

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(e&d)) is

1. Corporate ID No. 000045473	Campagna	2. Name of Corporation Campagna, Inc.				
3. Street Address Principal Business Office 51 Church Street			City Bristol	State RI	2ip 02809	
4. Business Phone No. 5. State of Incorporation 401-253-3538 Rhode Island						
Management of rea	Character of Business Condu al estat holding compar	ny.				
7. NAMES AND ADI	ORESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
rresident Adme			Vice President Name			
Vincent M. Campagna, Jr.			Caroline Campagna			
Street Address 51 Church Street			Street Address 51 Church Street			
City Bristol	State RI	^{Ζφ} 02809	сиу Bristol	State RI	<i>жір</i> 02809	
Secretary Name Vicent M. Campagna, Jr.			Treasurer Name Vincent M. Campagna, Jr.			
Street Address 51 Church Street			Street Address 51 Church Street			
City Bristol	State RI	^{Zip} 02809	City Bristol	State RI	^{Ζiρ} 02809	
	RESSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) [FILL I	N SPACES BEFORE USIN	I NG ATTACHMENTS	
Director Name None			Director Name			
Street Address			• 6			
			Street Address			
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City	State	Zip	СНу	State	Zip	
	State	Zip	City Director Name	State	Zip	
Director Name	State	Zip		State	Zip	
Director Name Street Address	State State	Zip Zip	Director Name	State	Zip	
Director Name Treet Address	State		Director Name Street Address City	State	Zip	
Trector Name Treet Address	State		Director Name Street Address City 10. SHARES ISSUED		Zip НМЕNТ) []	
Treet Address Try SHARES AUTHOR	State IZED currently of record in th	Zip e Office of the Secretary of	Director Name Street Address City 10. SHARES ISSUED	State ("X" BOX FOR ATTAC.	Zip НМЕNТ) []	
Director Name Street Address Thy This information is C State. Changes requ	State	Zip e Office of the Secretary of	Director Name Street Address City 10. SHARES ISSUED ISSUED SHARES — THIS SE	State ("X" BOX FOR ATTAC. ECTION MUST BE COMPLETED	Zip HMENT) []	
Office of Name Street Address Office of Name This information is constituted on the Changes requires truction sheet.	State IZED currently of record in th	Zip e Office of the Secretary of	Director Name Street Address City 10. SHARES ISSUED ISSUED SHARES — THIS SE Number of Shares	State ("X" BOX FOR ATTAC. ECTION MUST BE COMPLETED Class/Series	Zip HMENT) [) Par Value	

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FC	R SECRETARY OF STATE COLUMN

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Under penalty of perjury, I declare and affirm including any accompanying schedules and scontained herein are true and correct.	n that I have examined this report, statements, and that all statements
Signature Vincent M. Campagna, Jr.	Date
Print or Type Name	****
President	
Title	Form 630 Rev. 08/08