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*			
107033	Dotolo Brothers Masonry Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
8 Bayview Drive		Westerly	RI	02891
4. Business Phone No.	*5. State of Incorporation*			
401-596-5651	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
Masonry buisness

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

President Name			*Vice President Name*		
Thomas J Dotolo			Robert J Dotolo		
Street Address			*Street Address*		
8 Bayview Drive			19 York Ave.		
City	*State*	*Zip*	*City*	*State*	*Zip*
Westerly	RI	02891	Westerly	RI	02891
Secretary Name			*Treasurer Name*		
Thomas J Dotolo			Heather R Dotolo		
Street Address			*Street Address*		
8 Bayview Drive			8 Bayview Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Westerly	RI	02891	Westerly	RI	02891

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

Director Name			*Director Name*		
Thomas J Dotolo			Heather R Dotolo		
Street Address			*Street Address*		
8 Bayview Drive			8 Bayview Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Westerly	RI	02891	Westerly	RI	02891
Director Name			*Director Name*		
Robert J Dotolo					
Street Address			*Street Address*		
19 York Ave.					
City	*State*	*Zip*	*City*	*State*	*Zip*
Westerly	RI	02891			

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

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

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.

[redacted]

11:43

File Date FILED
Check No.
MAY 18 2010
By: By
FOR SECRETARY OF STATE USE ONLY

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* 5/18/10

Thomas J Dotolo
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06