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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 2006

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.	2. Name of Corporation: Renegade Curb Installation, Inc.		
3. Street Address Principal Business Office: 420 Chestnut Hill Rd	City: Chepachet	State: RI	Zip: 02814
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	Vice President Name
PATRICIA DiNobile	none
Street Address: 420 Chestnut Hill Rd	Street Address
City: Chepachet / State: RI / Zip: 02814	City / State / Zip
Secretary Name: PATRICIA DiNobile	Treasurer Name: none
Street Address: 420 Chestnut Hill Rd	Street Address
City: Chepachet / State: RI / Zip: 02814	City / State / Zip

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

Director Name	Director Name
none	none
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name: none	Director Name: none
Street Address	Street Address
City / State / Zip	City / State / Zip

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
1,000		☒ 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]

FILED
File Date: MAY 11 2009 12:11 PM
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY
33904-6-362882

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: Patricia DiNobile Date: 4/26/09

PATRICIA DiNobile
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08