RI SOS Filing Number: 200944982990 Date: 04/14/2009 4:00 PM

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.	2. Name of Corporation		
44682	TOTAL CONSTRUCTION SERVICES, INC.		
3. Street Address Principal Business Office	City	State	Zip
190 CHACE AVENUE	PROVIDENCE	RI	02906
4. Business Phone No.	5. State of Incorporation		
454-8497	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL CONSTRUCTION

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7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
JOSEPH D. FORTE	SAME AS ABOVE			

Vice President Name	Street Address	City	State	Zip
DONALD P. DIMUCCIO	29 FISHER STREET	NORTH PROVIDENCE	RI	02911

Secretary Name	Street Address	City	State	Zip
DONALD P. DIMUCCIO	29 FISHER STREET	NORTH PROVIDENCE	RI	02911

Treasurer Name	Street Address	City	State	Zip
JOSEPH D. FORTE	190 CHACE AVENUE	PROVIDENCE	RI	02909

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

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

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.

[redacted] [redacted]

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.

Joseph D. Forte
Signature *Date*

JOSEPH D. FORTE
Print or Type Name

PRESIDENT
Title

FILED
File Date APR 14 2009
Check No. AP
By By
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