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. 84162	*2. Name of Corporation* The Mortgage Giant, Inc.		
3. Street Address Principal Business Office 16 County Street	*City* Attleboro	*State* MA	*Zip* 02703
4. Business Phone No. 401-273-4700	*5. State of Incorporation* RI		
6. Brief Description of the Character of Business Conducted in Rhode Island Excavation services			

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name William J. Griffin			*Vice President Name* William J. Griffin		
Street Address 16 County Street			*Street Address* 16 County Street		
City Attleboro	*State* MA	*Zip* 02703	*City* Attleboro	*State* MA	*Zip* 02703
Secretary Name D. Joseph D'Amico, Esq.			*Treasurer Name* William J. Griffin		
Street Address 728 Valley Street			*Street Address* 16 County Street		
City Providence	*State* RI	*Zip* 02908	*City* Attleboro	*State* MA	*Zip* 02703

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name William J. Griffin			*Director Name*		
Street Address 16 County Street			*Street Address*		
City Attleboro	*State* MA	*Zip* 02703	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
0		

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 _____

Check No. FEB 19 2010

By: BY 111569

FOR SECRETARY OF STATE USE ONLY

45424-1-487880

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 _____ *Date* 1/11/10

William J. Griffin
Print or Type Name

President
Title

Form 630 Rev. 08/08