

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	e of \$25,00.		And the property of the second				
1. Corporate ID No. 15128								
3. Street Address Principal Business Office 2417 East Main Road			City Portsmouth	Siaie RI	<i>Ζίφ</i> 02871			
4. Business Phone No. 5. State of Incorporation 401-293-0176 Rhode Island								
6. Brief Description of the Character of General contracting	f Business Conducted in Rh	ode Island						
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) 🔲 FILL IN SPACES	S BEFORE USING ATTA	ACHMENTS			
President Name Peter. S. Kent			Vice President Name					
Street Address 2417 East Main Road			Street Address					
City Portsmouth	State RI	<i>Հեր</i> 02871	City	State RI	Zip			
Secretary Name Peter. S. Kent			Treasurer Name Peter. S. Kent					
Street Address 2417 East Main Road			Street Address 2417 East Main Road					
City Portsmouth	State RI	^{Zip} 02871	^{City} Portsmouth	State RI	^{Zip} 02871			
8, NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	: "("X" BOX FOR ATT	ACHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	TACHMENTS			
Street Address		Street Address						
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED (" AUTHORIZED SHARES	 X" BOX FOR ATTAC	HMENT) [10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION A		ND D			
	Class/Series 1	Par Value	Number of Shares	Cluss/Series	Par Value			
8,000 C	ommon \$1	.00	1	Common	\$1.00			
This report must be executed of this report must be executed or			I representative. If the corpora r trustee.	tion is in the hands of a	receiver or trustee,			

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Under penalty of perjury, I declare and af including any accompanying schedules a	•
	no statements, and mac an statements
contained herein are three and correct.	
exapt	2-26-08
Signature	Date
PETER S. KENT	
Print or Type Name	
PRESIDENT	
Title	

Form 630 Rev. 12/06