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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

ing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
**** 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 r (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

Corporate ID No	*2. Name of Corporation*			
3902	CENTRAL SHEET METAL, INC.			
Street Address Principal Business Office		*City*	*State*	*Zip*
560 Mineral Spring Avenue		Pawtucket	Rhode Island	02860
Business Phone No.	*5. State of Incorporation*			
1-401-723-0325	RHODE ISLAND			

Brief Description of the Character of Business Conducted in Rhode Island
SHEET METAL FABRICATION

NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

sident Name			*Vice President Name*		
Barbara A Bergeron			Bruce R. Bergeron		
et Address			*Street Address*		
187 Park Circle			175 Park Circle		
y	*State*	*Zip*	*City*	*State*	*Zip*
So.Attleboro	Mass.	02703	So. Attleboro	Mass.	02703
retary Name			*Treasurer Name*		
Bruce R. Bergeron			Barbara A. Bergeron		
et Address			*Street Address*		
175 Park Circle			187 Park Circle		
y	*State*	*Zip*	*City*	*State*	*Zip*
So.Attleboro	Mass.	02703	So.Attleboro	Mass.	02703

NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

rector Name			*Director Name*		
Barbara A. Bergeron			Bruce R. Bergeron		
et Address			*Street Address*		
187 Park Circle			175 Park Circle		
y	*State*	*Zip*	*City*	*State*	*Zip*
So. Attleboro	Mass.	02703	So.Attleboro	Mass.	02703
rector Name			*Director Name*		
None			None		
et Address			*Street Address*		
y	*State*	*Zip*	*City*	*State*	*Zip*

. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

UTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
umber of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
200	COMM	NO PAR VALUE	50	Common	None

his 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, his report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

FILED
File Date FEB 25 2009
Check No. By 11555
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Barbara Ann Bergeron 2-22-09
Signature *Date*

Barbara A. Bergeron
Print or Type Name

President/Treasurer
Title

[redacted]

31420-6-351520

Form 630 Rev. 12/06