



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(cc)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 44682		2. Name of Corporation TOTAL CONSTRUCTION SERVICES, INC.			
3. Street Address Principal Business Office 190 CHACE AVENUE			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 454-8497		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH D. FORTE			Vice President Name DONALD P. DIMUCCIO		
Street Address SAME AS ABOVE			Street Address 29 FISHER STREET		
City	State	Zip	City	State	Zip
			NORTH PROVIDENCE	RI	02909
Secretary Name DONALD P. DIMUCCIO			Treasurer Name JOSEPH D. FORTE		
Street Address 29 FISHER STREET			Street Address 190 CHACE AVENUE		
City	State	Zip	City	State	Zip
		02911	PROVIDENCE	RI	02909
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	COMMON	NO PAR VALUE

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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.

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.

FILED

File Date: APR 14 2009

Check No. BY: [Signature]

FOR SECRETARY OF STATE USE ONLY

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Signature: [Signature]

Date: _____

Name: JOSEPH D. FORTE

Title: PRESIDENT