

FOR SECRETARY OF STATE USE ONLY

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. subject to a penalty fee of \$25.		ration failing or refusing to file its ann	ual report within thirty (30) di	tys after the time prescribed by law	(R.I.G.L. 7-1.2-1501(v&d)	
98287	2. Name of Corp. Blackstone	2. Name of Corporation Blackstone Valley Drywall, Inc.				
3. Street Address Principal Business Office 48 Neri's Way		Pascoag	State Rhode Island	Zφ 02859		
4. Business Phone No. 5. State of Incorporation Rhode Island			-	-		
. Brief Description of the Cha	tracter of Business Conduc	ted in Rhode Island			HATCH.	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Edward J. Makowski			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name None			
Street Address 48 Neri's Way			Street Address			
ascoag	State RI	^{Zip} 02859	$CH_{\mathcal{V}}$	State	Zip	
Secretary Name Susan F. Makowski			Treasurer Name Susan F. Makowski			
Street Address 48 Neri's Way			Street Address 48 Neri's Way			
Pascoag	State RI	^{Zip} 02859	сиу Pascoag	State RI	Ζip 02859	
. NAMES AND ADDRE Director Name None	ESSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	TACHMENT) TFILL II Director Name	N SPACES BEFORE USING	ATTACHMENTS	
treet Address			Street Address			
ii):	State	Zip	City	State	Zip	
irector Name			Director Name			
Street Address			Street Address			
ity'	State	Zip	City	State	Zip	
. SHARES AUTHORIZ	ED	ı		 	MENT)	
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.			Number of Shares	Class Series	Par Value	
			200	common	\$1.00 par value	
This report must be executive this report must be executive.	cuted on behalf of the	te corporation by an authorize e corporation by the receiver	ed representative. If the or trustee.	corporation is in the hands	of a receiver or truste	
<u>Eii</u>	En		including any acc	perjury. I declare and affirm the ompatiying schedules and state are true and correct.		
File Date			commedities in	are yac and content.	7 - 20 - 1	
File Date	L 2011		Signature	co con	Z - 2 0 - /	
Check No. FEB 2 4 2011			Edward J. Makowski			
y: BY	70/3	.	Print or Type Nam			
VI VI		_ _	President			

Title