



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. 128749		2. Name of Corporation VENTURE WISE, INC			
3. Street Address Principal Business Office 1627 WEST MAIN RD		City PORTSMOUTH	State RI	Zip 02871	
4. Business Phone No. 401-846-2200		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 JOSEPH SABATINO		Vice President Name DAVID COLLINS			
Street Address 438 BRISTOL FERRY RD		Street Address 83 PADELFORD ST			
City PORTSMOUTH	State RI	Zip 02871	City E. PROVIDENCE	State RI	Zip 02914
Secretary Name JO ANN M. SABATINO		Treasurer Name JOSEPH SABATINO			
Street Address 438 BRISTOL FERRY RD		Street Address 438 BRISTOL FERRY RD			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		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) <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 8000	Class/Series C	Par Value 0	Number of Shares 250	Class/Series C	Par Value 0
4KJ BY J.S. DIR			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
Check No.
By
FOR SECRETARY OF STATE ONLY

FILED
AUG 27 2008
By [Signature]
786

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
Print or Type Name
Title

[Signature]
9/10/08
JOSEPH SABATINO
PRESIDENT