

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

OPEN 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(cc*d)) is

* In accordance with R.I.G.L subject to a penalty fee of \$25	i.00.	and James & Coleman & Despite		· · · · · · · · · · · · · · · · · · ·	
1. Corporate ID No	2. Name of Corpor		Aire & Cors	truction.	Inc
3. Street Address Principal B		estield Jain	City	State	Zip
	11 Prospert	المالا	North Kinsta	12 R. 7	62829
4. Business Phone No.		5. State of Incorporation			
401-255	naracter of Business Conducte	d in Bhada Island			
6. Brief Description of the Cl.	paracter of Business Conducte	a in knowe isana			
	RESSES OF THE OFFIC	STOBLES. C'X" BOX FOR ATTAC	CHMENT) [] FILL IN SPA	ACES BEFORE USING	ATTACHMENTS
President Name	1		<i>y</i> 1	(PP)	
Street Address			Street Address 1 Progret Ave City State Zip		
	PERT AJE		11 11051	Vert Ave	
City	State	Zip	City	State	CASS 2
WICKFORD	122	07827	Treasurer Name		103300
Secretary Name			3CH~ 1263		
Street Address			Street Address		
C41 247 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			V/S) COS PO	ict AVC	
City	State	7.ip	cm ukkford	State	O7225
8. NAMES AND ADDI	RESSES OF THE DIREC	TORS: ("X" BOX FOR ATI	ACHMENT) 🔲 FILL IN S	SPACES BEFORE USI	NG ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
					<u> </u>
City	State	Zip	City	State	Zip
Director Name			Director Name		
Director Fame					
Street Address			Street Address		
City	State	Ζip	City	State	Zip
o cuante alvenon	 	İ	: 10. SHARES ISSUED (("X" BOX FOR ATTA	 <i>CHMENT</i>) [[™]]
9. SHARES AUTHOR	IZED		ISSUED SHARES — THIS SECT		
This is formation in a		Office of the Secretary of	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			, ,		
instruction sheet.			700		
					de of a receiver or tructee
This report must be ex	xecuted on behalf of the	e corporation by an authorize corporation by the receiver	or trustee.	iporation is in the nat	ids of a receiver of trustee,
this report must be ex	recuted on benan or the	torporation by the receives			
			Under penalty of pe	rjury, I declare and affire	n that I have examined this repo
			including any accor	npanying _A schedules and	statements, and that all statemen
01	15/10		contained herein are	e true and/correct.	V
File Date	PU 101			J =	2.57.70
	1132		Signature		Date
Check No.	1/11/	—	/JOHn	<u>hees</u>	<u> </u>
Ву:	$ \mathcal{M} $		Print of Type Name		
	RY OF STATE USE ONLY		Plasio	Den't	
FUR SECRETA	RI OI STATE USE ONE!		Title		Form 630 Pay 09/09