



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 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. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000308139		2. Name of Corporation KINGSTON DEMOLITION, INC.			
3. Street Address Principal Business Office 200 FAIRGROUNDS ROAD			City WEST KINGSTON	State RI	Zip 02892
4. Business Phone No. 401-792-7121		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AND CONDUCT A RENOVATION, CONSTRUCTION AND ROLL-OFF CONTAINER COMPANY.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BENJAMIN J FLYNN			Vice President Name BENJAMIN J FLYNN		
Street Address 200 FAIRGROUNDS ROAD			Street Address 200 FAIRGROUNDS ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Secretary Name BENJAMIN J FLYNN			Treasurer Name BENJAMIN J FLYNN		
Street Address 200 FAIRGROUNDS ROAD			Street Address 200 FAIRGROUNDS ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series NONE	Par Value NO PAR VALUE

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.

File Date	FILED
Check No.	FEB 09 2010
By:	<i>[Signature]</i>
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] 2/8/2010
Signature Date
BENJAMIN J FLYNN
Print or Type Name
PRESIDENT
Title