



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

A. Ralph Molits, 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. 151173		2. Name of Corporation T. Morgan Masonry, Inc.			
3. Street Address Principal Business Office 34 Harley Street			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401-821-4242		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Construction					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas F. Morgan			Vice President Name Wendy Morgan		
Street Address 34 Harley Street			Street Address 34 Harley Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Wendy Morgan			Treasurer Name Thomas F. Morgan		
Street Address 34 Harley Street			Street Address 34 Harley Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas F. Morgan			Director Name Wendy Morgan		
Street Address 34 Harley Street			Street Address 34 Harley Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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
8,000	\$0.01 Par Value		200	Common	0.01

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.

Thomas F. Morgan 3/26/08
Signature Date

Thomas F. Morgan
Print or Type Name

President
Title

File Date **FILED**
Check No. **APR 04 2008**
By: **DS 2095**
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