



State of Rhode Island and Providence Plantations
Office of the 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(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 0074781		2. Name of Corporation PC Sons Landscaping Masonry INC.	
3. Street Address Principal Business Office 536 Stony Lane.		City No. Kingstown	State RI
4. Business Phone No. 401-864-5959		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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Peter S. Camara Sr.		Vice President Name Paul D. Camara	
Street Address 40 Mello St.		Street Address South County Trail	
City W. Warwick	State RI	City E. E. E. E.	State RI
Secretary Name		Treasurer Name Peter S. Camara Sr.	
Street Address		Street Address 40 Mello St.	
City	State	City W. Warwick	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Peter S. Camara Sr.		Director Name Lizette M. Camara	
Street Address 536 Stony Lane		Street Address 536 Stony Lane	
City No. Kingstown	State RI	City No. Kingstown	State RI
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. SHARES AUTHORIZED 600 No Par Value			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares 600	Class/Series No Par Value	Per Value	
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.			

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	FILED
Check No.	JAN 16 2009
By	0078271
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.

Signature
Peter S. Camara, Jr.
Date
1/14/09
Print or Type Name
President
Title