



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
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*

* 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. 134767 | | 2. Name of Corporation Longley Construction Company, Inc. | | | |
| 3. Street Address Principal Business Office 1279 Stony Lane | | | City North Kingstown | State Rhode Island | Zip 02852 |
| 4. Business Phone No. | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To perform general groundwork construction and other building and construction services | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Daniel Longley | | | Vice President Name Daniel Longley | | |
| Street Address 1279 Stony Lane | | | Street Address 1279 Stony Lane | | |
| City North Kingstown | State Rhode Island | Zip 02852 | City North Kingstown | State Rhode Island | Zip 02852 |
| Secretary Name Daniel Longley | | | Treasurer Name Daniel Longley | | |
| Street Address 1279 Stony Lane | | | Street Address 1279 Stony Lane | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State Rhode Island | Zip 02852 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 100 common no par value | | | 100 | common | without par value |

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 22 2011
Check No. By: mms
By: 4227

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.

Daniel Longley
Signature
Print or Type Name

President
Title

3/13/11
Date