

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

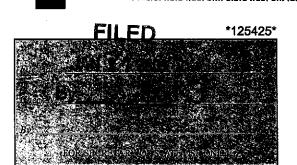
Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: Ianuary 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 fa-	iling 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 \$25.0	

2. Name of Corpora					
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East Side C	onstruction, Inc.				
125425 East Side Construction, Inc. 3. Street Address Principal Business Office 21 Dexter Road		East Providence	State RI	^{Zip} 02914	
	5. State of Incorporation				
	RHODE ISLAND)			
of Business Conducte FION	d in Rhode Island				
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President Name Christopher J. Voll			Christopher J. Voll		
Street Address			Street Address		
21 Dexter Road			21 Dexter Road		
State RI	^{Ζψ} 02914	East Providence	State RI	^{Zip} 029 1 4	
Secretary Name Christopher J. Voll			Treasurer Name Christopher J. Voll		
		Street Address			
		21 Dexter Road			
State RT	^{Ζ‡} 02914	City East Providence	State RI	^{Zip} 02914	
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State State	Zip Zip	Director Name Street Address City Director Name Street Address City LISUED CHARES — THIS SECTION Number of Shares —100—	State MUST BE COMPLETED Class/Series COMMON	Zip Zip Par Value no par value	
State State Class/Series	Zip Zip Par Value	Director Name Street Address City Director Name Street Address City LISUED CHARES — THIS SECTION Number of Shares —100—	State MUST BE COMPLETED Class/Series COMMON	Zip Zip Par Value no par value	
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	of Business Conducte (100) OPPHINGS 11 State RI 11 State RI RI	State RI	State of Incorporation RHODE ISLAND	East Providence RI 5. State of Incorporation RHODE ISLAND The providence RI 5. State of Incorporation RHODE ISLAND The providence RI	

this report must be executed on behalf of the corporation by the receiver or trustee.



including any accompanying schedule contained herein are true and correct. Signature	d affirm that I have examined this reported and statements, and that all statement Date
Christopher J. Voll	
Print or Type Name	
President	