

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
Filling Period: January 1 - March 1 • Filling 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(cod)) is subject to a penalty fee of \$25.00.

10131	RONALD L. SI	RONALD L. SENIOR CONTRACTING, INC.				
3. Street Address Principal Business Office 15 Langworthy Road			City Westerly	State RI	<i>Zip</i> 02891	
4. Business Phone No. 5. State of Incorporation (401) 322 1509 RHODE ISLAND						
6. Brief Description of the Character GENERAL CONSTRUCTION	of Business Conducted in	ı Rhode Island		amu.a.		
7. NAMES AND ADDRESSES		S: ("X" BOX FOR ATTA	CHMENT) □ FILL IN SP	ACES REFORE USING	ATTACHMENTS	
President Name			Vice President Name	HOLO DEFONE COING	AI IAGIMENTS	
Ronald L. Senior			None			
Street Address 15 Langworthy Road			Street Address			
^{Cuy} Westerly	State RI	<i>Zip</i> 02891	City	State	Zip	
Secretary Name Matthew L. Lewiss			Treasurer Name Ronald L. Senior			
Street Address 79 Franklin Street			Street Address 15 Langworthy Road			
^{Cuy} Westerly	State RI	^{Zip} 02891	City Westerly	State RI	<i>Ζψ</i> 02891	
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR ATT	ACHMENT) [FILL IN S	SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Ronald L. Senior			Director Name None			
Street Address			Street 1d June			
15 Langworthy Road					3	
City	State	Zip	City	State	Zip 🚾 👝 🕤	
Westerly Director Name	RI	02891	***************************************	L		
onector name			Director Name			
treet Address			Street Address			
City	State	Zip	City	State	Zip 😛 😅	
). SHARES AUTHORIZED			10. SHARES ISSUED ("" BOY FOR ATTER	cn <=	
			ISSUED SHARES — THIS SECT		ن استا	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	None	
instruction sheet.			: : : · · · · · ·			
This report must be executed	on behalf of the co	rporation by an authorize	d representative. If the cor	noration is in the hand	s of a receiver or tructee	
this report must be executed of	on behalf of the cor	poration by the receiver	or trustee.	position is in the name	of a receiver of musice,	
					that I have examined this re	
		7			atements, and that all staten	
Ella Data 2-11	-19	ľ	contained herein are	oue and correct.	Jacobsky	
File Date	-110		Signature S	ener	1134 109 Date	
Check No.	247		Ronald	Senior	Date C	
By:(M)	nc		Print or Type Name	- Vi Vi		
EOD GEODETIADA ON GAS	TE LICE ONLY		■ Preside	ent		
FOR SECRETARY OF STA	HE USE UNLY		Title		··· <u>·</u> ·	