

STATE USE ONLY

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

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

* In accordance with R.I.G.L. 7- subject to a penalty fee of \$25.00 1. Corporate ID No.	2 Name of Con	poration			
101601		rs General Contractor, Ltd	1.		
3. Street Address Principal Business Office 685 Warren Avenue			East Providence	State RI	<sup>Zip</sup> 02914
401-431-1426 Rhode Island					
6. Brief Description of the Chara to act as general contrac	cter of Business Condi- ctor for the constr	icted in Rhode Island uction, repairing and remode	ling of buildings and public v	vorks of all kinds	
7. NAMES AND ADDRES  President Name  Ricardo Amaral	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	ICHMENT) TILL IN SPACE  Vice President Name  Francine Amaral	CES BEFORE USING	ATTACHMENTS
Street Address 321 County Street			Street Address 321 County Street		
City Seekonk	State MA	<sup>Zip</sup> 02771	City Seekonk	State MA	<sup>Zip</sup> 02771
Secretary Name Frederic A. Marzilli			Treasurer Name Ricardo Amaral		
Street Address 685 Warren Avenue			Street Address 321 County Street		
City East Providence	State RI	<sup>Zip</sup> 02914	<i>сиу</i> Seekonk	State MA	<sup>Zip</sup> 02 <b>77</b> 1
Director Name None	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT)  FILL IN SP.  Director Name	ACES BEFORE USIN	NG ATTACHMENTS
treel Address		Sireel Address			
City	State	Zip	City	State	Zip
Director Name	•••••		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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
			100	common	no par
This report must be execut this report must be execut	ted on behalf of t ed on behalf of th	he corporation by an authorize e corporation by the receiver	or trustee. Under penalty of perjui	ry, I declare and af <del>fir</del> m	that I have examined this report at and that all statements and that all statements.
Check No. 14N 2 0 20	n <del>a</del>		Ricardo Ama	ral	r/ait
OUIL # A CO	uJ	l	Print or Type Name	i Mi	

President

Title