

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 (30) days after the time prescribed by
[aw (R.I.G.L. 7-1.2-1501(c,d.)) is subject to a towards for of \$55.60

law (R.I.G.L. 7-1.2-1501)				J (- J J J	
1. Corporate ID No. 146947	2. Name of Corporation SUMMIT CONSTRUCTION, INC.				
3. Street Address Principal Business Office 10 PARTITION STREET UNIT B11			WARWICK,	State RI	2φ 02888
4. Business Phone No. 5. State of Incorpora 401-263-7245 RHODE ISLA				1	1440 £ 1
6. Brief Description of the Co TO PERFORM THE	baracter of Business Condu DUTIES OF A GEN	cted in Rhode Island ERAL CONTRACTOR FO	OR COMMERCIAL/RESIDE	ENTIAL PROPERTIES	
7. NAMES AND ADDI President Name PETER LAZZARIN		ICERS: ("X" BOX FOR A	TTACHMENT) FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Notes address 10 PARTITION STREET UNIT B11			Street Address		
City WARWICK,	State RI	^{Zip} 02888	City	State	Zip
Secretary Name	***************************************	***************************************	Treasurer Name		
Street Address			Street Address		
City	State	Zip	СИу	State	Zip
8. NAMES AND ADDR Director Name PETER LAZZARIN Struct Address		CTORS: ("X" BOX FOR	ATTACHMENT) FILL II Director Name Street Address	N SPACES BEFORE USING	G ATTACHMENTS
10 PARTITION ST	REET UNIT B11				
City WARWICK,	State Ri	<i>zip</i> 02888	City	State	Zφ
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
9. SHARES AUTHORI2 AUTHORIZED SHARES	LED ("X" BOX FOR	ATTACHMENT)		("X" BOX FOR ATTACH CTION <u>MUST</u> BE COMPLETED	MENT)
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			300	COMMON	-0-
			the Allin		
This report must be executive the control of the co	ecuted on behalf of the	e corporation by an autho	rized representative. If the c	orporation is in the hands	of a receiver or trustee,

File Date	FILED
Check No.	FEB 01 2008
Ву:	By 1159
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare an	d affirm that I have examined this report
including any accompanying schedule	es and statements, and that all statements
contained herein are true and correct.	• · · · · · · · · · · · · · · · · · · ·
Titta forman	- 1/30/08
Signature, 100	₹Date
FTET LAZZAI	rino
Print or Type Name	
FresiDent	
Title	· · · · · · · · · · · · · · · · · · ·