



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. <u>56334</u>		2. Name of Corporation <u>ALBERT CONSTRUCTION INC</u>	
3. Street Address Principal Business Office <u>239 NORTH ROAD</u>		City <u>HOPKINTON</u>	State <u>R.I.</u>
4. Business Phone No. <u>401-377-2390</u>		5. State of Incorporation <u>R.I.</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>RESIDENTIAL SIDING, EXTERIOR TRIM &amp; ROOFING</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>PATRICIA SOWINSKI</u>		Vice President Name <u>ALLAN SOWINSKI</u>	
Street Address <u>239 NORTH ROAD</u>		Street Address <u>239 NORTH ROAD</u>	
City <u>HOPKINTON</u>	State <u>R.I.</u>	City <u>HOPKINTON</u>	State <u>R.I.</u>
Zip <u>02833</u>		Zip <u>02833</u>	
Secretary Name <u>KAITLIN SOWINSKI</u>		Treasurer Name <u>MATTHEW SOWINSKI</u>	
Street Address <u>239 NORTH ROAD</u>		Street Address <u>239 NORTH ROAD</u>	
City <u>HOPKINTON</u>	State <u>R.I.</u>	City <u>HOPKINTON</u>	State <u>R.I.</u>
Zip <u>02833</u>		Zip <u>02833</u>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address <u>NONE</u>		Street Address <u>NONE</u>	
City <u>NONE</u>	State <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>		Zip <u>NONE</u>	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address <u>NONE</u>		Street Address <u>NONE</u>	
City <u>NONE</u>	State <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>		Zip <u>NONE</u>	
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 <b>MUST</b> BE COMPLETED	
		Number of Shares <u>NONE</u>	Class/Series <u>NONE</u>
			Par Value <u>NONE</u>

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. **MAY 04 2009**

By: 56334 & 56334

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 ALLAN SOWINSKI Date 4/20/09

Print or Type Name ALLAN SOWINSKI

Title Vice President