

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(e) discordance).

1. Corporate ID No.	2. Name of Corporation R&R Imperial Bro	oad, Inc			
3. Street Address Principal Business Office 219 Irving Road			^{City} Warwick	State RI	^{Zip} 02888
4. Business Phone No. 5. State of Incorpora (401-331-2462 Rhode Island		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Plaster and Plasering Mater					
7. NAMES AND ADDRESSES. President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS
Robet Hartman			David Columbo		
Street Address 219 Irving Road			Street Address 20 Bea Drive		
City Warwick	State RI	<i>Zip</i> 02888	^{Сиу} N Kingstown	State Ri	^{Zip} 02852
Secretary Name RObert Hartman			Treasurer Name Robert Hartman		
Street Address 219 Irving Road			Street Address 219 Irving Road		
^{City} Warwick	State RI	^{Zip} 02888	City Warwick	State RI	^{Zip} 02888
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	i. ("X" BOX FOR ATT	ACHMENT) FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS
N/A Street Address			Street Address		20
City	State	Zip	City	State	Z/p
Director Name			Director Name		
Street Address			Street Address		in the second
City	State	Zip	City	State	Z(p
9. SHARES AUTHORIZED			Something the property of the	C"X" BOX FOR ATTAC	
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	Common	no par value
			7445 554	TION WHO I OF V	Total 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This report must be executed this report must be executed or	on behalf of the corpon behalf of the corpo	oration by an authorize oration by the receiver	ed representative. If the cor trustee.	orporation is in the han	ds of a receiver or trustee,

File Date	
Check WAR 2 6 2009	
By FOR SECRETARY OF STATE U	

Under penalty of perjury, I declare and affirm	n that I have examined this report,
including any accompanying schedules and	statements, and that all statements
contained hereinfare true and correct	3.17-09
Signature	Date
Robert Hartman	
Print or Type Name	
Pros	
Title	Form 630 Rev. 08/08