

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT COFPORATION 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(&d)) is subject to a penalty fee of \$25.00. 2. Name of Corporation
COOP ENTERPRISES, INC. 1. Corporate ID No. 87181 3. Street Address Principal Business Office ^{ப்பு} Hope Valley 54 Skunk Hill Road RI 02832 4. Business Phone No 5. State of Incorporation 401-539-7072 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island to engage in the business of general heavy construction 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Vincent C. Koczkodan Robert Stanley Street Address Street Addres 53 Skunk Hill Road 54 Skunk Hill Road Hope Valley RΙ 02832 Hope Valley RΙ 02832 Vincent C. Koczkodan Vincent C. Koczkodan Street Address Street Address 53 Skunk Hill Road 53 Skunk Hill Road RI 02832 Hope Valley Hope Valley RI 02832 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Vincent C. Koczkodan Robert Stanley Street Address Street Address 54 Skunk Hill Road 53 Skunk Hill Road City State Zip Cit; State Zip 02832 Hope Valley Hope Valley 02832 Director Name Director Name Street Address Street Address City State Zip City State Zip9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES - THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 100 common no par instruction sheet. 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. File Date 3*nu* Check No. Vincent C. Koczkodan Print or Type Name President Title Form 630 Rev. 08/08