



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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. 58448
2. Name of Corporation Trussco, Inc.
3. Street Address Principal Business Office 25 Bonneau Road, Post Office Box 839
City NORTH KINGSTOWN State RI Zip 02852-
4. Business Phone No. 4012950669
5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURING OF TRUSSES

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

President Name Richard K. Duckworth, Jr. Street Address 735 East Road City Scituate State RI Zip 02857	Vice President Name Lorraine D. Duckworth Street Address 735 East Road City Scituate State RI Zip 02857
Secretary Name Richard K. Duckworth, Jr. Street Address 735 East Road City Scituate State RI Zip 02857	Treasurer Name Lorraine D. Duckworth Street Address 735 East Road City Scituate State RI Zip 02857

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

Director Name Richard K. Duckworth, Jr. Street Address 735 East Road City Scituate State RI Zip 02857	Director Name Lorraine D. Duckworth Street Address 735 East Road City Scituate State RI Zip 02857
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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

9. AUTHORIZED SHARES			10. ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	NO PAR VALUE		500	Common	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 20 2009
Check No. _____
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 FEB 2009
Signature Date
Richard K. Duckworth, Jr.
Print or Type Name
President
Title

RECEIVED
CORPORATIONS DIV
STATE
FEB 20 AM 8:35