

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.	_			
1. Corporate ID No. 138351	2. Name of Corporation PHOENIX KOIYA & CONSTRUCTION, INC.					
3. Street Address Principal Business Office 156 OCEAN AVENUE			CRANSTON	State RI	^{2ір} 02905	
		5. State of Incorporation RHODE ISLAND				
	ND SUPPLIES AND	TO PERFORM RELA	TED CONSTRUCTION AND/			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
HARRY E. DORSEY, JR.			PAUL E. DORSEY			
Street Address 11 ELEANOR DRIVE			Street Address 80 CHESTNUT AVENUE			
City BARRINGTON	State RI	<i>z</i> ф 02806	City CRANSTON,	State RI	<i>շւր</i> 0 29 10	
Secretary Name JENNIFER L. DORSEY			Treasurer Name JOY E. DORSEY			
Street Address			Street Address			
80 CHESTNUT AVENUE			11 ELEANOR DRIVE			
City CRANSTON	State RI	<i>г</i> ф 02910	City BARRINGTON	State RI	<i>zi</i> р 02806	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL IN SPAC	ES BEFORE USING AT	FACHMENTS	
Director Name			Director Name			
HARRY E. DORSEY JR.			PAUL E. DORSEY			
Street Address			Street Address			
11 ELEANOR DRIVE			80 CHESTNUT AVENUE			
City	State	Zip	Clly	State	Zip	
BARRINGTON	RI	02806	CRANSTON	RI	02910	
Director Name			Director Name JOY E. DORSEY			
JENNIFER L. DORSEY			Street Address			
Street Address 80 CHESTNUT AVENUE			11 ELEANOR DRIVE			
City	State	<i>Ζφ</i> 02910	City BARRINGTON	State RI	^{Ζφ} 02806	
CRANSTON	J RI	<u></u>				
9. SHARES AUTHORIZED (*	'X" BOX FOR ATTAC	HMENT) [10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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 N PAR VALUE			100	ONE CLASS	NO PAR	
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 FILED
Check No. MAR 13 2008
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I decl	are and affirm th	at I have examined this report,
including any/accompanying sc		ements, and that all statements
contained herein are true and of	orrejct. /	1 /
* Tant	disy)	03/11/08
Signature		Date /
HARRY E. DORS	EY JR.	
Print or Type Name		
PRESIDENT		
Title		

Form 630 Rev. 12/06