



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2671
401.222.304

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(e)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 46266		2. Name of Corporation TWB MASONRY CONST, INC.	
3. Street Address Principal Business Office 16 Westwood Ave		City RUMFORD	State RI
4. Business Phone No. (401) 431-6600		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island New Construction of Brick & Block Applications & Repair work of all sorts			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JAMES W. BERRY		Vice President Name Same	
Street Address 16 Westwood Ave		Street Address	
City Rumford	State RI	City	State
Zip 02916		Zip	
Secretary Name Same		Treasurer Name Same	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 100 C No Value		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 100	Class/Series C
			Par Value No 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.

FILED
File Date
Check No. MAY 18 2009
By: [Signature]
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 [Signature] Date 5-15-09
Print or Type Name JAMES W. BERRY
Title President