

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

401.222.304

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 negaliar fee of \$25.00

1. Corporate ID No. 59797	PAUL B. ALDIN	2. Name of Corporation PAUL B. ALDINGER & ASSOCIATES INCORPORATED				
3 Street Address Principal Business Office 860A WATERMAN AVENUE, SUITE 9			City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. 401-435-5570 5. State of Incorporation RHODE ISLAND		- L		102914		
6. Brief Description of the Character of PROFESSIONAL ENGINEE	of Business Conducted in I FRING FIRM	Rhode Island	<u> </u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT. President Name Paul B. Aldinger			Vice President Name			
Street Address 2 Coggeshall Avenue			Street Address			
City Newport	State RI	^{Zip} 02840	Сну	State	Zip	
Secretary Name Paul B. Aldinger			Treasurer Name Paul B. Aldinger			
Street Address 2 Coggeshall Avenue			Street Address 2 Coggeshall Avenue			
City Newport 8 NAMES AND ADDRESSES	State RI	^{Zip} 02840	City Newport	State RI	Zip 02840	
8. NAMES AND ADDRESSES (Director Name	OF THE DIRECTORS	6: ("X" BOX FOR AT	TACHMENT) THE IN SPA Director Name	CES BEFORE USI	NG ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	Cit _j .	State	Zip	
Director Name	***************************************	******************	Director Name	L		
itreet Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			1,000		NO PAR	
This report must be executed on his report must be executed on FILE		ration by an authorized ation by the receiver o	Under penalty of perjury,	I declare and affirm ingschedules and st indycorrect.	that I have examined this report, atements, and that all statements	
Theck No. FEB 17			Signature Paul B. Aldinger	lidings	74/09 Dute	
FOR SECRETARY OF STATE	USE ONLY		Print or Type Name President		 	
			Title			