

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 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 white to a trackly fine of \$25.00 subject to a penalty fee of \$25.00.

1. Corporate ID No. 1477	2. Name of Corporation ASTRO CONSTRUCTION CO., INC.					
3. Street Address Principal Business Office 23 JULIA COURT			PORTSMOUTH	State RHODE ISLAND	<sup>2ip</sup> 02871	
4. Business Phone No. 5. State of Incorporation 401-683-9120 RHODE ISLAND					. J	
6. Brief Description of the Character CONSTRUCTION OF RES		bode Island			<del>" · · · · · · · · · · · · · · · · · · ·</del>	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name GREGORY BORODEMOS			CHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  HARRY BORODEMOS			
Street Address 23 JULIA COURT			Street Address 236 WALTER STREET			
City PORTSMOUTH	RHODE ISLAND	<i>Ζφ</i> 02871	City FALL RIVER	State MASS	<sup>Zip</sup> 02724	
Secretary Name  LAURENT L. ROUSSEAU			Treasurer Name JAMES A. BORODEMOS			
Street Address 7 KUBLA COURT			Street Address 23 JULIA COURT			
PORTSMOUTH	State RHODE ISLAND	<sup>Zip</sup> 02871	City PORTSMOUTH	State RHODE ISLAND	<sup>Zip</sup> 02871	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	SE ("X" BOX FOR ATT	ACHMENT)   FILL IN SPAC Director Name	ES BEFORE USING AT	TACHMENTS	
Street Address			Street Address			
City	State	Zíp	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION A		M1) []	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	COMMON	NO PAR	
					**************************************	
This report must be executed	on behalf of the corpo	oration by an authorized	d representative. If the corpora	tion 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	Ju	-/2	-09	2
Check No.		325	75/	
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including any accompanying schedules	affirm that I have examined this report, s and statements, and that all statements $(1-0.7-0.9)$
Signaruhe / BORY BOR	Date 200 E 110 5
Print or Type Name  Title PRESIDENT	Form 630 Rev. 08/08

Form 630 Rev. 08/08