

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 73153	2. Name of Corporation DUSSAULT CONSTRUCTION, INC.				
3. Street Address Principal Business Office  93 High View Avenue			N. Smithfield	State R I	<sup>Zip</sup> 02896
4. Business Phone No. 5. State of Incorporation 401-692-0849 RHODE ISLAND					
6. Brief Description of the Character of	Business Conducted in R	hode Island			
General Contracti 7. NAMES AND ADDRESSES	ng of the officers:	("X" BOX FOR ATTAC	CHMENT) [ FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS
President Name			Vice President Name		
Marc Dussault			Lori Dussault		
Street Address			Street Address		
93 High View Avenue			93 High View Avenue		
City	State	Z <del>í</del> p	City	State	Zip
N Smithfield Secretary Name	l RI	l02896	N. Smithfield Treasurer Name	lRI	.l02896
Marc Dussault			Marc Dussault		
Street Address			Street Address		
93 High View Avenue			93 High View Avenue		
City	State	Zψ	City	State	Zifi
N. Smithfield 8. NAMES AND ADDRESSES	RI	02896	N Smithfield	I RI	02896
	OF THE DIRECTOR	S; ("X" BOX FOR ATT		CES BEFORE USING AT	TTACHMENTS
Director Name Marc Dussault			Director Name		
Street Address 93 High View Avenue			Street Address		
City	State	Zψ	City	State	Zip (3)
N. Smithfield	RI	02 <b>89</b> 6			
Director Name Lori Dussault			Director Name		
Street Address			Street Address		<del>                                      </del>
93 High View Avenue					<b>1 1 2 3 3 3 3 3 3 3 3 3 3</b>
City	State	<b>Zi</b> p	City	State	
N. Smithfield	RI	02896			: 号至
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
2000 common no par value			ISSUED SHARES — THIS SECTION 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
			100	Common	no par value
This report must be executed of this report must be executed of				ration is in the hands of	a receiver or trustee,

	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	EB 0 2 2009	contained borgin are true and correct.  Signature  Date
Check No.	11:43	Marc Dussault Print or Type Name
FOR SECRETARY OF STATE USE ONLY	19724	President Title