



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

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. Name of Corporation Renegade Curb Installation, Inc			
3. Street Address Principal Business Office 420 Chestnut Hill Rd		City Chepachet	State RI
4. Business Phone No. 401-568-8254		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Installation of Precast and Granite curb Products			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Patricia A DiNobile		Vice President Name none	
Street Address 420 Chestnut Hill Rd		Street Address	
City Chepachet	State RI	City	State
Zip 02814		Zip	
Secretary Name Patricia A DiNobile		Treasurer Name none	
Street Address 420 Chestnut Hill Rd		Street Address	
City Chepachet	State RI	City	State
Zip 02814		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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 1,000	Class/Series 8 Par Value
		Par Value 8 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.

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 **MAY 11 2009**

Check No. **By**

By **Patricia A DiNobile**

FOR SECRETARY OF STATE USE ONLY

Signature **Patricia A DiNobile** Date **4/26/09**

Print or Type Name **Patricia A DiNobile**

Title **President**