



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

ROFIT 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. 113333		2. Name of Corporation R & P Construction Incorporated			
3. Street Address Principal Business Office 43 Starr Street			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 944-4221		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island A Construction Company					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter J. St.Lawrence			Vice President Name Peter J. St.Lawrence		
Street Address 43 Starr Street			Street Address 43 Starr Street		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State Rhode Island	Zip 02919
Secretary Name Karen St.Lawrence			Treasurer Name Peter J. St.Lawrence		
Street Address 43 Starr Street			Street Address 43 Starr Street		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State Rhode Island	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter J. St.Lawrence			Director Name Karen St.Lawrence		
Street Address 43 Starr Street			Street Address 43 Starr Street		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State Rhode Island	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Johnston	Rhode Island	02919	Johnston	Rhode Island	02919
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
1000 No Par Value	Common	None	N/A		
			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.

FILED	
File Date	FEB 28 2008
Check No.	
By	10/6
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 Date 2/26/08

Peter J. St.Lawrence

Print or Type Name

President

Title