



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. 000295002		2. Name of Corporation Wilson Construction Inc.			
3. Street Address Principal Business Office 2 Pasture Ln.			City Whitman	State Ma.	Zip 02382
4. Business Phone No. 781-447-7807		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Construction General Contractor					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Wilson			Vice President Name Mary Wilson		
Street Address 2 Pasture Lane			Street Address 2 Pasture Lane		
City Whitman	State Ma.	Zip 02382	City Whitman	State Ma.	Zip 02382
Secretary Name Mary Wilson			Treasurer Name Joseph Wilson		
Street Address 2 Pasture Lane			Street Address 2 Pasture Lane		
City Whitman	State Ma.	Zip 02382	City Whitman	State Ma.	Zip 02382
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 none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
		100,000.00		CNP	\$0.00

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.

Signature: Joseph Wilson Date: 3/13/09

Joseph Wilson
Print or Type Name
President
Title

File Date **FILED**
Check No. **MAR 17 2009**
By: 871
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