



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 125425		2. Name of Corporation East Side Construction, Inc.		
3. Street Address Principal Business Office 21 Dexter Road		City East Providence	State RI	Zip 02914
4. Business Phone No. 401-434-6600		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTION				
7. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SEPARATE ENVELOPE BEHIND THIS REPORT				
President Name Christopher J. Voll		Vice President Name Christopher J. Voll		
Street Address 21 Dexter Road		Street Address 21 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI
Secretary Name Christopher J. Voll		Treasurer Name Christopher J. Voll		
Street Address 21 Dexter Road		Street Address 21 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SEPARATE ENVELOPE BEHIND THIS REPORT				
Director Name N/A		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SEPARATE ENVELOPE BEHIND THIS REPORT				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE	common	no par value	-100-	common
			THIS SECTION MUST BE COMPLETED	

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.



FILED

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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

Date

Christopher J. Voll

Print or Type Name

President

Title