

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 Filling Period: January 1 - March 1 • Filling Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PE 2009

* In accordance with R.I.G.L. subject to a penalty fee of \$25.0	7-1.2-1501(e), each corpo 90.	oration failing or refusing to file its ann	wal report within thirty (30) days afte	r the time prescribed by l	aw (R.I.G.L., 7-1.2-1501(c&d)) is	
1. Corporate ID No. 119290		2. Name of Corporation K. A. McCarthy, Inc.				
3. Street Address Principal Business Office 300 Centerville Road, Suite 305, Summit West			<i>City</i> <b>Warw</b> ick	State RI	<sup>Zip</sup> 02886	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
	NESS PROVIDING	CONSTRUCTION SERVICE				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Keith A. McCarthy			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Keith A. McCarthy			
Street Address 460 Snake Hill Road			Street Address 460 Snake Hill Road			
сиу Glendale	State RI	<sup>Zip</sup> 02826	City Glendale	State RI	<sup>Zip</sup> 02826	
Secretary Name Keith A. McCarthy			Treasurer Name Keith A. McCarthy			
Street Address 460 Snake Hill Road			Street Address 460 Snake Hill Road			
Glendale	State RI	<sup>Zip</sup> 02826	<i>Cuy</i> Glendale	State RI	<sup>Zip</sup> 02826	
8. NAMES AND ADDRE Director Name NONE	SSES OF THE DIRE	CTÓRȘ: <i>("X" BOX FOR ATT</i>	ACHMENT) T FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS	
Street Address			Street Address			
Cuy	State	Zip	City	State	Zip	
Director Name			Director Name	••		
Street Address			Street Address			
Сйу	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZE	D.		: 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION			
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	
				1		
		ne corporation by an authorize e corporation by the receiver of		ation is in the hand	s of a receiver or trustee,	
			Under penalty of periors	. I declare and affirm	that I have examined this report	
					atements, and that all statement	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	at I have examined this report
including any accompanying schedules and state	ments, and that all statements
contained herein are true and correct.	1-8-09
Signature (	Date
Keith A. McCarthy	
Print or Type Name	
President	
Title	