

Matthew A. Brown, 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					
1. Corporate ID No. 134767	2. Name of Corporation Longley Construction Company, Inc.				
3. Street Address Principal Business Office 1279 Stony Lane			North Kingstown	State Rhode Island	02852
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of To perform general goundw	of Business Conducted in I Fork construction an	Rhode Island d other building and co	nstruction services		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 📋 FILL IN SPA	CES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Daniel Longley			Daniel Longley		
Street Address 1279 Stony Lane			Street Address 1279 Stony Lane		
City North Kingstown	State Rhode Island	^{Zip} 02852	City North Kingstown	Rhode Island	^{Zip} 02852
Secretary Name Daniel Longley			Treasurer Name Daniel Longley		
Street Address 1279 Stony Lane			Street Address 1279 Stony Lane		
Сиу North Kingstown	State RI	<i>Zip</i> 02852	City North Kingstown	State Rhode Island	^{Zip} 02852
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SI	PACES BEFORE USING A	ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip (2) (3) (3)
Director Name			Director Name 5		
Street Address			Street Address		
City	State	Zip	City	State	Zip 02
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 common no par value			100	common	without par value
This report must be executed this report must be executed				poration is in the hands of	of a receiver or trustee,
			Under penalty of perio	ury. I declare and affirm tha	t I have examined this report,
		_	including any accomp	oanying schedules and state	ments, and that all statements
2 2	F 00		contained herein are true and correct		
File Date	7507				
29	791		Signature		Ohie
Check No. By: The state of th			Daniel Longley Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			President		
		-	21110		Earn 620 Day 12/05