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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 | | |
|---|---|---|---|
| 000076696 | Allard Construction Co., Inc. | | |
| 3. Street Address Principal Business Office | City | State | Zip |
| 48 Main Street | Slatersville | RI | 02876 |
| 4. Business Phone No. | 5. State of Incorporation | | |
| 401.766.4171 | Rhode Island | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
Construction

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

| President Name | Vice President Name |
|---|---|
| James T. Allard | |
| Street Address: 48 Main Street | Street Address: |
| City: Slatersville; State: RI; Zip: 02876 | City; State; Zip |
| Secretary Name: James T. Allard | Treasurer Name: James T. Allard |
| Street Address: 48 Main Street | Street Address: 48 Main Street |
| City: Slatersville; State: RI; Zip: 02876 | City: Slat-rsville; State: RI; Zip: 02876 |

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

| Director Name | Director Name |
|---|---|
| James T. Allard | |
| Street Address: 48 Main Street | Street Address: |
| City: Slatersville; State: RI; Zip: 02876 | City; State; Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City; State; Zip | City; State; Zip |

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**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* | *Par Value* |
| 8,000 | | no par value | 100 | | 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]

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.

2/19/2008
*Signature* *Date*
James T. Allard
*Print or Type Name*
President
*Title*

[redacted]

*File Date* FILED
*Check No.* FEB 20 2008
*By:* By DS 10022
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