

A: Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

law (R.I.G.L. 7-1.2-1501(c&d)) is			g J		
1. Contracto III No.	2 Name of Corporation				
1. Corporate 11 No. 109427 3. Street Address Principal Business C 146 RAILROB	ATLANTIC !	ASPHALT PEQL	IPMENT CO. IN	C .	
3. Street Address Principal Business C	Office		City	State	Zip
196 RAILRON	AD STRE	<u> </u>	KEVERE	MA	02151
4. Business Phone No.		3. State of incorporation			
781-289-678 6. Brief Description of the Character	7	Phodo folgand	CHUSETTS		
6. Brief Description of the Character (oj Business Conauciea ii	KDQUE ISIANA			
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPA	CES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
COLIN J. CASIT			COLIN C. CASH		
Street Address			Street Address		
56 TOWNSE	NA 57	Zip	232 GRANDVIEW AVE City WINTHROP State MINTHROP MA 02152		
City	State 00 0	Zip	City	State m	Zip 1 2 1 1 2 3
56 TOWNSE City WINTHROP Secretary Name	.l <i>l?!!t</i>	02152	Treasurer Name	l <i>!!!!.!7</i>	
TEANNE	0 000	· i i	COLIN T. CASH		
Street Address	C. L 170	7	Street Address		
56 TOW!	NSEND	5T.	SA	N) F State	
56 TOWN WINTHROP	State	Zip	City	State	Zip
WINTHROP	$\mid \mathcal{M}\mathcal{H} \mid$	03153	•		İ
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR ATT		PACES BEFORE USING	ATTACHMENTS
Director Name	a oc ii		Director Name		
Street Address	CHSH		Street Address AOMO		
. A Co son			10	m 0 .	
City	State	Zip	City	State	Zip
,					
Director Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Director Name		
				to the little	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Спу	Sure	\(\frac{1}{2}\)			
9. SHARES AUTHORIZED ("X" BOX FOR ATTA	ACHMENT)	10. SHARES ISSUED (*	X" BOX FOR ATTACH	MENT)
AUTHORIZED SHARES	En 1999	and the second of the second o	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 Comm	n. P	7/2 /	300	Comman :	no Partalua
300 Commo	ne vari	Janus	000	Commo	- Vallanvalue
				Aufa (f. 1915)	-
	1 1 1 12 2 5		d management time If the com-	upration is in the hands	of a receiver or truston
This report must be executed this report must be executed	on behalf of the cor	rporation by an authorize	ed representative. It the corp or trustee.	oration is in the names	or a receiver or musice,
una report must be executed	on benan or the cor	potation by the receiver			

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FILED	contained herein are rule and correct. V. P. 5-19-08
Check NoMAY 2 6 2008	Signature Date COLIN C. CASH
By 33742	Print or Type Name VICE PRESIDENT
FOR SECRETARY OF STATE USE ONLY	Title