

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(co'd)) is

subject to a penalty fee of \$25.00.	·					
1. Corporate ID No. 44848		2. Name of Corporation J. L. Giudici Associates, Inc.				
3. Street Address Principal Business Office 37 North Blossom Street			East Providence	State RI	^{Zip} 02914	
4. Business Phone No. 5. State of Incorporation Rhode Island				•		
. Brief Description of the Charac to act as design/build gei	ter of Business Condu neral contractors	cted in Rhode Island and construction managers				
. NAMES AND ADDRESS	ES OF THE OFFI	ICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SE	PACES BEFORE USING	ATTACHMENTS	
President Name Joseph L. Giudici			Vice President Name Joseph L. Giudici			
Street Address 24 Woodlake Drive			Mreet Address 24 Woodlake Drive			
^{Citi.} Johnston	State RI	^{2iμ} 02919	City Johnston	State RI	^{Zıp} 02919	
Socretary Name Joseph L. Giudici			Treasurer Name Robert Giudici			
Street Address 24 Woodlake Drive			Street Address 35 Teakwood Drive			
շար Johnston	State RI	^{Ζψ} , 02919	Johnston	State RI	^{Zip} 02919	
	ES OF THE DIRE	ECTORS: ("X" BOX FOR ATT	TACHMENT) [FILL IN	SPACES BEFORE USIN	G ATTACHMENTS	
None			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Zitje	State	Zip	Сйу	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			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par	
This report must be execut	ted on behalf of the	he corporation by an authorize	ed representative. If the co	rporation is in the hand	s of a receiver or trustee,	
ma report must be execute	co on ochail of th	e corporation by the receiver	or itustee.			
			Under benalty of ne	riury. I declare and affirm	that I have examined this rep	
			including any accon	npanying schedules and st	atements, and that all statements	
2- 24	-2010	,	contined herein fre	true and correct	2/ 1 12	
File Date A 7	-2010	<u></u>	LOWN.	N. 1741	Mica 2-23	
Check No	1966		Signature		Date	
	mno		Joseph L. Git Print or Type Name	naici		
By:						
FOR SECRETARY OF	STATE USE ONLY		President			
			Title		Form 630 Rev 08/08	