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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.	2. Name of Corporation			
43154	Hallamore Corp.			
3. Street Address Principal Business Office		City	State	Zip
115 Lydia Ann Road		Smithfield	RI	02917
4. Business Phone No.	5. State of Incorporation			
401-232-1995	Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Transportation, Rigging and Crane Rental				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Dennis E. Barry					
Street Address			Street Address		
795 Plymouth Street					
City	State	Zip	City	State	Zip
Holbrook	MA	02343			
Secretary Name			Treasurer Name		
			Dennis E. Barry		
Street Address			Street Address		
			795 Plymouth Street		
City	State	Zip	City	State	Zip
			Holbrook	MA	02343

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Dennis E. Barry			Joseph L. Barry		
Street Address			Street Address		
795 Plymouth Street			795 Plymouth Street		
City	State	Zip	City	State	Zip
Holbrook	MA	02343	Holbrook	MA	02343
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **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
2,000 Common No Par Value			2,000	Common	No 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.

[redacted]

[redacted]

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.

Dennis E Barry — 1/31/08
Signature — *Date*

Dennis E. Barry
Print or Type Name

[redacted] President
Title

FILED
File Date MAR 13 2008
Check No. 7436
By: By
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