u>Philip J Murano JR</u>		Treasurer Name <u>Philip J Murano JR</u>		
Street Address <u>129 Tower St</u>		Street Address <u>129 Tower Street</u>		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>NONE</u>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES				
Number of Shares <u>800</u>	Class/Series <u>NO Par</u>	Par Value	10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares <u>NONE</u>		Class/Series	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.

File Date FILED
Check No. FEB 11 2008
By [Signature]
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 the statements contained herein are true and correct.

Signature [Signature] Date 4-2-08
Print or Type Name Philip J Murano JR.
Title PRESIDENT