



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. 15413		2. Name of Corporation L.A. Patterson Inc.			
3. Street Address Principal Business Office 1401 Boston Neck Road			City Saunderstown	State R.I.	Zip 02874
4. Business Phone No. (401)295-5121 or 294-1306		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Excavation and site work related to construction. Water, sewer, drainage, installations, ISDS installations.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Allegra J. Patterson			Vice President Name Daniel W. Patterson		
Street Address 1401 Boston Neck Road			Street Address 332 South County Trail		
City Saunderstown	State R.I.	Zip 02874	City Exeter	State R.I.	Zip 02822
Secretary Name Allegra J. Patterson			Treasurer Name Allegra J. Patterson		
Street Address 1401 Boston Neck Road			Street Address 1401 Boston Neck Road		
City Saunderstown	State R.I.	Zip 02874	City Saunderstown	State R.I.	Zip 02874
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Lanny A. Patterson			Director Name Allegra J. Patterson		
Street Address 1401 Boston Neck Road			Street Address 1401 Boston Neck Road		
City Saunderstown	State R.I.	Zip 02874	City Saunderstown	State R.I.	Zip 02874
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 1,000	Class/Series Common	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.

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: Allegra J. Patterson Date: 2-14-2010
Print or Type Name: Allegra J. Patterson
Title: Pres./Treas./Sec.

File Date: **FILED**
Check No.: **FEB 17 2010**
By: 20420
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