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.*

| | | | |
|---|---|---|---|
| 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: PATRICIA DiNobile | | | Vice President Name: 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: none | | | Director Name: 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

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