

A. Ralph Mollis, Secretary of State Corporations Division 1-48 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(ec)d) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 53650	2. Name of Corporation Zarrella Development Corp.				
3. Street Address Principal Business Office 650 Main Street			East Greenwich	State RI	Ζψ 02818
4. Business Phone No (401) 884-9900 5. Nate of Incorporation Rhode Island					
6. Brief Description of the Character GENERAL CONTRACTING	of Business Conducted in . 3 BUSINESS	Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Debra Zarrella			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Gerald P. Zarrella		
Street Address 270 Narrow Lane			Street Address same		
City Exeter	State RI	2ip 02822	City:	State	Zip 300 7
Secretary Name Sara Zarrella			Treasurer Name Gerald P. Zarrella		
Street Address Same			Street Address Same		-0
City	State	Zij,	СПұ	State	- Zip پي تاريخ
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name None			Director Name		
Street Address			Street Address		
CH ₃ ·	State	Zip	Сиу	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES – THIS SECTION MUST 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
			400	соммои	NO PAR
This report must be executed on behalf of the corporation by an authorized			d representative. If the corr	poration is in the hands	of a reveivor or trustee
File Date Check No. By: BY	2011	oration by the receiver of	or trustee. Under penalty of perj	ury, I declare and affirm the nanying schedules and statement and correct.	nat I have examined this report, tements, and that all statements 2-5-11 Date