

A. Ralph Mollis, Secretary of Stat Corporations Division

148 W. River Stree Providence, RI 02904-261

401.222.3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file in support to the interval of th

1. Corporate ID No. 83780	Jacavone	2. Name of Corporation Jacavone Construction Corp.					
3. Street Address Principal Business Office 1461 Atwood Avenue			City Johnston	State RI	<i>Ζφ</i> 02919		
4. Business Phone No. 401-946-0812		5. State of Incorporation Rhode Island			02919		
6 Brief Description of the Ch. To engage in the bus	ness of excavating	, landscaping and constructio	n				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Dino Jacacove Street Address 5 French Lane			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name None Street Address				
							North Scituate
Secretary Name Dino Jacavone			Treasurer Name Dino Jacavone				
5 French Lane			Street Address 5 French Lane				
City North Scituate	State RI	^{Zip} 02857	City North Scituate	State RI	Zip 02857		
Dino Jacavone	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN S Director Name None	PACES BEFORE USIN	G ATTACHMENTS		
5 French Lane			Street Address		<u> </u>		
^{City} North Scituate	State RI	<i>г.</i> ір 02857	City	State	Zip		
Director Name None			Director Name None		- Color		
Street Address			Street Address	10. 53			
Tity	State	Zip	City	State	Zip		
. SHARES AUTHORIZI			10. SHARES ISSUED (S ISSUED SHARES — THIS SECTION				
This information is curr	ently of record in th	ne Office of the Secretary of	Number of Shares	Class/Series	Par Value		
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par Value		
				1	arres and the		
nis report must be execusis report must be execu	euted on behalf of the	te corporation by an authorizede corporation by the receiver of	d representative. If the corpor trustee.	poration is in the hands	s of a receiver or trustee		

FILED File Date APR 0 1 2011 Check No. BY. FOR SECRETARY OF STATE USE ONLY

Under penalty and a	of perjury, I declare and affire accompanying schedules and	m that I h	nave ex	amined this report		
contained herei	in are true and correct.	statemer	its, and Į	that all statement		
<u> Na</u>	plavone	3	27	2011		
Signature			Date			
Dino Jac	avone					
Print or Type No	ите		_			
Presider	nt					
Title			-	-		
			Form 630 Pey 08/08			