



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 2011

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(e)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000559781		2. Name of Corporation Scherbon Consolidated Inc.			
3. Street Address Principal Business Office 40 Haverhill Road			City Amesbury	State MA	Zip 01913
4. Business Phone No. (978) 388-3132		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island General Contractor					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott W. Scherbon Sr.			Vice President Name Scott W. Scherbon Sr.		
Street Address 40 Haverhill Road			Street Address 40 Haverhill Road		
City Amesbury	State MA	Zip 01913	City Amesbury	State MA	Zip 01913
Secretary Name Scott W. Scherbon Sr.			Treasurer Name Scott W. Scherbon Sr.		
Street Address 40 Haverhill Road			Street Address 40 Haverhill Road		
City Amesbury	State MA	Zip 01913	City Amesbury	State MA	Zip 01913
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Scott W. Scherbon Sr.			Director Name		
Street Address 40 Haverhill Road			Street Address		
City Amesbury	State MA	Zip 01913	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 3000	Class/Series CNP	Par Value 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 **JAN 19 2011**
 Check # **62704**
 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 _____
 Scott W. Scherbon Sr.
 Print or Type Name
 President
 Title