

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

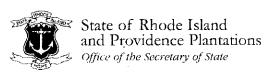
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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\dayd)) is

subject to a penalty fee of \$25.00.	c-15.01(t), tuen corporation	jumng in rejusing to jise sis unit		n agici ane aime presenteta ay a	(1.1.0.0, 7 1.2 1, 51 (10 0/) 5		
1. Corporate ID No. 32412		2. Name of Corporation CROSSMAN ENGINEERING, INC.					
3. Street Address Principal Business 151 CENTERVILLE RC	Office OAD		WARWICK	State RI	^{Zip} 02886		
4. Business Phone No. 5. State of Incorporation RI							
6. Brief Description of the Characte CIVIL ENGINEERING AN							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name STEVEN M. CABRAL		CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name JAMES P. CRONAN III					
Street Address 44 WAGON WHEEL ROAD			Street Address 26 FRANK COURT				
City N. ATTLEBORO	State MA	^{Zip} 02760	City WARREN	State RI	^{Ztp} 02885		
Secretary Name RUSSELL CROSSMAN			Treasurer Name KAREN ARAUJO				
Street Address 11 SILVER MAPLE DRIVE			Street Address 29 RICHARD CIRCLE				
COVENTRY	State RI	^{Zip} 02816	SEEKONK	State MA	^{Ζψ} 02771		
8. NAMES AND ADDRESSE Director Name E. RAYMOND CROSSN		RS: ("X" BOX FOR ATT	ACHMENT) FILL IN Director Name STEVEN M. CABRA		G ATTACHMENTS		
Street Address 9630 LANDINGS DRIVE			Street Address 44 WAGON WHEEL ROAD				
City PORT ST. LUCIE	State FL	21p 34986	City N. ATTLEBORO	State MA	Ζφ 02760		
Director Name JAMES P. CRONAN III			Director Name RUSSELL CROSSN	/AN			
Street Address 26 FRANK COURT			Street Address 11 SILVER MAPLE DRIVE				
WARREN	State RI	Zip 02885	COVENTRY	State RI	^{Ztp} 02816		
9. SHARES AUTHORIZED	·			("X" BOX FOR ATTAC TION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value		
			400	Common	Par		
This report must be execute	d on behalf of the cor	poration by an authorize	ed representative. If the co	orporation is in the hand	ls of a receiver or trustee,		

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

	_			t I have examined this report ments, and that all statement
File Date 1-28-09		contained herein are true **MARCH** Signature	and correct.	1/2009 Date
Check No	#1	Karen Araujo	0	
mme (mme)	77 /	Print or Type Name		
FOR SECRETARY OF STATE USE ONLY		Treasurer		
FOR SECRETARY OF STATE USE ONLY				



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4. Business Phone No. 5. State of Incorporation RI							
6 Brief Description of the C CIVIL ENGINEERIN	haracter of Business Conduc G AND LAND SURVE	ted in Rhode Island YING					
7. NAMES AND ADDI President Name	RESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN Vice President Name	SPACES BEFORE USING	G ATTACHMENTS		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Secretary Name	L		Treasurer Name	J			
Street Address			Street Address				
СЦу	State	Zip	СИУ	State	Zip		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name KAREN ARAUJO		ACHMENT) I FILL IN SPACES BEFORE USING ATTACHMENTS Director Name					
Street Address 29 RICHARD CIRCLE			Street Address				
GIA: SEEKONK	State MA	<i>Zip</i> 02771	City	State	Zip		
Director Name	••••••••		Director Name				
Street Address			Street Address				
City	State	Zip	Cuy	State	Zip		
9. SHARES AUTHORI	IZED	ı		I D <i>("X" BOX FOR ATTA</i> SECTION <u>MUST</u> BE COMPLETE			
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		ne corporation by an authorize		corporation is in the har	nds of a receiver or trustee,		
File Date	<u> 13237</u>		including any accontained herein Signature	companying schedules and are true and correct. Uilly	m that I have examined this report statements, and that all statements.		
By:	mnc	_ #2 _	Karen Ara Print or Type Nar Treasure	ne			
FOR SECRETAR	RY OF STATE USE ONLY		Title				