



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. 9603		2. Name of Corporation MINGLEE'S TAIL CONST. CORP.			
3. Street Address Principal Business Office 470 COOPER ROAD			City CHEPACHET	State RI	Zip 02814
4. Business Phone No. (401) 334-2565		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTING AND CONTRACTING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name COURTNEY DONALDSON			Vice President Name NONE		
Street Address 470 COOPER ROAD			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Secretary Name PAULINE M. CHARRON			Treasurer Name GEORGE DONALDSON		
Street Address 470 COOPER ROAD			Street Address 470 COOPER ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name COURTNEY DONALDSON			Director Name GEORGE DONALDSON		
Street Address 470 COOPER ROAD			Street Address 470 COOPER ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Director Name SHIRLEY B. DONALDSON			Director Name		
Street Address 470 COOPER ROAD			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000	500 CLASS A COMMON	NO PAR	200	CLASS A COMM	NO PAR
4500	CLASS B-NON-VOTING	NO PAR	1800	CLASS B COMM	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.

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.

Signature
Date
3/10/08
COURTNEY DONALDSON
Print or Type Name
PRESIDENT
Title

File Date **FILED**
Check No. **MAR 31 2008**
By: **2036**
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