

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 401.222.30 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(e&rd)) is subject to a penalty fee of \$25.00.

The state of the s					•
1. Corporate ID No. 8808	2. Name of Corporation M.J. Satmary Construction Corp.				
3. Street Address Principal Business Office 6 Fox Lane			Old Saybrook	State CT	2ip 06475
4. Business Phone No. 1-860-388-0105  5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character Building and real estate	of Business Conducted	d in Rhode Island			
7. NAMES AND ADDRESSES	OF THE OFFICE	ERS: ("X" BOX FOR ATTA	I <i>CHMENT</i> ) [ FILL IN 5	SPACES BEFORE USING	ATTACHMENTS
President Name Michael J. Satmary			Vice President Name		
Street Address			Paula M. Satmary		
6 Fox Lane			Street Address 6 Fox Lane		
Old Saybrook	State CT	<sup>Zip</sup> 06475	City Old Saybrook	State CT	<sup>Zφ</sup> 06475
Secretary Name Michael J. Satmary			Treasurer Name Paula M. Satmary		
Street Address Same			Street Address Same		
Ciţv	State	Ziţi	City	State	Zip
C NAMES AND ADDRESS				ľ	1
8. NAMES AND ADDRESSES Director Name	OF THE DIRECT	CORS: ("X" BOX FOR AT	TACHMENT)   FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	Спу	State	Zip
9. SHARES AUTHORIZED	1	i		 <i>("X" BOX FOR ATTAC</i> TION <u>MUST</u> BE COMPLETED	
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
			500	Common	No Par
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This report must be executed this report must be executed	on behalf of the c	corporation by an authorize	d representative. If the co	Orporation is in the hand	s of a receiver or truston
this report must be executed of	on behalf of the co	orporation by the receiver of	or trustee.		o or a receiver or trustee,
EI	FD		Under penalty of pe including any accor	erjury, I declare and affirm	that I have examined this report atements, and that all statement
			contained herein are	e true and correct.	- / /
File DateFEB 2	8 2011	_	Michal	Salman	2/9/11
Check No. By	ma	_	Signature V	CAT	Daté Mara V
By:	44	_	Print or Type Name	L 0, 3/P/	rimica
FOR SECRETARY OF STATE USE ONLY			Pres	- Secretary	,
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