



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, 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 2808		2. Name of Corporation Brett Construction Company			
3. Street Address Principal Business Office 47 Chapman Street			City Providence	State RI	Zip 02905
4. Business Phone No. 401-781-9800		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General Contractor					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lorraine S. Dimeo			Vice President Name		
Street Address 47 Chapman Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Lori Corsi			Treasurer Name - CFO Steven B. Avery		
Street Address 47 Chapman Street			Street Address 47 Chapman Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Lorraine S. Dimeo			Director Name Bradford S. Dimeo		
Street Address 47 Chapman Street			Street Address 47 Chapman Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
800	Common	No Par Value	60	Common	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.

File Date **FILED**  
Check No. **APR 02 2008**  
By: **DS 58951**  
FOR SECRETARY OF STATE USE ONLY

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 **SA** Date **4/1/08**  
Print or Type Name  
**Steven B. Avery**  
Chief Financial Officer  
Title