



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. 117294		2. Name of Corporation NORTHEAST STONECRETE, INC.			
3. Street Address Principal Business Office 100 Widow Sweets Road			City Exeter	State RI	Zip 02822
4. Business Phone No. 295-9180		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to own, operate and maintain a business as a masonry contractor, including stone work and decorative concrete work.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian Clarke			Vice President Name Kelly Clarke		
Street Address 100 Widow Sweets Road			Street Address 100 Widow Sweets Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Brian Clarke			Treasurer Name Kelly Clarke		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Brian Clake			Director Name Kelly Clarke		
Street Address same			Street Address same		
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) <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 200	Class/Series comon	Par Value 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.

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

Brian Clarke

Print or Type Name

President

Title

File Date **FILED**  
Check No. **MAR 01 2010**  
By: **3355**  
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