

A. Ralph Mollis, Secretary of State $Corporations\ Dwision$ 148 W. River Street Providence, RI 02904-2615 101.222.3040

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(e3d)) is

subject to a penalty fee of \$2	5.00.				
1 Corporate ID No. 43741		2. Name of Corporation Angelo Salvati, Inc.			
3. Street Address Principal Business Office 18 Enos Circle			Cranston	State RI	1919 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Business Phone No 5. State of Incorporation Rhode Island					
6 Brief Description of the C. Masonry Work	haracter of Business Condu	eted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Keith Salvati			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Paul Salvati		
Street Address 18 Enos Circle			Street Address 18 Enos Circle		
City Cranston	State RI	^{Zip} 02920	Cranston	State RI	02920
Secretary Name Paul Salvati			Treusurer Name Keith Salvati		
Street Address 18 Enos Circle			Street Address 18 Enos Circle		
Cranston	State RI	02920	Cranston	RI	7tp 02920
8. NAMES AND ADDI Director Name Keith Salvati	RESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	**PACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS **Director Name** Paul Salvati		
Street Address 18 Enos Circle			Street Address 18 Enos Circle		
Circ Cranston	State RI	Ζψ 02920	City Cranston Director Name	State RI	×φ 02920
Director Name					<u> </u>
Street Address			Street Address		
Cay	State	Zip	City	State	Z1)
9. SHARES AUTHOR	IZED	'		O ("X" BOX FOR ATTAC ECTION <u>MUST</u> BE COMPLETE	
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
			None		
		he corporation by an authorize ne corporation by the receiver		corporation is in the han	ds of a 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.
The Date 1-13-09	Kerth Dahrati 1-9-09 Signature Date
Check No. 1052	Keith Salvati
m mmc	Print or Type Name
	President
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08