



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 106142		2. Name of Corporation STRUCTURE TONE, INC.			
3. Street Address Principal Business Office 770 BROADWAY			City NEW YORK	State NY	Zip 10003
4. Business Phone No. 212-481-6100		5. State of Incorporation NEW YORK			
6. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTHONY CARVETTE			Vice President Name JOHN WHITE		
Street Address 770 BROADWAY			Street Address 770 BROADWAY		
City NEW YORK	State NY	Zip 10003	City NEW YORK	State NY	Zip 10003
Secretary Name RAY FROIMOWITZ			Treasurer Name JAMES DONAGHY		
Street Address 770 BROADWAY			Street Address 770 BROADWAY		
City NEW YORK	State NY	Zip 10003	City NEW YORK	State NY	Zip 10003
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES DONAGHY			Director Name JOHN WHITE		
Street Address 770 BROADWAY			Street Address 770 BROADWAY		
City NEW YORK	State NY	Zip 10003	City NEW YORK	State NY	Zip 10003
Director Name BRIAN DONAGHY			Director Name / / / / /		
Street Address 770 BROADWAY			Street Address / / / / /		
City NEW YORK	State NY	Zip 10003	City / / / / /	State / / / / /	Zip / / / / /
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 200	Class/Series COMMON	Par Value NO PAR VALUE	Number of Shares 100	Class/Series NO PAR VALUE	Par Value -0-
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the 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.

FILED

File Date: **FEB 08 2008**

Check No. **374198**

By: **RAY FROIMOWITZ**

FOR SECRETARY OF STATE USE ONLY

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: **Ray Froimowitz** Date: **2/5/08**

Print or Type Name: **RAY FROIMOWITZ**

Title: **SECRETARY**