

FOR SECRETARY OF STATE USE ONLY

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 Filing Period: January 1 - March 1 • Filing Fee: \$50,00\* • THIS REPORT MUST BE TYPED OR PE 2009

				days after the time prescribed by lan		
1 Corporate ID No. 7400		2. Name of Corporation F.C. DIMAURO AND ASSOCIATES, INC.				
3. Street Address Principal Business Office 191 STONE CHURCH ROAD			City TIVERTON	State RI	<i>Ζιρ</i> <b>02878</b>	
4. Business Phone No. 5. State of Incorporation (401) 816-0434 RHODE ISLAND				*		
6. Brief Description of the Charac CONSTRUCTION CON		n Rhode Island	THE PARTY OF THE P			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name FRANK C. DIMAURO			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  FRANK C. DIMAURO			
Street Address 191 STONE CHURCH ROAD			Street Address 191 STONE CHURCH ROAD			
City: TIVERTON	State RI	<sup>Zip</sup> 02878	Gin: TIVERTON	State RI	<sup>Zip</sup> 02878	
Secretary Name HOLLY H. DIMAURO			Treasurer Name FRANK C. DIMAURO			
Street Address 191 STONE CHURCH ROAD			Street Address 191 STONE CHURCH ROAD			
City TIVERTON	State RI	<sup>Zip</sup> 02878	City TIVERTON	State RI	<sup>Zip</sup> 02878	
8. NAMES AND ADDRESS Director Name NONE	ES OF THE DIRECTO	ORS: ("X" BOX FOR AT	TACHMENT)   FILL I Director Name	N SPACES BEFORE USING	G ATTACHMENTS	
Street Address			Street Address			
City:	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			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	Par Value	
			100	COMMON	NO PAR VALUE	
This report must be execut this report must be execut	ted on behalf of the co	orporation by an authorize rporation by the receiver	or trustee. Under penalty of		of a receiver or trustec,  hat I have examined this reportements, and that all statement	
File Date FILED				are true and correct.	02-13-03	
Check MAR 0 6 2009		_	Signature FRANK C		Date	