

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(e), it is subject to a benefity fee of \$25.00.

1. Corporate ID No. 15800		nject to a penalty fee of \$25.00.  Name of Corporation  VARNER CONSTRUCTION COMPANY, INC.			
3. Street Address Principal Business Office 1309 TURKS HEAD BUILDING			PROVIDENCE	State RI	<sup>Zip</sup> 02903
4. Business Phone No. 5. State of Inco 401-421-5927 RHODE II					
6. Brief Description of the Char GENERAL CONTRAC					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name  JOSEPH L. WARNER			TTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name		
Street Address P.O. BOX 3412			Street Address		
City PEACE DALE	State RI	<sup>Zip</sup> 02883	Сііу	State	Zψ
Secretary Name JOSEPH L. WARNER			Treasurer Name JOSEPH L. WARNER		
Street Address P.O. BOX 3412			Street Address P.O. BOX 3412		
City PEACE DALE	State RI	<sup>Zip</sup> 02883	Gity PEACE DALE	State RI	<sup>Ζiρ</sup> <b>02883</b>
B. NAMES AND ADDRES  Director Name	SSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT)  FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Ζip	City	State	Zip
Director Name		·····	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Vahue	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			100	COMMON	NO PAR
This report must be exec	outed on behalf of t	he corneration by an auth	orized representative. If the co		
		e corporation by the rece		rporation is in the hands	of a receiver of trustee,
			including any accor	mpanying schedules and stat	nat I have examined this repo ements, and that all statemen
File Date FILED			contained herein an	L. Warner	2-20-09
Check NF EB 2 4 20	09		Sjenature JOSEPH L.	WARNER	Date
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By: By	75		Print or Type Name PRESIDEN	i <del>T</del>	