

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(cerd)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 122196 IMPERATORE STEELE ERECTORS, INC. CRANSTON 2550 PLAINFIÉLD PIKE RΙ 02921 4. Business Phone No. 5. State of Incorporation Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island STORING, USING OR OTHERWISE DEALING WITH THE BUSINESS OF PROVIDING CRANES; STORAGE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name **BRAD BILODEAU BRAD BILODEAU** Street Address Street Address 2550 PLAINFIELD PIKE SAME City State ZipCRANSTON RI 02921 Secretary Name A. MICHAEL ACCIARDO **BRAD BILODEAU** Street Address Street Address 2550 PLAINFIELD PIKE SAME State City State Ziρ CRANSTON 02921 RI 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE Street Address Street Address City State Ζip City Stute Zip Director Name Director Name Street Address Street Address City State ZipCity State Ζip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED 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 100 Common No Par Value instruction sheet.

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.

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	FOR SE	CRETARY	OF STA	ATE USI	ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and s contained herein are true and correct.	
Signature	Date
BRAD BILODEAU	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08