

instruction sheet.

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(ccdd)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation M. DiSandro & Sons Masonry, Inc. 7571 City Cumberland 3. Street Address Principal Business Office 02864 RI 106 Lonsdale Farm Road 5. State of Incorporation 4 Rusiness Phone No. Rhode Island 401 334-0909 6. Brief Description of the Character of Business Conducted in Rhode Island Masonry 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name None Robert DiSandro Street Address Street Address 106 Lonsdale Farm Road State ZipCity 02864 RI Cumberland Secretary Name Robert DiSandro Robert DiSandro Street Address Street Address 106 Lonsdale Farm Road 106 Lonsdale Farm Road State 02864 RI 02864 Cumberland RI Cumberland 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address 7 Ζip State ZipState City Director Name Director Name \subseteq Street Address Street Address State City $Z\psi$ State City 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Par Value Number of Shares Class/Series This information is currently of record in the Office of the Secretary of \$0.00 State. Changes require an additional filing. See Section 9 of Common 81

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.

| | FILED | | |
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| | FEB 9 5 2009 | Under penalty of perjury, I declare and affirm including any accompanying schedules and s | that I have examined this report, statements, and that all statements |
| File Date | By () | contained herein are true and correct. Signature | 7/1/D 9 |
| Check No. | By | Robert DiSandro | |
| Ву: | | Print or Type Name President | |
| FOR SECRETARY | OF STATE USE ONLY | Title | Form 630 Rev. 08/08 |