



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. 139939		2. Name of Corporation Hi-Lo Demolition & Disposal Co.			
3. Street Address Principal Business Office 32 Shun Pike			City Johnston	State RI	Zip 02919
4. Business Phone No. 823-5819		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Demolition and remodeling of both commercial and residential structures including but not limited to excavation, construction and demoliti					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Harry Baccarie			Vice President Name Mary Baccarie		
Street Address 1730 Pippin Orchard Road			Street Address 1730 Pippin Orchard Road		
City Johnston	State RI	Zip 02920	City Johnston	State RI	Zip 02920
Secretary Name Harry Baccarie			Treasurer Name Mary Baccarie		
Street Address 1730 Pippin Orchard Road			Street Address 1730 Pippin Orchard Road		
City Johnston	State RI	Zip 02920	City Johnston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Harry Baccarie			Director Name Mary Baccarie		
Street Address 1730 Pippin Orchard Road			Street Address 1730 Pippin Orchard Road		
City Johnston	State RI	Zip 02920	City Johnston	State RI	Zip 02920
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	Class/Series	Par Value
			100	Common	None

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 Harry Baccarie Date 2/18/10
Print or Type Name HARRY BACCARIE
Title President

File Date	FILED
Check No.	JUN 01 2010
By:	By <u>12004 5759</u>
FOR SECRETARY OF STATE USE ONLY	