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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
34231	Paul Misuraca, Inc.		
3. Street Address Principal Business Office	City	State	Zip
16 Beaufort Street	Providence	RI	02908
4. Business Phone No.	5. State of Incorporation		
(401) 272-0923	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Masonry, Cement Work, Landscaping & Construction

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Paul Misuraca	16 Beaufort Street	Providence	RI	02908

Vice President Name	Street Address	City	State	Zip
Paul Misuraca	16 Beaufort Street	Cranston	RI	02908

Secretary Name	Street Address	City	State	Zip
Rosina Misuraca	16 Beaufort Street	Cranston	RI	02908

Treasurer Name	Street Address	City	State	Zip
Rosina Misuraca	16 Beaufort Street	Cranston	RI	02908

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Paul Misuraca	16 Beaufort Street	Cranston	RI	02908

Director Name	Street Address	City	State	Zip
Rosina Misuraca	16 Beaufort Street	Cranston	RI	02908

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300	Common	No Par

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.

[redacted]

FILED

File Date FEB 09 2009

Check No. 1038

By: 31166-7-345718

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date* 2/6/09

Paul Misuraca
Print or Type Name

[redacted]

President
Title

Form 630 Rev. 08/08