



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. 4377		2. Name of Corporation COASTAL STATES CONSTRUCTION, INC.			
3. Street Address Principal Business Office 2201 CHESTNUT STREET			City NORTH DIGHTON	State MA	Zip 02764 -
4. Business Phone No. 5082529300		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, EXCAVATING, BUY/SELL SAND, GRAVEL. ETC.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Abel Mariano			Vice President Name William Antolonis		
Street Address 2201 Chestnut Street			Street Address 2201 Chestnut Street		
City NORTH DIGHTON	State MA	Zip 02764	City NORTH DIGHTON	State MA	Zip 02764
Secretary Name Abel Mariano			Treasurer Name Abel Mariano		
Street Address 2201 Chestnut Street			Street Address 2201 Chestnut Street		
City NORTH DIGHTON	State MA	Zip 02764	City NORTH DIGHTON	State MA	Zip 02764
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Abel Mariano			Director Name		
Street Address 2201 Chestnut Street			Street Address		
City NORTH DIGHTON	State MA	Zip 02764	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	Common	No Par
			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.



4 3 7 1

FILED

FEB 26 2008

Abel Mariano

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.

Abel Mariano 1-10-08
Signature Date

Abel Mariano
Print or Type Name

President
Title

File Date _____
Check No. _____
By: _____
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