



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. 22939		2. Name of Corporation Rylah Construction Corporation			
3. Street Address Principal Business Office 60 GEORGE EDDY DR.		City PASCOAG	State R.I.	Zip 02859	
4. Business Phone No. 401-568-5764		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island FOR ALL LAWFUL PURPOSES					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENTS) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRUCE W. RYLAH		1ST Vice President Name FERN M. RYLAH - 60 GEORGE EDDY DR. PASCOAG R.I. 02859			
Street Address 60 GEORGE EDDY DR.		Street Address SCOTT W. RYLAH			
City PASCOAG	State R.I.	Zip 02859	City PASCOAG	State R.I.	Zip 02859
Secretary Name FERN M. RYLAH		Treasurer Name BRUCE W. RYLAH - 60 GEORGE EDDY DR. PASCOAG R.I. 02859			
Street Address 60 GEORGE EDDY DR.		Street Address FERN M. RYLAH			
City PASCOAG	State R.I.	Zip 02859	City PASCOAG	State R.I.	Zip 02859
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BRUCE W. RYLAH		Director Name FERN M. RYLAH			
Street Address 60 GEORGE EDDY DR.		Street Address 60 GEORGE EDDY DR.			
City PASCOAG	State R.I.	Zip 02859	City PASCOAG	State R.I.	Zip 02859
Director Name SCOTT W. RYLAH		Director Name NONE			
Street Address 55 GEORGE EDDY DR.		Street Address NONE			
City PASCOAG	State R.I.	Zip 02859	City NONE	State NONE	Zip NONE
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
100	Common	NONE	100	Common	NONE

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.

File Date **FILED**
Check No. **MAR 30 2009**
By: **2566**

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 Fern M. Rylah Date 2/27/09
Print or Type Name FERN M. RYLAH, SECRETARY title