



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&d)) is subject to a penalty fee of \$25.00.

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|------------------------------|--|
| 1. Corporate ID No. 98164 | 2. Name of Corporation Downes Construcion, Inc. |
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| | | | |
|---|-----------------|-------------|--------------|
| 3. Street Address Principal Business Office 138 Carroll Avenue | City Newport | State RI | Zip 02840 |
|---|-----------------|-------------|--------------|

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| 4. Business Phone No. 4018462379 | 5. State of Incorporation Rhode Island |
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5. Brief Description of the Character of Business Conducted in Rhode Island
engage in the business of general contracting

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

| | |
|-------------------------------------|--|
| President Name Timothy P. Downes | Vice President Name Kenneth P. Schwartz |
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| | |
|--------------------------------------|-----------------------------------|
| Street Address 138 Carroll Avenue | Street Address 40 Peckham Lane |
|--------------------------------------|-----------------------------------|

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|-----------------|-------------|--------------|--------------------|-------------|--------------|
| City Newport | State RI | Zip 02840 | City Middletown | State RI | Zip 02842 |
|-----------------|-------------|--------------|--------------------|-------------|--------------|

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|---------------------------------------|-------------------------------------|
| Secretary Name Kenneth P. Schwartz | Treasurer Name Timothy P. Downes |
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|-----------------------------------|--------------------------------------|
| Street Address 40 Peckham Lane | Street Address 138 Carroll Avenue |
|-----------------------------------|--------------------------------------|

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|--------------------|-------------|--------------|-----------------|-------------|--------------|
| City Middletown | State RI | Zip 02842 | City Newport | State RI | Zip 02840 |
|--------------------|-------------|--------------|-----------------|-------------|--------------|

3. 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 **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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 | Class/Series | Par Value |
| 1000 | common | no par value |
| | | |

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: **8166**

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 **Timothy P. Downes** Date **1/14/09**

Print or Type Name
Timothy P. Downes

Title
President