

2, Name of Corporation

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 3 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. Corporaja D No

Construction,

| 3. Street Address Principal Busi  |                         |                                | Linco   | I. State R T  | 2ip   |
|---|-------------------------|--------------------------------|---|---|---|
| 4. Business Phone No.   |                         | 5. State of Incorporation      |   | 4   | 02865   |
| 6. Brief Description of the Char  | 5 -017 [                |                                | Island  | 4   |   |
| o. Brief Description of the Char  | new of Ensiness Conduct | ей III клойе тапр              |   |   |   |
|   | SSES OF THE OFFIC       | CERS: ("X" BOX FOR ATTA        |   | N SPACES BEFORE USING   | ATTACHMENTS   |
| William S- Meyerjack  |                         |                                | Wice President Name   |   |   |
| Street Address  |                         |                                | Street Address  |   |   |
| 1058 Great Rd.  |                         |                                | 22 Moskalyk ST  |   |   |
| Lincoln   | State R+                | 1286T                          | City (LYCIV)  | wich state RT   | 02893   |
| Secretary Name  |                         | ······›                        | Treasurer Name  |   | ······································                              |
| Survey Address  |                         |                                | Same as fres.   |   |   |
| Series Place Cos  |                         |                                | Sireer Address  |   |   |
| City  | State                   | Zip                            | Сиу   | State   | Zip   |
| 8. NAMES AND ADDRE  | SSES OF THE DIRE        | CTORS: ("X" BOX FOR ATI        | :<br>MACHMENT) □ FIII   | IN SPACES REPORT HOLIN  | C. ATTACHMENTS  |
| Director Name   |                         |                                | Director Name   | . IN STREES BEFORE USING  | S ATTACHMENTS   |
| Street Address  |                         |                                | Street Address  |   |   |
| The ELVINOLITY  |                         |                                | Novel Address   |   |   |
| City  | State                   | Zip                            | Gly   | State   | Zip G C C C C C C C C C C C C C C C C C C                           |
| Director Name   |                         |                                | Director Name   |   |   |
| Orrection falling   |                         |                                | - Director Nume   |   |   |
| Street Address  |                         |                                | Street Address  |   | <u> </u>  |
| City  | State                   | Zip                            | City  | State   |   |
|   |                         | 1.00                           |   | State   |   |
| 9. 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 |                         |                                | (~  | Chass Series  | rarvante  |
| instruction sheet.  |                         |                                | 9_  | $\mathcal{L}$   |   |
|   |                         |                                |   |   |   |
| This report must be exec  | cuted on behalf of th   | e corporation by an authorize  | d representative. If th   | e corporation is in the hands                                       | of a receiver or trustee  |
| this report must be exec  | uted on behalf of the   | corporation by the receiver of | or trustee.   | - sorporation to the thorness                                       | to a receiver of trustee,   |
| ## W. 35  |                         | FILED                          |   |   |   |
|   |                         | AUG 0 5 2009                   | ** 1  |   |   |
|   |                         |                                | Under penalty of including any a  | of perjury, I declare and affirm the companying schedules and state | hat I have examined this report<br>tements, and that all statements |
|   | 8                       | y m                            |   | n are true and correct.   | 1 0/5/  |
| File Date   |                         | ×19 96/18                      | un  | un wuf  | 8/5/09  |
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