



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

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3010

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

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. <b>37864</b>		2. Name of Corporation <b>Ridge Construction Co., Inc.</b>			
3. Street Address Principal Business Office <b>730 High Street</b>			City <b>Cumberland</b>	State <b>R.I.</b>	Zip <b>02864</b>
4. Business Phone No. <b>401-726-0390</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Petroleum Contractor Service Station work</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Stanley F. J. Simanski</b>			Vice President Name <b>Same</b>		
Street Address <b>730 High Street</b>			Street Address		
City <b>Cumberland</b>	State <b>R.I.</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>Same</b>			Treasurer Name <b>Same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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
<b>600</b>	<b>No Par Value</b>	<b>No Par</b>	<b>350</b>	<b>Common</b>	<b>0</b>

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.

*Stanley F. J. Simanski* 1-5-09  
Signature Date

**Stanley F. J. Simanski**  
Print or Type Name

**Pres.**  
Title

**FILED**  
File Date **JAN 05 2009**  
Check No. \_\_\_\_\_  
By **19417**  
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