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.	2. Name of Corporation			
5809	M&M Building Co., Inc.			
3. Street Address Principal Business Office		City	State	Zip
506 Hope Furnace Road		Hope	RI	02831
4. Business Phone No.	5. State of Incorporation			
(401) 828-9185	RI			
6. Brief Description of the Character of Business Conducted in Rhode Island				
General Contracting				

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

President Name			Vice President Name		
Deborah M Picozzi			Domenico A Picozzi		
Street Address			Street Address		
PO Box 463			PO Box 463		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
Secretary Name			Treasurer Name		
Michelle L Jacques-Picozzi			Michele D Picozzi		
Street Address			Street Address		
PO Box 463			PO Box 463		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816

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

Director Name			Director Name		
Michele D Picozzi					
Street Address			Street Address		
PO Box 463					
City	State	Zip	City	State	Zip
Coventry	RI	02816			
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
100	common	no par

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.

[redacted]

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* 2/25/10

Michele D Picozzi
Print or Type Name

Treasurer
Title

[redacted]

File Date FILED
Check No. MAR 0 1 2010
By: By 1843
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Form 630 Rev. 08/08