

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 BLANK 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. 104194		2. Name of Corporation J.E. JUREK CONTRACTING COMPANY, INC.			
3. Street Address Principal Business Office 9 HAWTHORNE PLACE, SUITE 11C			City BOSTON	State MA	Zip 02114
4. Business Phone No. (617) 367-3436		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name MARY ANN JUREK			Vice President Name N/A		
Street Address 10 CHANDLER ROAD			Street Address		
City ANDOVER	State MA	Zip 01810	City	State	Zip
Secretary Name MARY ELIZABETH JUREK			Treasurer Name MARY ANN JUREK		
Street Address 10 CHANDLER ROAD			Street Address 10 CHANDLER ROAD		
City ANDOVER	State MA	Zip 01810	City ANDOVER	State MA	Zip 01810
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name MARY ANN JUREK			Director Name JOSEPH B. JUREK		
Street Address 10 CHANDLER ROAD			Street Address 172 HIGH STREET		
City ANDOVER	State MA	Zip 01810	City ANDOVER	State MA	Zip 01810
Director Name MARY ELIZABETH JUREK			Director Name GEORGE J. MCCARRON		
Street Address 10 CHANDLER ROAD			Street Address 7 LISA DRIVE		
City ANDOVER	State MA	Zip 01810	City MILLBURY	State MA	Zip 01527
<b>9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> AUTHORIZED SHARES			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12500	COMMON	NO PAR VALUE	100	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.

File Date	<b>FILED</b> FEB 29 2009
Check No.	Ev 5375
By	
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

Print or Type Name

Title