



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.<br>98287                                                                                                                                                                           |                  | 2. Name of Corporation<br>Blackstone Valley Drywall Inc. |                                                                     |                       |                  |
| 3. Street Address Principal Business Office<br>48 Neri's Way                                                                                                                                           |                  |                                                          | City<br>Pascoag                                                     | State<br>Rhode Island | Zip<br>02859     |
| 4. Business Phone No.                                                                                                                                                                                  |                  | 5. State of Incorporation<br>Rhode Island                |                                                                     |                       |                  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To act as a general contractor for the construction repairing and remodeling of buildings and public works of all kinds |                  |                                                          |                                                                     |                       |                  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                      |                  |                                                          |                                                                     |                       |                  |
| President Name<br>Edward J. Makowski                                                                                                                                                                   |                  |                                                          | Vice President Name                                                 |                       |                  |
| Street Address<br>48 Neri's Way                                                                                                                                                                        |                  |                                                          | Street Address                                                      |                       |                  |
| City<br>Pascoag                                                                                                                                                                                        | State<br>RI      | Zip<br>02859                                             | City                                                                | State                 | Zip              |
| Secretary Name<br>Susan F. Makowski                                                                                                                                                                    |                  |                                                          | Treasurer Name<br>Susan F. Makowski                                 |                       |                  |
| Street Address<br>48 Neri's Way                                                                                                                                                                        |                  |                                                          | Street Address<br>48 Neri's Way                                     |                       |                  |
| City<br>Pascoag                                                                                                                                                                                        | State<br>RI      | Zip<br>02859                                             | City<br>Pascoag                                                     | State<br>RI           | Zip<br>02859     |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                     |                  |                                                          |                                                                     |                       |                  |
| Director Name<br>none                                                                                                                                                                                  |                  |                                                          | Director Name                                                       |                       |                  |
| 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 ("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        |
| 8,000                                                                                                                                                                                                  | \$1.00 par value |                                                          | 200                                                                 | common                | \$1.00 par value |
|                                                                                                                                                                                                        |                  |                                                          | 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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | MAR 07 2008 |
| Check No.                       |             |
| By                              | By 8733     |
| 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: Edward J. Makowski Date: 3/1/08  
Print or Type Name: Edward J. Makowski  
Title: President