

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 wilibin thirty (30) days after the time prescribed by

1. Corporate ID No.					
90096	2. Name of Cor David Pur	vis Construction, Inc.			
3. Street Address Principal Business Office 165 River Farm Drive			City East Greenwich	State RI	^{Zip} 02818
4. Business Phone No. 5. State of Incorpora 401-885-5836 Rhode Island			ion		
6. Brief Description of the Char TO ENGAGE IN THE					, T. G. T. G
7. NAMES AND ADDRES	SSES OF THE OFF	CERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN SP.	ACES BEFORE ÚSIN	G ATTACHMENTS
President Name			Vice President Name		
David K. Purvis			David K. Purvis		
Street Address 165 River Farm Road			Street Address 165 River Farm Road		
City East Greenwich	State RI	^{<i>Zip</i>} 02818	City East Greenwich	State RI	^{Zip} 02818
Secretary Name David K. Purvis			Treasurer Name	******************	***************************************
Street Address 165 River Farm Road			Street Address		
City East Greenwich	State RI	<i>Ζ</i> φ 02818	City	State	Zip
8. NAMES AND ADDRES	SSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USI	NG ATTACHMENTS
Director Name	english in the	en de la companya de	Director Name		
David K. Purvis				• • • • • • • • • • • • • • • • • • • •	
Street Address 165 River Farm Road	 1		Street Address		
City	State	Zip	City	State	Zip
East Greewich	RI	02818			,
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED (*		
Number of Shares	Class/Series	D Verf	ISSUED SHARES — THIS SECTI	 	
transcer by Sources	Cussyseries	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100 NO PAR VALUE		
This report must be executhis report must be execution	ited on behalf of the	e corporation by an autho	rized representative. If the corp	poration is in the han	ds of a receiver or trustee

File Date	FILED		
Check No	MAR 1 4 2008	_	
Ву:	By 3501	_	
. FC	R SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affincluding any accompanying schedules ar	firm that I have examined this report,
contained herein are true and correct	
Signature	3/12/08 Date
DAVID K. PURVIS	Dute
Print or Type Name	
PRESIDENT	
Title	

Form 630 Rev. 12/06