



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 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 192732		2. Name of Corporation A & F General Contractors, INC.			
3. Street Address Principal Business Office 663 Lees River Avenue			City Somerset	State MA	Zip 02725
4. Business Phone No. 508-679-1165		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Contractors					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerald R. Alix, JR.			Vice President Name		
Street Address 663 Lees River Ave.			Street Address		
City Somerset	State MA	Zip 02725	City	State	Zip
Secretary Name Deborah Alix			Treasurer Name Steven J. Farias		
Street Address 663 Lees River Ave.			Street Address 187 Robeson Street		
City Somerset	State MA	Zip 02725	City Fall River	State MA	Zip 02720
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerald R. Alix, JR.			Director Name Steven J. Farias		
Street Address 663 Lees River Ave.			Street Address 187 Robeson Street		
City Somerset	State MA	Zip 02725	City Fall River	State MA	Zip 02720
Director Name Deborah Alix			Director Name		
Street Address 663 Lees River Ave.			Street Address		
City Somerset	State MA	Zip 02725	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 1,000	Class/Series Common	Par Value NPV

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 SEP 11 2009

Check No. By 10842

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.

Deborah Alix 9-9-09  
Signature Date

Deborah Alix  
Print or Type Name

Clerk  
Title