



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 2009

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. 06146713		2. Name of Corporation Able Restoration Inc			
3. Street Address Principal Business Office 14 Longwater Drive			City Rockland	State MA	Zip 02370
4. Business Phone No. 781-335-0000		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide services to commercial and residential customers regarding fire and flood restoration					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark Ryan			Vice President Name Deborah Owen		
Street Address 97 Sandwich Road			Street Address 44 Raven Circle		
City Plymouth	State MA	Zip 02360	City Cranston	State RI	Zip 02921
Secretary Name Mark Ryan			Treasurer Name Mark Ryan		
Street Address 97 Sandwich Road			Street Address 97 Sandwich Road		
City Plymouth	State MA	Zip 02360	City Plymouth	State MA	Zip 02360
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mark Ryan			Director Name		
Street Address 97 Sandwich Road			Street Address		
City Plymouth	State MA	Zip 02360	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000.00	CNP	\$ 0.00			

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.

FILED

File Date JUL 08 2010
 Check No. By DS
 By: 122144
 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 Deborah A. Owen VP Date 5-28-10
 Print or Type Name Deborah A. Owen
 Title VP