

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.

subject to a penalty fee of \$25.00.	st In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report w.	ithin 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.	.2-1301(e), each corporain	on jailing or rejusting to file its ani	mai report wiunn imriy (30) i	usys after the time prestrinea by ta	tw (π.τ.g.t., γ-1.2-1)01(t⊕u))	
1. Corporate ID No. 18131		2. Name of Corporation Notarantonio Bros., Inc.				
3 Street Address Principal Busine c/o Judith P. Higgins, 0			^{Cny} Johnston	State RI	^{Zip} 02919	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Charac. Operators and Lessors o						
7. NAMES AND ADDRESS President Name	ES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) TILL IN : Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Joseph A. Notarantonio)		James Notaranton	io		
Street Address 451 Smithfield Road		Street Address 81 Orient Avenue				
North Providence	State RI	^{Zip} 02904	Jamestown	State RI	^{Ζiρ} 02853	
Sceretury Name Joseph A. Notarantonio		Treasurer Name Ann Maggiacomo				
Street Address 451 Smithfield Road		Street Address 183 Old River Road Unit 3				
City North Providence	State RI	^{Zip} 02904	City Lincoln	State RI	<i>Ζίρ</i> 02865	
8. NAMES AND ADDRESS: Director Name Joseph A. Notarantonio		ORS: ("X" BOX FOR ATT	"ACHMENT) ☐ FILL I Director Name James Notaranton		G ATTACHMENTS	
Street Address 451 Smithfield Road		Street Address 81 Orient Avenue				
North Providence	State RI	Zip 02904	City Jamestown	State RI	21p 02853	
Director Name Ann Maggiacomo			Director Name	***************************************	•••••••••••	
Street Address 183 Old River Road Un	nit 3		Street Address			
^{City} Lincoln	State RI	7.ip 02865	City	State	Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
				ECTION MUST BE COMPLETED		
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 execute this report must be execute				corporation is in the hand	s of a receiver or trustee	

File Date	FILED	
Check No	JAN 13 2009	
Ву:	By 1415	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affi- including any accompanying schedules and		,
contained herein are true and correct	Date	1-10-09
Joseph A. Notarantonio		
Print or Type Name President		
Title		