

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. 43154	2. Name of Corp Hallamore					
3. Street Address Principal Business Office 115 Lydia Ann Road			Smithfield	State RI	Zip 02917	
4. Business Phone No. 5. State of Incorpor 401-232-1995 Massachuse			altion			
6. Brief Description of the C Transportation, Rigg	Character of Business Conduction ging and Crane Rental	ted in Rhode Island	***************************************			
7. NAMES AND ADD	RESSES OF THE OFFI	CERS: ("X" BOX FOR	ATTAÇIMENT) 🗀 EILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name Dennis E. Barry			Vice Fresident Name			
Street Address 795 Plymouth Street			Street Address			
City Holbrook	State MA	<i>Zip</i> 02343	Сиу	State	Zip	
Secretary Name	***********************	***************************************	Treasurer Name Dennis E. Barry	•••••••••••••••	••••••••••••••••	
Street Address			Street Address 795 Plymouth Street			
City	State	Zip	Gip Holbrook	State MA	^{Zip} 02343	
	RESSES OF THE DIRE	CTORS: ("X" BOX FO.	R ATTACHMENT) 🔲 FILL I	N SPACES BEFORE USI	NG ATTACHMENTS	
Director Name Dennis E. Barry			Director Name Joseph L. Barry			
Street Address			Street Address			
795 Plymouth Stre	et		795 Plymouth Stree	et		
City	State	Zip	City	State	Zip	
Holbrook	<u> </u>	02343	Holbrook	MA MA	02343	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORI	ZED CX" BOX FOR	ATTACHMENT)	: 10 Shares issued	("X" BOX FOR ALTIA		
authorized shares				CTION MUST BE COMPLETE	######################################	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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This report must be ex	xecuted on behalf of the	e corporation by an auth	horized representative. If the o	corporation is in the hand	Is of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

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including any accompany	ying schedules and	rm that I have examined this report d statements, and that all statemen
contained herein are true Dennis & B		1/31/08
Signature Dennis E. Barry	0	Date
Print or Type Name		
President_		
Title		Form 630 Rev. 12/06