



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.<br>486135                                                                                                      |              | 2. Name of Corporation<br>Edgehill Construction Enterprise, Inc. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>471 Hunnewell Street                                                                |              |                                                                  | City<br>Needham                                                     | State<br>MA  | Zip<br>02494 |
| 4. Business Phone No.                                                                                                              |              | 5. State of Incorporation<br>Massachusetts                       |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Building Contractor                                 |              |                                                                  |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                                                  |                                                                     |              |              |
| President Name<br>Charles B. Nardone, Jr.                                                                                          |              |                                                                  | Vice President Name                                                 |              |              |
| Street Address<br>628 Webster Street                                                                                               |              |                                                                  | Street Address                                                      |              |              |
| City<br>Needham                                                                                                                    | State<br>MA  | Zip<br>02492                                                     | City                                                                | State        | Zip          |
| Secretary Name<br>Charles B. Nardone, Jr.                                                                                          |              |                                                                  | Treasurer Name<br>Charles B. Nardone, Jr.                           |              |              |
| Street Address<br>628 Webster Street                                                                                               |              |                                                                  | Street Address<br>628 Webster Street                                |              |              |
| City<br>Needham                                                                                                                    | State<br>MA  | Zip<br>02492                                                     | City<br>Needham                                                     | State<br>MA  | Zip<br>02492 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                                                  |                                                                     |              |              |
| Director Name<br>Charles B. Nardone, Jr.                                                                                           |              |                                                                  | Director Name                                                       |              |              |
| Street Address<br>628 Webster Street                                                                                               |              |                                                                  | Street Address                                                      |              |              |
| City<br>Needham                                                                                                                    | State<br>MA  | Zip<br>02492                                                     | City                                                                | State        | Zip          |
| Director Name                                                                                                                      |              |                                                                  | Director Name                                                       |              |              |
| Street Address                                                                                                                     |              |                                                                  | Street Address                                                      |              |              |
| City                                                                                                                               | State        | Zip                                                              | City                                                                | State        | Zip          |
| 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    |
| 275,000                                                                                                                            | Common       | No Par                                                           | None                                                                |              |              |
|                                                                                                                                    |              |                                                                  | 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.

|                                 |             |
|---------------------------------|-------------|
| File Date                       | APR 03 2009 |
| Check No.                       | 085984      |
| By                              |             |
| FOR SECRETARY OF STATE USE ONLY |             |

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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: *Charles B. Nardone, Jr.* Date: Feb. 4, 09  
Print or Type Name: Charles B. Nardone, Jr.  
Title: President