

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

Filling Period: January 1 - Marck 1 • Filling 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				
1991	Oliver Barrette Millwrights, Inc				
3. Street Address Principal Business Office 6 - 8 Fox Place			Сііу Providence	State RI	^{Zip} 02903
4. Business Phone No. 5. State of 401-421-3750 RI		5. State of Incorporation RI			
6. Brief Description of the Character of Millwright					and the second s
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Oliver T Barrette Jr			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Oliver T Barrette III		
Street Address 6 - 8 Fox Place			Street Address 6 - 8 Fox Place		
Gty Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903
Secretary Name Oliver T Barrette Jr			Treasurer Name Oliver T Barrette III		
Street Address 6 - 8 Fox Place			Street Address 6 - 8 Fox Place		
City Providence	State Ri	Zip 02903	City Providence	State RI	^{Zip} 02903
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SE Director Name	ACES BEFORE USIN	G ATTACHMENTS
Street Address			Street Address		
City	State	Ζip	City	State	Zip
Director Name	.J	.J.,	Director Name		l
Street Address			Street Address		
City	State	Ζip	Ctty	State	Zip
9. SHARES AUTHORIZED	An application		10. SHARES ISSUED (" ISSUED SHARES — THIS SECTION		
This information is currently	of record in the Off	ice of the Secretary of	Number of Shares	Class/Series	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.			3000	Common	\$1.00 par value
This report must be executed this report must be executed	on behalf of the cor	poration by an authorize oration by the receiver	ed representative. If the corpor trustee.	ooration is in the hand	ls of a receiver or trustee,

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
FEB 2.4 2011 File Date	Signature Contained herein are true and correct. Sauce 2/22/11 Signature Date
Check No	Oliver T Barrette Jr Print or Type Name
Ву:	President
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08