



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

A. Ralph Molits, 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. 6449		2. Name of Corporation Cambio Construction Company, INC.	
3. Street Address Principal Business Office 15 Merritt Avenue		City North Providence	State RI
4. Business Phone No. (401) 369-3418		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island Repair + Construction of residential and commercial buildings			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Frank Cambio		Vice President Name Lori Cambio	
Street Address 15 Merritt Avenue		Street Address 15 Merritt Avenue	
City N. Providence	State RI	City N. Providence	State RI
Secretary Name Lori Cambio		Treasurer Name Frank Cambio	
Street Address Same		Street Address Same	
City	State	City	State
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	City	State
Director Name	Director Name		
Street Address	Street Address		
City	State	City	State
9. SHARES AUTHORIZED	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 MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	100	COMMON	NO PAR

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 31 2011

Check No. 1797

By: 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.

Lori Cambio 3/29/11  
Signature Date

Lori Cambio  
Print or Type Name

VP  
Title