

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 401.222.30 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. 304817	2. Name of Corporation VALDEZ CONSTRUCTION, INC.				
3. Street Address Principal Business Office P.O. Box 1284			City Westerly	State RI	<i>⊅ip</i> 02891
4. Business Phone No. 401-741-7590 5. State of Incorporation Rhode Island					02091
6. Brief Description of the Character construction/renovation of r	esidential and busin	ess properties and any	y lawful business		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Irineo R. Valdez			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Irineo R. Valdez		
Street Address P.O. Box 1284			Street Address P.O. Box 1284		
Сту Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891
Secretary Name Trineo R. Valdez			Trewsurer Name Luc Trombino		
Street Address P.O. Box 1284			Street Address P.O. Box 1284		
Westerly	State RI	^{Zip} 02891	City Westerly	State RI	Ζίρ 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTENDIRECTOR Name Irineo R. Valdez			TACHMENT) T FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Luc Trombino		
P.O. Box 1284			P.O. Box 1284		
City Westerly Director Name	State RI	02891	City Westerly Director Name	State RI	Zφ 02891
Street Address			Street Address		
СНу	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	no par
This report must be executed of this report must be executed of	on behalf of the corpo	pration by an authorize ration by the receiver o	or trustee.		
FILED File Date FEB 2 4 2009 Check No.			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 Companying schedules and statements, and that all statements contained herein are true and correct. Companying schedules Company		
FOR SECRETARY OF STATE USE ONLY			Print or Type Name President TRINGOIR UA WEZ Title		