



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

1. Corporate ID No. 3392		2. Name of Corporation Louis Calcagni & Sons, Inc.			
3. Street Address Principal Business Office 296 Wardlaw Avenue			City Providence	State RI	Zip 02908
4. Business Phone No. 401-949-52245		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Real estate and construction. BUILDING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Susan T. Calcagni			Vice President Name Melissa S. Calcagni		
Street Address One Calcagni Place			Street Address One Calcagni Place		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Louis Calcagni, Jr.			Treasurer Name Louis Calcagni III		
Street Address One Calcagni Place			Street Address One Calcagni Place		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Susan T. Calcagni			Director Name Louis Calcagni, Jr.		
Street Address One Calcagni Place			Street Address One Calcagni Place		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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
100			100	common	no par
THIS SECTION MUST BE COMPLETED					

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 31 2011

Check No. By: [Signature]

By: 370

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]
Signature

Louis Calcagni, Jr.
Print or Type Name

Secretary
Title

1/26/11