

Name of Corporation

subject to a penalty fee of \$25.00.

1. Corporate ID No.

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(cord)) is

41041 Anaphao 3. Street Address Principal Business Office State 5. State of Incorporation Business Phone No 6. Brief Description of the Character of Business Conducted in Rhode Island Commercial, resedentia hand industrial purposes build, liflet, and Construct buildings for 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS : Vice President Name Street Address Ζip State City Street Address Street Address State ZipZipCity State 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State ZpState Ziti City Director Name Street Address Street Address City State ZipState Ζip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Par Value Number of Shares This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of $\gamma M M O M$ instruction sheet. 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 in are time and correct. contained he File Date Signature HUTONIO Print or Type Name FOR SECRETARY OF STATE USE ONLY Form 630 Rev. 08/08