



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. <u>57171</u>		2. Name of Corporation <u>B&amp;L McCoy Construction Inc.</u>			
3. Street Address Principal Business Office <u>248 Plain Meetinghouse Rd.</u>		City <u>West Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	
4. Business Phone No. <u>401 397-4547</u>		5. State of Incorporation <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>carpentry, framing new homes</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Brian K McCoy</u>			Vice President Name <u>none</u>		
Street Address <u>248 Plain Meetinghouse Rd.</u>			Street Address		
City <u>W. Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	City	State	Zip
Secretary Name <u>none</u>			Treasurer Name <u>none</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>none</u>			Director Name <u>none</u>		
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
<u>500</u>	<u>0 par value</u>		<u>none</u>		

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.

File Date	<b>FILED</b>
Check No.	<b>FEB 28 2008</b>
By:	<u>4657</u>
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.

Brian K McCoy 2/14/08  
Signature Date  
Brian K. McCoy  
Print or Type Name  
president  
Title