

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.

\* 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. 7-1.2-150).

subject to a penalty fee of \$25.00	o.	y constructing to regularing to fite the tar	orana report wanth traffy (50)	i aays after the time prescribed by law	(R.I.G.L. 7-1.2-1501(e&d)) is	
1. Corporate ID No. 89358	A. DIFAZI	2. Name of Corporation A. DIFAZIO CONSTRUCTION, INC.				
3. Street Address Principal Business Office 132 Shun Pike			Johnston	State Rhode Island	<sup>Zip</sup> 02919	
4. Business Phone No. 942-0300 5. State of Incorporation Rhode Island						
6. Brief Description of the Chare Construction, Excavatin	ucter of Business Condu ig and Trucking	ucted in Rhode Island				
7. NAMES AND ADDRES	SES OF THE OFF	FICERS: ("X" BOX FOR ATTA	(CHMENT)   FILL I	N SPACES REFORE USING A	TTACHMENTS	
a resident iname			Vice President Name		TIME MILENTS	
Anthony A. DiFazio Street Address			Anthony A. DiFazio			
132 Shun Pike			Street Address 132 Shun Pike			
Johnston	State RI	02919	city Johnston	State RI	<sup>Zip</sup> 02919	
Secretary Name Anthony A. DiFazio			Treasurer Name Anthony A. DiFazio			
Street Address 132 Shun Pike			Street Address 132 Shun Pike			
Johnston	State RI	<sup>Zip</sup> 02919	City Johnston	State RI	<sup>Zip</sup> 02919	
8. NAMES AND ADDRESS  Director Name	SES OF THE DIR	ECTORS: ("X" BOX FOR ATA	TACHMENT) 🗌 FILL	IN SPACES BEFORE USING		
Anthony A. DiFazio			Director Name			
Street Address			Secret Address			
132 Shun Pike			Street Address			
City	State	Zip	City	State	Zip	
Johnston	RI	02919			12-47	
Director Name			Director Name	····		
Street Address					<u></u>	
so cer zuaress			Street Address			
City <sup>,</sup>	State	Zip	City	State	Z::-	
		, 1		ottate	Zip	
O. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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	
			None			
man action sirect.						
This report must be execu-	ted on behalf of th	ne corporation by an authorize	d representative. If the	corporation is in the hands of		
this report must be execute	ed on behalf of th	e corporation by the receiver of	or trustee.	corporation is in the nairds of	a receiver or trustee,	
			Under penalty of	perjury, I declare and affirm tha	I have examined this report	
			including any acc	companying schedules and states	ments, and that all statement	
Ella Dari	LEL_		contained herein	are true and correct.	1. 1.	
File Date		<del></del>	- Chris	h 1/1/az	1/19/10	
Check No. FEB	() 1 2010		Signature		Date	
By			Anthony A. DiFazio			
			Print or Type Name			
FOR SECRETARY OF	STATE USE ONLY		President	·		
	<del></del>		Title		Form 630 Rev. 08/08	