



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 000112498		2. Name of Corporation CONTRACTORS NETWORKING			
3. Street Address Principal Business Office 190 MOUNTAIN AVENUE			City SKEWONNE	State MA	Zip 02771
4. Business Phone No 528 336 2825		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL CONSTRUCTION SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL O'CONNELL			Vice President Name MICHAEL O'CONNELL		
Street Address 130 UPLAND WAY			Street Address 130 UPLAND WAY		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name KELLY O'CONNELL			Treasurer Name MICHAEL O'CONNELL		
Street Address 130 UPLAND WAY			Street Address 130 UPLAND WAY		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL O'CONNELL			Director Name		
Street Address 130 UPLAND WAY			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000.00	CNP	70.00	100	CNP	

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 CORPORATIONS DIV.  
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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: DEC 21 2009  
 By: [Signature] 106563  
 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.

Signature: [Signature] Date: 12/16/09  
 Print or Type Name: MICHAEL O'CONNELL  
 Title: President