



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 501519		2. Name of Corporation J.J. Vaccaro, Inc.			
3. Street Address Principal Business Office 38 Union Square			City Somerville	State MA	Zip 02143
4. Business Phone No. 617-666-9080		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island General contractor and construction managers.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael C. Kennedy			Vice President Name Brian M. Mount		
Street Address 1 Russet Lane			Street Address 62 Alpheus Road		
City Melrose	State MA	Zip 02176	City Roslindale	State MA	Zip 02131
Secretary Name Brian M. Mount			Treasurer Name Brian M. Mount		
Street Address 62 Alpheus Road			Street Address 62 Alpheus Road		
City Roslindale	State MA	Zip 02131	City Roslindale	State MA	Zip 02131
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael C. Kennedy			Director Name Brian M. Mount		
Street Address 1 Russet Lane			Street Address 62 Alpheus Road		
City Melrose	State MA	Zip 02176	City Roslindale	State MA	Zip 02131
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 0	Class/Series Common	Par Value \$0.01
			THIS SECTION MUST BE COMPLETED		

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.

FILED

File Date **MAR 02 2011**
Check No. **By mnc**
By **23189**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature

Date

Brian M. Mount

Print or Type Name

Vice President

Title