

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

401.222.304

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(e)d) is white the strength for a \$50.500.

1 Control #32	<del></del>				
1. Corporate ID No. 94465	2. Name of Corporation M.A. Gammino Construction Company				
3. Street Address Principal Business Office 7 Starline Way			City Cranston	State R.I.	Zip 02921
4. Business Phone No. 401-467-7809  5. State of Incorporation Rhode Island					02921
6. Brief Description of the Character Construction Company	of Business Conducted in	r Rhode Island			
7. NAMES AND ADDRESSES President Name Michael A. Gammino, III	OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT)   FILL IN	N SPACES BEFORE USING	G ATTACHMENTS
Street Address 2259E Commodore Perry Highway			Streel Address		
сиу Wakefield	State R.I.	<i>Ζίρ</i> <b>02879</b>	City	State	Zip
Secretary Name Louis V. Jackvony, Jr.			Treasurer Name Michael A. Gammino, III		
Street Address 126 Forestwood Drive			Street Address 2259E Commodore Perry Highway		
North Providence	State R.I.	<i>Ζψ</i> 02904	Gity Wakefield	State R I	<i>Zip</i> <b>02879</b>
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	RS: ("X" BOX FOR AT	TACHMENT) TILL : Director Name	IN SPACES BEFORE USIN	IG ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J		Director Name		
Street Address			Street Address		
СПу	State	Zip	City	State	Zip
9. 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
			100	Common	No Par
This report must be executed of this report must be executed of	on behalf of the corp n behalf of the corp	ooration by an authorize oration by the receiver o	Under penalty of	perjury, I declare and affirm t	hat I have examined this report
File Date 2 8-2 Check No. 3.5%	2010		including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature  Date  Michael A. Gammino, III  Print or Type Name		
By: M	inc.				
FOR SECRETARY OF STAT	E USE ONLY		President Title		
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