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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.	2. Name of Corporation			
67316	SRU Inc.			
3. Street Address Principal Business Office		City	State	Zip
141 Industrial Highway		Slatersville	RI	02876
4. Business Phone No.	5. State of Incorporation			
(401) 762-1400	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE CONSULTATION SERVICES; TO BUY, SELL, LEASE USE & SERVICE, ETC. MACHINES, EQUIPMENT, GOODS, WARES, ETC.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
William P. Sibilia	57 Pond House Road	North Smithfield	RI	02876

Vice President Name	Street Address	City	State	Zip
David V. MacDonald	155 Island Road	Lunenberg	MA	01462

Secretary Name	Street Address	City	State	Zip
David V. MacDonald	155 Island Road	Lunenberg	MA	01462

Treasurer Name	Street Address	City	State	Zip
William P. Sibilia	57 Pond House Road	North Smithfield	RI	02876

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
William P. Sibilia	57 Pond House Road	North Smithfield	RI	02876

Director Name	Street Address	City	State	Zip
David V. MacDonald	155 Island Road	Lunenberg	MA	01462

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000		NO PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200 Shares	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.

[redacted]

[redacted]

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.

William P. Sibilia 2-14-08
Signature *Date*

William P. Sibilia
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 15 2008
By: By 988mnc
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20692-4-232258

Form 630 Rev. 12/06