



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. 90442		2. Name of Corporation Associated Pipe Line Contractors, Inc.			
3. Street Address Principal Business Office 3535 Briarpark, Suite 135			City Houston	State Texas	Zip 77042
4. Business Phone No. 713-789-4311		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ralph Pendarvis			Vice President Name Clyde Fowler		
Street Address 3535 Briarpark, Suite 135			Street Address 3535 Briarpark, Suite 135		
City Houston	State Texas	Zip 77042	City Houston	State Texas	Zip 77042
Secretary Name Clyde Fowler			Treasurer Name Clyde Fowler		
Street Address 3535 Briarpark, Suite 135			Street Address 3535 Briarpark, Suite 135		
City Houston	State Texas	Zip 77042	City Houston	State Texas	Zip 77042
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul Somerville			Director Name		
Street Address 3535 Briarpark, Suite 135			Street Address		
City Houston	State Texas	Zip 77042	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 MUST BE COMPLETED		
			Number of Shares 20,000	Class/Series common	Par Value 10.00

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.

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.

Clyde Fowler
Signature _____ Date **2/18/09**
Clyde Fowler
Print or Type Name
Vice President
Title

File Date **FILED**
Check No. **FEB 23 2009**
By: **50159**
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