RI SOS Filing Number: 201174814800 Date: 02/11/2011 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of Stat
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401 222 304

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.	2. Name of Corporation		
512	F. B. Ahern, Inc.		
3. Street Address Principal Business Office	City	State	Zip
5 Fox Tale Drive	Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation		
	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Grading & paving roads, driveways, sidewalks,parking areas & similar facilities

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

President Name	Vice President Name
Colleen DiRaimo	Colleen DiRaimo
Street Address	Street Address
5 Fox Tale Drive	5 Fox Tale Drive
City / State / Zip	City / State / Zip
Johnston / RI / 02919	Johnston / RI / 02919
Secretary Name	Treasurer Name
Robert P. DiRaimo	Colleen DiRaimo
Street Address	Street Address
Same	Same
City / State / Zip	City / State / Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED
200 No par Value

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
160	Common	without

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.

[redacted]

FILED

File Date FEB 11 2011

Check No. [redacted]

By: [redacted] 21474

FOR SECRETARY OF STATE USE ONLY

59088-42-594355

[redacted]

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.

Colleen DiRaimo 2-1-11
Signature *Date*

Colleen DiRaimo
Print or Type Name

President
Title

Form 630 Rev. 08/08