

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(cord)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 59870	2. Name of Corporation COMOLLI GRANITE COMPANY, INC.				
3. Street Address Principal Business Office 4 Chase Hill Road			<i>ப</i> ர் Ashaway	State RI	Ζφ 02804
4. Business Phone No. 401-377-2530 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of manufacture, distribute and	sell granite products				
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN Vice President Name	SPACES BEFORE USING	G ATTACHMENTS
Richard D. Comolli			Andrew Victor Comolli		
Street Address 51 Bellevue Avenue			Street Address 32 Rock Ridge Street		
City: Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891
Secretary Name David R. Comolli			Treasurer Name Melinda Boeglin		
Street Address 63 Arbutis Trail			Street Address 8 1/2 Spruce Street		
City Charlestown	State RI	^{Zip} 02813	City Westerly	State RI	^{Zip} 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Richard D. Comolli			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Andrew Victor Comolli		
Street Address 51 Bellevue Avenue			Street Address 32 Rock Ridge Street		
City Westerly Director Name	State RI	02891	City Westerly Director Name	State RI	Z4Þ 02891
David R. Comolli Street Address			Street Address		
63 Arbutis Trail					
Charlestown	RI	<i>⊠</i> 02813	City,	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION 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
			1,000	common	no par
This report must be executed this report must be executed	on behalf of the corpon behalf of the corpo	oration by an authorize oration by the receiver	ed representative. If the or trustee.	corporation is in the han	ds of a receiver or trustee,
					n that I have examined this report, statements, and that all statements
File Date 15	-09			are true and correct	1/12/09
Check No.	977		Richard D. Comolli		
By:	nC		Print or Type Nam President	ne e	
FOR SECRETARY OF STA	ATE USE ONLY		Title		Form 630 Rev. 08/08