



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. 61746		2. Name of Corporation M+D Construction Co Inc		
3. Street Address Principal Business Office 35 Custer ST		City WARWICK	State RI	Zip 02889
4. Business Phone No. 739-1184		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Brick Mason				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Ronald J MAQUIRE		Vice President Name Ronald J MAQUIRE		
Street Address 35 Custer ST		Street Address 35 Custer ST		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI
Secretary Name Ronald J MAQUIRE		Treasurer Name Ronald J MAQUIRE		
Street Address 35 Custer ST		Street Address 35 Custer ST		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
2,000 NO PAR VALUE			400 Common	
				NO PAR VALUE

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.

File Date	FILED
Check No.	FEB 11 2008
By	By 1106 mnc
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: Ronald J Maquire Date: 2/8/08
Print or Type Name: Ronald J MAQUIRE
Title: President