RALPH MORE State of	of Phodo Jolond and Pr					
	Office of the Secret	ovidence Plantations Fee: \$50.00 ary of State				
A Notes in	Corporations Di	vision				
148 W. River Street						
Providence, Rhode Island 02904-2615						
etary of St	Telephone: (401) 2	22-3040				
Foreign Business Corpora	ition					
Annual Report Filing Period: January 1 - March 1						
n accordance with R.I.G.L. 7-1.2-7						
annual report within thirty (30) days 7-1.2-1501(c&d)) is subject to a pe		law (R.I.G.L.				
ANNUAL REPORT YEAR: 2008						
1. Corporate ID No. 000273	<u>8878</u>					
2. Name of Corporation Craft & Trade Employment, Incorporated						
3. Street Address Principal Bus	iness Office:					
No. and Otreast. 56 NODTH M	AIN CTREET CHITE 201					
No. and Street: <u>56 NORTH M</u> City or Town: FALL RIVER	AIN STREET, SUITE 321	State: MA Zip: 02720 Country: USA				
4. Business Phone No.						
<u>508-672-4567</u>						
<u>508-672-4567</u>						
5. State of Incorporation						
5. State of Incorporation	acter of Business Conducte	ed in Rhode Island				
5. State of Incorporation State: MA	acter of Business Conducte	ed in Rhode Island				
<ul> <li>5. State of Incorporation</li> <li>State: <u>MA</u></li> <li>6. Brief Description of the Char</li> <li><u>TO EMPLOY CONSTRUCTIO</u></li> </ul>	ON WORKERS AND PRO	ed in Rhode Island				
<ul> <li>5. State of Incorporation</li> <li>State: <u>MA</u></li> <li>6. Brief Description of the Char</li> <li><u>TO EMPLOY CONSTRUCTIO</u></li> </ul>	ON WORKERS AND PRO					
<ul> <li>5. State of Incorporation <ul> <li>State: <u>MA</u></li> </ul> </li> <li>6. Brief Description of the Char <ul> <li>TO EMPLOY CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION FOR PRODUCT CONSTRUCT CONSTRUCT</li></ul></li></ul>	ON WORKERS AND PRO					
<ul> <li>5. State of Incorporation <ul> <li>State: <u>MA</u></li> </ul> </li> <li>6. Brief Description of the Char <ul> <li>TO EMPLOY CONSTRUCTION CONSTRUCTURE CONSTR</li></ul></li></ul>	ON WORKERS AND PRO					
<ul> <li>5. State of Incorporation <ul> <li>State: <u>MA</u></li> </ul> </li> <li>6. Brief Description of the Char <ul> <li>TO EMPLOY CONSTRUCTION CONSTRUCTION CONSTRUCTION FOR PRODITIONS FOR PRODITIONS FOR PRODITIONS FOR PRODITIONS FOR PRODITIONS FOR PRODUCT AND ADDRESS OF THE CONSTRUCT ADDRESS OF T</li></ul></li></ul>	ON WORKERS AND PRO FIT_ Officers and Directors:	OVIDE LABOR SERVICES TO				
<ul> <li>5. State of Incorporation State: <u>MA</u></li> <li>6. Brief Description of the Char <u>TO EMPLOY CONSTRUCTIONS FOR PROD</u> 7. Names and Addresses of the</li></ul>	ON WORKERS AND PRO FIT Officers and Directors: Individual Name	Address         Address, City or Town, State, Zip Code, Country         297 POND STREET				
5. State of Incorporation State: MA 6. Brief Description of the Char TO EMPLOY CONSTRUCTION CORPORATIONS FOR PROD 7. Names and Addresses of the Title PRESIDENT	ON WORKERS AND PRO <u>FIT</u> Officers and Directors: Individual Name First, Middle, Last, Suffix COLLEEN C SANTILLI	Address         Address, City or Town, State, Zip Code, Country         297 POND STREET         WAKEFIELD, RI 02879 USA				
5. State of Incorporation State: <u>MA</u> 6. Brief Description of the Char <u>TO EMPLOY CONSTRUCTIONS FOR PROD</u> 7. Names and Addresses of the <u>Title</u>	ON WORKERS AND PRO FIT_ Officers and Directors: Individual Name First, Middle, Last, Suffix	Address         Address, City or Town, State, Zip Code, Country         297 POND STREET				
5. State of Incorporation State: MA 6. Brief Description of the Char TO EMPLOY CONSTRUCTION CORPORATIONS FOR PROD 7. Names and Addresses of the Title PRESIDENT	ON WORKERS AND PRO <u>FIT</u> Officers and Directors: Individual Name First, Middle, Last, Suffix COLLEEN C SANTILLI	Address         Address, City or Town, State, Zip Code, Country         297 POND STREET         WAKEFIELD, RI 02879 USA         279 POND STREET				
5. State of Incorporation State: MA 6. Brief Description of the Char TO EMPLOY CONSTRUCTION CORPORATIONS FOR PRO 7. Names and Addresses of the Title PRESIDENT TREASURER	ON WORKERS AND PRO FIT Officers and Directors: Individual Name First, Middle, Last, Suffix COLLEEN C SANTILLI LOUIS K. SANTILLI	Address         Address, City or Town, State, Zip Code, Country         297 POND STREET         WAKEFIELD, RI 02879 USA         279 POND STREET         WAKEFIELD, RI 02879 USA				

8. Shares Authorized and Issued						
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>		
CNP		\$0.00	1,000.00	0		
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.         Signed this 14 Day of February, 2008 at 10:21:42 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.         By       LOUIS K. SANTILLI         Signature of Authorized Representative of the Corporation         VICE PRESIDENT         Title						
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