



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |  |   |   |              |                      |  |
|--|--------------|--|---|---|--------------|----------------------|--|
| 1. Corporate ID No<br>32480  |              | 2. Name of Corporation<br>Pasquazzi Bros. Inc. |   |   |              |                      |  |
| 3. Street Address Principal Business Office<br>464 Dyer Ave  |              |  |   | City<br>Cranston  | State<br>RI  | Zip<br>02920         |  |
| 4. Business Phone No.<br>(401) 942 2250  |              |  | 5. State of Incorporation<br>Rhode Island |   |              | 6. SIC Code<br>02920 |  |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>Cement, excavating, and general contractors in the building and renovations field |              |  |   |   |              |                      |  |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                |              |  |   |   |              |                      |  |
| President Name<br>Henry Pasquazzi, Jr.   |              |  |   | Vice President Name<br>Henry Pasquazzi, Jr.                         |              |                      |  |
| Street Address<br>464 Dyer Ave   |              |  |   | Street Address<br>464 Dyer Ave                                      |              |                      |  |
| City<br>Cranston   | State<br>RI  | Zip<br>02920                                   |   | City<br>Cranston  | State<br>RI  | Zip<br>02920         |  |
| Secretary Name<br>Stephen Pasquazzi  |              |  |   | Treasurer Name<br>Henry Pasquazzi, Jr.                              |              |                      |  |
| Street Address<br>464 Dyer Ave   |              |  |   | Street Address<br>464 Dyer Ave                                      |              |                      |  |
| City<br>Cranston   | State<br>RI  | Zip<br>02920                                   |   | City<br>Cranston  | State<br>RI  | Zip<br>02920         |  |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                               |              |  |   |   |              |                      |  |
| Director Name  |              |  |   | Director Name   |              |                      |  |
| Street Address   |              |  |   | Street Address  |              |                      |  |
| City   | State        | Zip  |   | City  | State        | Zip                  |  |
| Director Name  |              |  |   | Director Name   |              |                      |  |
| Street Address   |              |  |   | Street Address  |              |                      |  |
| City   | State        | Zip  |   | City  | State        | Zip                  |  |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |  |   | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                      |  |
| AUTHORIZED SHARES  |              |  |   | ISSUED SHARES   |              |                      |  |
| Number of Shares   | Class/Series | Par Value                                      |   | Number of Shares  | Class/Series | Par Value            |  |
| 100  | No Par Value |  |   | 50  | Common       | No Par Value         |  |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

JAN 28 2008

By DS  
44604

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer \_\_\_\_\_ Date 1-11-08

Print or Type Name of Officer

Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY