

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

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subject to a penalty fee of \$25.00.			nual report within thirty (30) d	ays after the time prescribed by .	law (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. <b>59532</b>	RAYMOND	2. Name of Corporation RAYMOND E. GALLUCCI, INC.				
3. Street Address Principal Busine 655 COMMONWEAL		£	WARWICK	State RI	<sup>Zlp</sup> 02886	
4. Business Phone No. (401)737-9477		5. State of Incorporation STATE OF RHO	STATE OF RHODE ISLAND			
6. Brief Description of the Charact ASPHALT PAVING, SE						
7. NAMES AND ADDRESS President Name	ES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) TILL IN:	SPACES BEFORE USING	G ATTACHMENTS	
RAYMOND E. GALLUCCI			CAROL A. GALLUCCI			
Street Address 655 COMMONWEALTH AVENUE			Street Address 655 COMMONWEALTH AVENUE			
WARWICK	State RI	<sup>Zip</sup> 02886	City WARWICK	State RI	<sup>Zip</sup> 02886	
Secretary Name CAROL A. GALLUCCI			Treasurer Name RAYMOND E. GALLUCCI			
Street Address 655 COMMONWEALTH AVENUE			Street Address 655 COMMONWEALTH AVENUE			
City WARWICK	State RI	<sup>Zip</sup> 02886	City WARWICK	State RI	<sup>Zip</sup> 02886	
8. NAMES AND ADDRESS	ES OF THE DIRECT	ORS: ("X" BOX FOR ATT	<i>"ACHMENT"</i> ) [] FILL II	N SPACES BEFORE USI	NG ATTACHMENTS	
Director Name RAYMOND E. GALLUCCI			Director Name CAROL A. GALLUCCI			
Street Address			Street Address 655 COMMONWEALTH AVENUE			
655 COMMONWEAL	State	Zip	City	State	Zip	
WARWICK	RI	02886	WARWICK	RI	02886	
Director Name		4	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED				 ("X" BOX FOR ATTAC CTION MUST BE COMPLETED		
This information is current	tly of record in the O	ffice of the Secretary of	Number of Shares	Class/Sertes	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		NO PAR VALUE	
This report must be execute this report must be execute				corporation is in the hand	ds of a receiver or trustee,	
		·	including any acco	ompanying schedules and st	that I have examined this report tatements, and that all statement	
			contained herein a	re true and correct.	•	

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement
1-21-00	contained herein are true and correct.
le Date	Signature Date
neck No. 2412	Raymond E. Gallucci
mne	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President
TON SECRETARY OF STATE USE ONE!	Title Form 630 Rev. 08/08