



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 02904-2600
401.222.3000

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. 82289 | | 2. Name of Corporation Polisena Construction | | |
| 3. Street Address Principal Business Office 5 Jessica Circle | | City North Providence | State RI | Zip 02911 |
| 4. Business Phone No. (401) 354-8386 | | 5. State of Incorporation Rhode Island | | |
| 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 Vincent Polisena | | | Vice President Name Tammy Polisena | | |
| Street Address 5 Jessica Circle | | | Street Address 5 Jessica Circle | | |
| City North Providence | State RI | Zip 02911 | City North Providence | State RI | Zip 02911 |
| Secretary Name David Casali | | | Treasurer Name Vincent Polisena | | |
| Street Address 8 Gardner Avenue | | | Street Address 5 Jessica Circle | | |
| City North Providence | State RI | Zip 02911 | City North Providence | State RI | Zip 02911 |

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

| | | | | | |
|------------------------------------|-------------|--------------|----------------|-------|-----|
| Director Name Vincent Polisena | | | Director Name | | |
| Street Address 5 Jessica Circle | | | Street Address | | |
| City North Providence | State RI | Zip 02911 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

| Number of Shares | Class/Series | Par Value |
|------------------|---------------------|-----------|
| 1,000 | COMMON NO PAR VALUE | |

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

| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
|--|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
| 500 | Common | 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.

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: _____
Vincent Polisena
Print or Type Name
President
Title

FILED
File Date: MAR 24 2009
Check No.: 12285
By: _____
FOR SECRETARY OF STATE USE ONLY