

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

** 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).

subject to a penalty fee of \$25.00.		in justing or rejusing to file its at	mual report within thirty (30) days	after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d),	
1. Gorporate ID No.	2. Name of Corporation					
80197	F. Cass	isi, Inc.				
5. street Address Principal Business Office			City	State	Zip	
203 Killingly St. 4. Business Phone No.		Providence	RI	02909		
944-4065		5. State of Incorporation			1 02909	
6. Brief Description of the Character of Business Conducted in Rhode Island			land			
Engaging in the o	on one of the second	n Kbode Island		<u> </u>		
COLLEGE PHINAIR	eneral busir	less of constru	ction, contractin	g, developing.	renairing lo	
resident Name	OF HAM		REMARKS CLASSESS	ites ne lone tand .	ATTACHMENTS	
Engaging in the general business of construct the property of						
Street Address			Maria Cassisi			
203 Killingly St.			Street Address			
Tity 8-7 5-	State	Zip	<u>203 Killingl</u>	y St.		
Providence		⁻	City	State	Zip	
ecretary Name	.LRI	02908	Providence	RI	02909	
Maria Cassisi			·			
treet Address			Francesco Cassisi			
203 Killingly St.			Street Address			
ity	State	Zip	203 Killingly	St.		
Providence	RI	00000	City	State	Ζψ	
NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" MOX FOR AT	: Providence	l RI	02909	
rector Name	***************************************		: Providence RI 02909 FACHMENT) THE IN SPACES BEFORE USING ATTACHMENTS : Director Name			
NONE.						
treet Address			Street Address			
ly .	State	Zψ	City	State		
********************************	1			State	Zψ	
rector Name	***************************************	• • • • • • • • • • • • • • • • • • • •	Director Name			
Street Address			Street Address			
ty	State	Ζip	City	State	Tau.	
012000010000000000000000000000000000000				Control of the contro	Ζip	
SHARES AUTHORIZED			10. SHARES INSURD &	 V nov con areas		
500			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		
				CAUSSINETIES	Par Value	
			200	common		
			100 C 1 C 100 C 10		no par	
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nis report must be executed of	on behalf of the co-	maration by	1			
nis report must be executed of its report must be executed of	n behalf of the com	potation by the	d representative. If the corp	oration is in the hands	of a receiver or trustee.	
	OI THE COIL	potation by the receiver (or trustee.			

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	y ROB SE	CEPANY.	CE STATE U	SE ONLY	

Under penalty of perjury, I declare and affirm that including any accompanying schedules and statem contained herein are true and correct. Mountained assure	I have examined this report, ents, and that all statements 3 - 4-09
Signature	Date
Maria Cassisi	
Print or Type Name	
Secretary	
Title	