



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. 146068		2. Name of Corporation G & M Construction, Inc.			
3. Street Address Principal Business Office 3 Hollow Ridge Road			City Rumford	State RI	Zip 02916
4. Business Phone No. 401-467-6210		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in swimming pool construction and to own and operate a general construction business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gilberto DaSilva			Vice President Name Mary D. DaSilva		
Street Address 3 Hollow Ridge Road			Street Address 3 Hollow Ridge Road		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Gilberto DaSilva			Treasurer Name Mary D. DaSilva		
Street Address 3 Hollow Ridge Road			Street Address 3 Hollow Ridge Road		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
1,000 Common No par value			100	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.

File Date **FILED**
Check No. **APR 04 2008**
By: **DS 1942**
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.

Gilberto da Silva 3/31/08
Signature Date
Gilberto DaSilva
Print or Type Name
President
Title