



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 02904-2611
401.222.3004

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

1. Corporate ID No. 13385	2. Name of Corporation FRANK N. GUSTAFSON & SONS, INC.
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3. Street Address Principal Business Office 90 COLD SPRING LANE	City NORTH KINGSTOWN	State RI	Zip 02852
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4. Business Phone No. 401-431-1700	5. State of Incorporation RHODE ISLAND
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6. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL CONSTRUCTION

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

President Name LINDA T. GUSTAFSON	Vice President Name LINDA T. GUSTAFSON
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Street Address 90 COLD SPRING LANE	Street Address 90 COLD SPRING LANE
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City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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Secretary Name LINDA T. GUSTAFSON	Treasurer Name LINDA T. GUSTAFSON
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Street Address 90 COLD SPRING LANE	Street Address 90 COLD SPRING LANE
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City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name LINDA T. GUSTAFSON	Director Name
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Street Address 90 COLD SPRING LANE	Street Address
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City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	COMMON	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.

FILED

File Date JAN 19 2011

Check No. 37 42072

By: [Signature]

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] 1/10/11
Signature Date

LINDA T. GUSTAFSON
Print or Type Name

PRESIDENT
Title