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

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

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.	2. Name of Corporation		
000485745	CASTRO CONSTRUCTION, INC.		
3. Street Address Principal Business Office	City	State	Zip
15 DAKEL DRIVE	ASSONET	MA	02702
4. Business Phone No.	5. State of Incorporation		
508-636-5883	MASSACHUSETTS		

6. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ALCINO CASTRO			ALVARO CASTRO		
Street Address			Street Address		
15 DAKEL DRIVE			19 CARLISA DRIVE		
City	State	Zip	City	State	Zip
ASSONET	MA	02702	FALL RIVER	MA	02723
Secretary Name			Treasurer Name		
ALVARO CASTRO			ALCINO CASTRO		
Street Address			Street Address		
19 CARLISA DRIVE			15 DAKEL DRIVE		
City	State	Zip	City	State	Zip
FALL RIVER	MA	02723	ASSONET	MA	02702

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
ALCINO CASTRO			ALVARO CASTRO		
Street Address			Street Address		
15 DAKEL DRIVE			19 CARLISA DRIVE		
City	State	Zip	City	State	Zip
ASSONET	MA	02702	FALL RIVER	MA	02723
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NPV

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.

[redacted] [redacted]

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.

Signature *Date* 3/14/2009

ALCINO CASTRO
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No. MAR 17 2009
By: By
3162 46-256660
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Form 630 Rev. 08/08