

A. Ralpb Mollis, 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. Cortrorate ID No. 2. Name of Corporation 000088956 Carlin Contracting Co., Inc. 3. Street Address Principal Business Office 454 Boston Post Rd City Waterford CT 06385 4. Business Phone No 5. State of Incorporation 860-443-5337 CT 6. Brief Description of the Character of Business Conducted in Rhode Island To carry on and conduct a general construction business 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Brian J. Carey Nelson Haeseler Street Address Street Address PO Box 300 PO Box 300 City State Waterford CT 06385 Waterford CT 06385 Secretary Name Mona Carey **Brian Carey** Street Address Street Address PO Box 300 PO Box 300 Citv Waterford State CT **06385** Waterford CT 06385 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) \square FILL IN SPACES BEFORE USING ATTACHMENTS Director Name **Brian Carey** Mona Carey Street Address Street Address PO Box 300 PO Box 300 State Ζip City State ZinWaterford 06385 Waterford 06385 Director Name Director Name Street Address Street Address City State Zip City State 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9000 ISSUED SHARES — THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of Number of Shares Class/Series Par Value State. Changes require an additional filing. See Section 9 of 4000 **CWP** 10.00 instruction sheet. 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. Under penalty of perjury, I declare and affirm that I have examined this report, including thy accompanying schedules and statements, and that all statements Atue and correct. File Date Signature Check No. AREY Print or Type FOR SECRETARY OF STATE USE ONLY Title