



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 2008

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)(d)) 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	Zip 02852	
4. Business Phone No. 401-884-5959		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	Zip 02893	City Exeter	State RI	Zip
Secretary Name Paul D. Camara		Treasurer Name Peter S. Camara Sr.			
Street Address South County Trail		Street Address 40 Mello St.			
City Exeter	State RI	Zip	City W. Warwick	State RI	Zip 02893
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	Zip 02852	City No. Kingstown	State RI	Zip 02852
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 600 No Par Value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series No Par Value	Par Value 11.07

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.

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 Sr. Date: 1/14/09
Print or Type Name: Peter S. Camara Sr.
Title: President

File Date	FILED
Check No.	JAN 16 2009
By:	By <u>078271 11:07</u>
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