

By _/W_/__
FOR SECRETARY OF STATE USE ONLY

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 2010 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1. Corporate ID No. 760	2. Name of Corporation ALMONTE & SONS CORP.				
3. Street Address Principal Business (Office	SONS CONF.	City	State	Zip
20 FRIENDSHIP STREET			NORTH PROVIDENCE	RI	02904
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character GENERAL CONSTRUCTION	of Business Conducted)N - UTILITIES	in Rhode Island			
	OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	S BEFORE USING	ATTACHMENTS
President Name RONALD A. ALMONTF			Vice President Name DONALD E. ALMONTE		
Street Address 245 ROSNER AVENUE			93 ALEXANDER STREET		
NORTH PROVIDENCE	State RI	^{Zip} 02904	NORTH PROVIDENCE	State RI	^{Zip} 02904
Secretary Name DONALD E. ALMONTE			Treasurer Name RONALD A. ALMONTE		
Street Address 93 ALEXANDER STREET			Street Address 245 ROSNER AVENUE		
City NORTH PROVIDENCE	State	<i>Ζίμ</i> 02004	City	State	Zip
NORTH PROVIDENCE	RI	02904	NORTH PROVIDENCE	RI	02904
	OF THE DIRECT	ORS: ("X" BOX FOR ATT	TACHMENT) FILL IN SPAC	CES BEFORE USING	G ATTACHMENTS
Director Name RONALD A. ALMONTE			Director Name DONALD E. ALMONTE		
Street Address 245 ROSNER AVENUE			Street Address 93 ALEXANDER STREET		
City	State	Zψ	City	State	Zip
NORTH PROVIDENCE	RI	02904	: NORTH PROVIDENCE	[RI	[02904
Director Name			Director Name		
Constant			* 6		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
	1				
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Charms Classification 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.			Number of Shares	Class/Series	Par Value
			100 SHARES	COMMON	NO PAR
monuction sheet.					
This report must be executed	on behalf of the	corporation by an authorize	ed representative. If the corpora	ation is in the hands	s of a receiver or trustee
this report must be executed		-			
			Under penalty of periury	I declare and affirm t	that I have examined this re
			including any accompany	ying schedules and sta	itements, and that all states
			contained herein are true	and correct.	
File Date FILED		_	1 Kimilala	Unat	12-11-0
			Signature	- 	Date
Check DEC 1 6 2009		_	RONALD A. ALMO	ONTE	
		•			

PRESIDENT

Title