



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 IN BLACK)

1. Corporate ID No. *10115*		2. Name of Corporation Thornley - DeGrasse Rigging Co., Inc.			
3. Street Address Principal Business Office 171-176 DUNNELL AVENUE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. (401)725-9229		5. State of Incorporation RHODE ISLAND			6. SIC Code 6638
7. Brief Description of the Character of Business Conducted in Rhode Island DISMANTLING, RIGGING, ERECTING AND MOVING MACHINERY AND METAL PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven S. Thornley			Vice President Name Steven S. Thornley		
Street Address 13 Springdale Avenue			Street Address 13 Springdale Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Steven S. Thornley			Treasurer Name Steven S. Thornley		
Street Address 13 Springdale Avenue			Street Address 13 Springdale Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Steven S. Thornley			Director Name None		
Street Address 13 Springdale Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE			400	Common	No Par Val.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date

Check No. FEB 11 2008

By 27101

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 of Officer

Date

Steven S. Thornley

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01