



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. 33516		2. Name of Corporation NEW ENGLAND BUILDING CO., INC.			
3. Street Address Principal Business Office 1030 DANIELSON PIKE			City SCITUATE	State RI	Zip 02857
4. Business Phone No. 401-647-3821		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island CARRY ON AND CONDUCT GENERAL CONSTRUCTION BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NICHOLAS DERAIMO JR.			Vice President Name JOHN DERAIMO		
Street Address 40A MT HYGEIA ROAD			Street Address POLE 14, BURGESS ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Secretary Name NICHOLAS DERAIMO JR.			Treasurer Name JOHN DERAIMO		
Street Address 40A MT HYGEIA ROAD			Street Address POLE 14, BURGESS ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NICHOLAS DERAIMO JR.			Director Name JOHN DERAIMO		
Street Address 40A MT HYGEIA ROAD			Street Address POLE 14, BURGESS ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 300		Class/Series COMMON		Par Value NO PAR VALUE	
THIS SECTION MUST BE COMPLETED					

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.

**FILED**  
File Date  
MAR 30 2009  
Check No.  
By 42062  
FOR SECRETARY OF STATE USE ONLY

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  
NICHOLAS DERAIMO JR.

Print or Type Name  
PRESIDENT

Title

Date  
3/26/09