

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. 1826 | 2. Name of Corpo B.T. Equip | ment Company | | | | | |
|--|--------------------------------|------------------------|---|--------------------------|--------------------------|--|--|
| 3. Street Address Principal Business Office 115 Lydia Ann Road | | | City Smithfield | State RI | ^{Zip} 02917 | | |
| 4. Business Phone No. 5. State of Incorpor 401-232-1995 Rhode Island | | | | | | | |
| 6. Brief Description of the Characte Crane and Equipment Re | | ted in Rhode Island | | | | | |
| President Name | S OF THE OFFIC | ERS (*X* BOX FOR | ATTACHMENT) _ FILL IN SP Vice President Name | ACES BEFORE USING | VETACHMENTS | | |
| Dennis E. Barry | | | | | | | |
| Street Address 795 Plymouth Street | | | Street Address | Street Address | | | |
| City Holbrook | State MA | <i>zip</i> 02343 | СЦу | State | Zip | | |
| Secretary Name | ****************** | · | Treasurer Name Dennis E. Barry | | | | |
| Street Address | | | Street Address 795 Plymouth Street | | | | |
| Cuy | State | Zip | <i>сцу</i> Ho lbrook | State MA | ^{Zip} 02343 | | |
| | S OF THE DIREC | CTORS: ("X" BOX FO | r <i>attäghment)</i> 🔲 fill in s | SPACES BEFORE USING | ATTACHMENTS | | |
| Director Name | | | Director Name | <u> </u> | | | |
| Dennis E. Barry | | | Joseph L. Barry | | | | |
| Street Address | | | | Street Address | | | |
| 795 Plymouth Street | State | Ta:- | 795 Plymouth Street | | | | |
| Holbrook | į. | Zip 00242 | <i>City</i> Holbrook | State | Zip | | |
| Holbrook | | | | Holbrook MA 02343 | | | |
| | | | TO COLOR (TOTAL) | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| 9. SHARES ACTHORIZED AUTHORIZED SHARES | CXCBOX TORA | (TTA ÉLMENT) | 10. SHARES ISSUED (| | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | | |
| 11,000 Common No Par Value | | | 198 | A-Common | No Par Value | | |
| | | | 1,980 | B-Common | No Par Value | | |
| This report must be execute | d on behalf of the | corporation by an auth | norized representative. If the cor | poration is in the hands | of a receiver or trustee | | |

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.

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| 10000000000000000000000000000000000000 | FOR SECE | ETARY OF | CTATE I | KE AKI | |
| 100000000000000000000000000000000000000 | | | | | TITLE CONTRACTOR OF THE PROPERTY OF THE PROPER |

| Under penalty of perjury, I declare and aft | firm that I have examined this report |
|---|---------------------------------------|
| including any accompanying schedules ar | nd statements, and that all statement |
| contained herein are true and correct. | |
| Derme & Barry | 1/3, /2= |

Signature E 10 - Evry

1/3, /95 Date

Dennis E. Barry

Print or Type Name

President