



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. 81409		2. Name of Corporation ALPHA OMEGA CONSTRUCTION, INC.			
3. Street Address Principal Business Office 142 Olympia Avenue, PO Box 14193			City North Providence	State RI	Zip 02911
4. Business Phone No. 401-369-9471		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of masonry restoration work and any other lawful business.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Marie Abatecola			Vice President Name Stephanie M. D'Orazio		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Secretary Name Robert M. Abatecola			Treasurer Name Fred Abatecola		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Marie Abatecola			Director Name Fred Abatecola		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 Common No Par Value			100	Common	No Par Value

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.

File Date	2-27-09
Check No.	3830
By:	mnc
FOR SECRETARY OF STATE USE ONLY	

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 Date \_\_\_\_\_  
Marie Abatecola  
Print or Type Name  
President  
Title

CORP ID NO. 81409

CORP: ALPHA OMEGA CONSTRUCTION, INC.  
2009 ANNUAL REPORT ATTACHMENT

VICE PRESIDENT: ANTHONY J. ABATECOLA  
142 OLYMPIA AVENUE, PO BOX 14193  
NORTH PROVIDENCE, RI 02911

FILED

FEB 27 2009

By

*mnc*  
*PO # 81409*