



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
168 W. River Street  
Providence, RI 02904-2645  
(601.222.3040)

**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(c), 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)(4)) is subject to a penalty fee of \$35.00.

1. Corporate ID No. 72236		2. Name of Corporation DIROCCO MASONRY & CONSTRUCTION, INC.			
3. Street Address (Principal Business Office) 1175 Central Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401 764 0010		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island business of masonry, general construction					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Angela Di Rocco			Vice President Name Amedeo DiRocco		
Street Address 1175 Central Avenue			Street Address 1175 Central Avenue		
City Cranston	State RI	Zip 02910	City Johnston	State RI	Zip 02919
Secretary Name Amedeo DiRocco			Treasurer Name Robert Buckley		
Street Address same as above			Street Address 7785 Lapham Farm Road		
City	State	Zip	City Pascoag	State RI	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
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) <input type="checkbox"/>		
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.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series common	Par Value no par

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 **FILED**  
Check No. **MAR 11 2009**  
By: **5714**  
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.

*Angela Di Rocco*  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Angela DiRocco  
Print or Type Name \_\_\_\_\_  
President  
Title \_\_\_\_\_