

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.

subject to a penalty fee of \$25.00.	301(e), each corporation	n failing or refusing to file its ann	ual report within thirty (30) days .	after the time prescribed by law	(R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 19517						
3. Street Address Principal Business Office 127 Fletcher Ave			City Cranston	State RI	<i>zip</i> 02920	
4. Business Phone No. 5. State of Incorporation 401–942–5802			Rhode Island			
6. Brief Description of the Character of General Construc	tion		_			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Cheryl D'Alessio			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Kathleen Zange			
Street Address 12 Tunmore Rd			Street Address 90 Mapleville Rd			
Cuy Smithfield	State RI	<i>zip</i> 02917	Cuy Greenville	State RI	<i>гі</i> р 02828	
Secretary Name Debra Beanland			Treasurer Name Kathleen Zange			
Street Address 142 Paris Iron Rd			Street Address			
City Chepachet	State RI	<i>Zip</i> 02814	СЦУ	State	Zip	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	ORS: ("X" BOX FOR ATT	ACHMENT)   FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
Director Name	A	······································	Director Name		•••••	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. 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	
			100	common	none	
<del>-</del>						
This report must be executed this report must be executed of	on behalf of the co	orporation by an authorize rporation by the receiver o	d representative. If the con or trustee.	poration is in the hands	of a receiver or trustee,	
			Under penalty of per	jury, I declare and affirm th	at I have examined this report	

*2-*17**-**09

Date