



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. 16969		2. Name of Corporation T.F. LABOISSONNIERE METAL FABRICATING CO.			
3. Street Address Principal Business Office 9 Morin Avenue			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-822-1235		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas F. Laboissonniere			Vice President Name Violette A. Laboissonniere		
Street Address 83 Sharpe Street			Street Address 83 Sharpe Street		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Violette A. Laboissonniere			Treasurer Name Thomas F. Laboissonniere		
Street Address 83 Sharpe Street			Street Address 83 Sharpe Street		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas F. Laboissonniere			Director Name Violette A. Laboissonniere		
Street Address 83 Sharpe Street			Street Address 83 Sharpe Street		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 200	Class/Series Common	Par Value No Par Value

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	
File Date	FEB 11 2009
Check No.	
By:	By: [Signature]
FOR SECRETARY OF STATE USE ONLY	

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] 2/2/09
Signature Date
Thomas F. Laboissonniere
Print or Type Name
President
Title