



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-261
401.222.304

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

1. Corporate ID No. 3209		2. Name of Corporation C & D Construction Co., Inc.	
3. Street Address Principal Business Office 1801 Smith Street		City North Providence	State RI
4. Business Phone No. (401) 231-2970		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island			

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Pasquale Cesaro			Vice President Name David DeAngelis		
Street Address 21 Richard Street			Street Address 8 Snowberry Court		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Pasquale Cesaro			Treasurer Name David DeAngelis		
Street Address 21 Richard Street			Street Address 8 Snowberry Court		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

50 Comm No Park Value

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
50		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation 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 1-14-09
Check No. 4652
By: MME

FOR SECRETARY OF STATE USE ONLY

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.

Pasquale Cesaro 1/6/09
Signature Date

Pasquale Cesaro
Print or Type Name

President
Title