

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## 2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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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I. Corporate ID No. 72103	2. Name of Corporation T J F Contractors	s, Inc.			
3. Street Address Principal Business Office 1481 Broad Rock Road			<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879
4. Business Phone No. 5. State of Incorporation (401) 789-0374 Rhode Island					
6. Brief Description of the Character of Construction, General Contr		bode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)   FILL IN :	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Thomas Fuimarello			None		
Street Address 1481 Broad Rock Road			Street Address		
City Wakefield	State RI	<sup>Ζίρ</sup> 02879	Сіцу	State	Zip
Secretary Name Thomas Fuimarello			Treasurer Name Thomas Fuimarello		
Street Address 1481 Broad Rock Road			Street Address 1481 Broad Rock Road		
City Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State RI	<sup>Zip</sup> 02879
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name		
Thomas Fuimarello			None State of the None of the		
Street Address			Street Address		
1481 Broad Rock Road					
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
Director Name	Jaiaiia	J	Director Name		
None			None		
Street Address			Street Address		
	· ·				
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			: 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) □		
			•	CTION MUST BE COMPLETED	
This information is aurrently	of record in the Offic	a of the Counter, of	Number of Shares	Class/Series	Par 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.			100	Common	No Par
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorize ration by the receiver of	d representative. If the cor trustee.	orporation is in the hand	s of a receiver or trustee,

	Under penalty of perjury, I declare and including any accompanying schedule
File Date FILE C	contained herein are true and correct.
	Signature Signature
Check JAN 1 6 2009	Tom J. tuimAq
BBy	Print or Type Name  > OWNER / PRESIDENT
FOR SECRETARY OF STATE USE ONLY	· OWNET / Pic sid

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and statem	
contained herein are true and correct.	
Com Jumarello	1/14/09
Signature	Date
Tom J. FuimAge 110	
Print or Type Name	
· OWNER / president	
Title	
•	Form 630 Rev. 08/08