



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
118 W. River Street  
Providence, RI 02901-2615  
(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)(2)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>13020</b>		2. Name of Corporation <b>South County Sand &amp; Gravel Co., Inc.</b>			
3. Street Address Principal Business Office <b>145 Fiore Industrial Drive</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
4. Business Phone No. <b>401-789-7900</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Construction, Sand and Gravel, Real Estate Development</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Roland J. Fiore</b>			Vice President Name <b>Holly Fiore</b>		
Street Address <b>145 Fiore Industrial Drive</b>			Street Address <b>145 Fiore Industrial Drive</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <b>6,000 common no par value</b>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <b>MUST</b> BE COMPLETED		
			Number of Shares <b>6,000</b>	Class Series <b>Common</b>	Par Value <b>No Par Value</b>

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 29 2011**  
 Check No. **By MMS**  
**105664**  
 By: \_\_\_\_\_  
 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.

**Roland J. Fiore** 3.11.11  
 Signature Date  
**Roland J. Fiore**  
 Print or Type Name  
**President**  
 Title