



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 02904-2615
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. 129897 | | 2. Name of Corporation J.D. Rivet & Co., Inc | | | |
| 3. Street Address Principal Business Office 1635 Page Blvd. | | | City Springfield | State MA | Zip 01104 |
| 4. Business Phone No. 413-543-5660 | | 5. State of Incorporation Massachusetts | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Roofing and Sheet Metal Contractor | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name James L. Trask | | Vice President Name none Bruce F. Hambro, CEO | | | |
| Street Address 61 Longhill Drive | | Street Address 34 Tennyson Drive | | | |
| City Somers | State CT | Zip 06071 | City Longmeadow | State MA | Zip 01106 |
| Secretary Name Marjorie Hambro | | Treasurer Name Bruce F. Hambro | | | |
| Street Address 34 Tennyson Drive | | Street Address 34 Tennyson Drive | | | |
| City Longmeadow | State MA | Zip 01106 | City Longmeadow | State MA | Zip 01106 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name James L. Trask | | Director Name Bruce F. Hambro | | | |
| Street Address 61 Longhill Drive | | Street Address 34 Tennyson Drive | | | |
| City Somers | State CT | Zip 06071 | City Longmeadow | State MA | Zip 01106 |
| Director Name Marjorie Hambro | | Director Name | | | |
| Street Address 34 Tennyson Drive | | Street Address | | | |
| City Longmeadow | State MA | Zip 01106 | City | State | Zip |
| 9. SHARES AUTHORIZED 100 | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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 64 Shares | Class/Series Common | Par Value None | |

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.

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 1/26/09
 James L. Trask
 Print or Type Name
 President
 Title

File Date **FILED**
 Check No. JAN 28 2009
 By: By 29616
 FOR SECRETARY OF STATE USE ONLY