

A. Ralph Mollis, Secretary of State Corporations Division 148 W. Rwer 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. 7-1.2-150).

1. Corporate 1D No.		2. Name of Corporation				
84432	Santos	& Frias Concrete	Contractors, In	nc.		
3. Street Address Principal Business Office			City	State	Zip	
166 Central Street			Hudson	MA	01749	
4. Business Phone No.		5. State of Incorporation				
978-562-3495 Rhode Islan 6. Brief Description of the Character of Business Conducted in Rhode Island			d			
To carry on the	business o	of builders and con	tractors.			
				SDACES BUDODE HEINO	ATTACHMENTS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name			Vice President Name			
Antonio Frias						
Street Address			Street Address			
20 Cedar Street						
City	State	Zip	City	State	Zip	
Hudson	MA	01749				
Secretary Name			: Treasurer Name			
Joseph Frias			Antonio Frias			
Street Address			Street Address			
17 Robert Road	In.		20 Cedar Street			
Cuy Hudson	State MA	<i>Ζιρ</i> 01749	City	State	Zip	
		CTORS: ("X" BOX FOR ATT	Hudson	MA	01749	
Director Name	o or the blue	CIORS: (A BOATOR ATT	Director Name	N SPACES BEFURE USIN	G ATTACHMENTS	
Antonio Frias	* 18	programme to the common state of	Joseph Frias			
Street Address			Street Address			
20 Gedar Street			17 Robert Road			
Aty	State	Zip	City	State	Zip	
Hudson	MA	01749	Hudson	MA	01749	
irector Name			Director Name			
Maria Frias			Joanne Frias			
Street Address			Street Address			
20 Cedar Street			20 Cedar Street			
Hudson	State MA	^{Zip} 01749	City Hudson	State MA	^{Zip} 01749	
. SHARES AUTHORIZED	1 44	101749	:		l l	
100 No Par Value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
State. Changes require an a nstruction sheet.	iddillonal filing.	See Section 9 of	100	Common	No Par	
non delien sheet.					, wo rat	
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FOR SECRETARY OF STAT	TE USE ONLY

Under penalty of perjury, I declare and affirm	that I have ex	xamineo	this report	
including any accompanying schedules and s	latements and	d that al	l ctotement	,
contained herein are true and correct.	tatements, and	u urat ar i	i statement	,
/ /	/ /	Į	J	
Joseph Sias	- √ _)	ala	100	
Signatur	Date	~ \		-
<u>Joseph Frias</u>				
Print or Type Name				_
C				
<u>Secretary</u>				_
Title				_