

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 _

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(eGd)) is subject to a penalty fee of \$25.00.

1. Corporate II) No. 109527	2 Name of Corpo Lorusso Co	ration			
3 Street Address Principal Bu		. h.		73	
3 Belcher Street			City Plainville	State MA	02762
4. Business Phone No. 5. State of Incorporation				FIA	02/02
(508) 695–3252 Massachusetts					
6. Brief Description of the Character of Business Conducted in Rhode Island			-		
	ction & Paving				
			TACHMENT) FILL IN SPAC	ES DEPODE LISTMO A	PTA CITATIANA
President Name	ing a series of the series of	THE WAY TO SERVE THE SERVE	Vice President Name	ES BEFORE CSING A	I IACHMENIS
Gerard C. Lor	russo		Gerard C.	Lorusso	
Street Address			: Street Address		
680 West Stre	eet		680 West	Street	
Сир	State	Zip	i City	State	Zíp
Wrentham	MA	02093	Wrentham	MA	02093
Secretary Name	**************************************		: Treasurer Name		····· l ·······························
Gerard C. Lorusso			Gerard C. Lorusso		
Stroot Address			Street Address		
680 West Street			680 West Street		
Cit)	State	Zip ongon	City	State	Zip
Wrentham	MA	02093	Wrentham	MA	02093
8. NAMES AND ADDRE	SSES OF THE DIREC	TORS: ("X" BOX FOR A	ATTACHMENT) 🔲 FILL IN SPA		ATTACHMENTS
Director Name			Director Name		
Gerard C. Loi	russo				
Street Address			Street Address		
680 West Stre	eet				
City	State MA	^{Zip} 02093	City	State	Zip
Wrentham	MA	02093			
Director Name	.,	*************************	Director Name	*************************	*******************
Street Address			Street Address		
City	State	Zip	City	State	Zip
					[
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Vumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Por Value
100	Common	No Par Value			
	Common	NOT at Value			1
				L	
This report must be exec	cuted on behalf of the	corporation by an author	ized representative. If the corpora	ation is in the hande o	f a receiver or teasts:
his report must be exect	uted on behalf of the c	orporation by the receive	er or trustee.	is in the hailds to	careceiver or musice,
			1		
			Under penalty of perjury,	I declare and affirm that	I have examined this rep
		,	including any accompany contained herein are true	ring schedules and staten	nents, and that all statem
File Date FII F	=n		contained nevertage true	and confect.	
File Date					2/1/08
Check No. FFD A			Signature Gerar	d C.Lorusso	Date
Check No FEB 0 4	1 2008				
By: _ 1991	250 ma	<i>1</i> /)	Print or Type Name	· · · · · · · · · · · · · · · · · · ·	
By -/ 0	<u> </u>	4	Presi	dent	
FOR SECRETARY O	OF STATE USE ONLY				
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