



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. 156023		2. Name of Corporation Cape Cod Plastering, Inc.			
3. Street Address Principal Business Office 2812 Acushnet Avenue			City New Bedford	State MA	Zip 02745
4. Business Phone No. 508-998-4931		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Drywall/Plastering Subcontractor					
7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen J. Angell			Vice President Name		
Street Address 49 Cove Drive			Street Address		
City Taunton	State MA	Zip 02780	City	State	Zip
Secretary Name John M. Gardner			Treasurer Name John M. Gardner		
Street Address 5 Summit Avenue			Street Address 5 Summit Avenue		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen J. Angell			Director Name John M. Gardner		
Street Address 49 Cove Drive			Street Address 5 Summit Avenue		
City Taunton	State MA	Zip 02780	City Swansea	State MA	Zip 02777
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
200,000	CNP	0.00	1,000	CNP	0.00
THIS SECTION MUST BE COMPLETED					

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.

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.

Stephen J. Angell 3-10-09
Signature Date
Stephen J. Angell
Print or Type Name
President
Title

File Date
Check No.
FOR SECRETARY OF STATE USE ONLY

3/13/09
KM
CK# 12162