



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. 32480		2. Name of Corporation Pasquazzi Bros. Inc.		
3. Street Address Principal Business Office 464 Dyer Ave		City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 942 2250		5. State of Incorporation Rhode Island		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island 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 Henry Pasquazzi, Jr.		Vice President Name Henry Pasquazzi, Jr.		
Street Address 464 Dyer Ave		Street Address 464 Dyer Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI
Secretary Name Stephen Pasquazzi		Treasurer Name Henry Pasquazzi, Jr.		
Street Address 464 Dyer Ave		Street Address 464 Dyer Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100	No Par Value		50	Common
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
				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:

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