

FOR SECRETA

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

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. 7-1.2-1 subject to a penalty fee of \$25.00. | 501(e), each corporation | failing or refusing to file its ann | ual report within thirty (30) day | ys after the time prescribed by law (| (R.I.G.L. 7-1.2-1501(c&d)) is |
|---|--|--|--|---|--------------------------------|
| 1. Corporate ID No. 59680 | 2. Name of Corporation CONSTRUCTION RELATED SERVICES, INC. | | | | |
| 3. Street Address Principal Business Office 1081 Diamond Hill Road | | | City Woonsocket | State Rhode Island | ^{Zip} 02895 |
| 4. Business Phone No. 5. State of Incorporation Rhode Island | | | | | |
| Brief Description of the Character of Miscellaneous services to the Miscellaneous services services to the Miscellaneous services services to the Miscellaneous services services services to the Miscellaneous services ser | of Business Conducted in ne construction indu | ^{Rhode Island} stry, including estimatir | ng, general millwork and | cabinet manufacturing and | d repair |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Adelard L. Aubin, Jr. | | | CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name | | |
| Street Address 303 Brookhaven Lane | | | Street Address | | |
| City Woonsocket | State Rhode Island | ^{Zip} 02895 | City | State | Zip |
| Secretary Name Robert L. Simmons | | | Treasurer Name Adelard L. Aubin, Jr. | | |
| Street Address 10 Nate Whipple Highway, P.O. Box 7366 | | | Street Address 303 Brookhaven Lane | | |
| City Cumberland | State Rhode Island | ^{Zip} 02864 | City Woonsocket | State Rhode Island | 21 <u>0</u> 02895 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Adelard L. Aubin, Jr. | | | ACHMENT) TILL IN SPACES BEFORE USING ATTAGHMENTS Director Name | | |
| Street Address 303 Brookhaven Lane | | | Street Address | | |
| City Woonsocket Director Name | State Rhode Island | <i>Ζφ</i> 02895 | City Director Name | State | W VIE |
| Street Address | | | Street Address | | |
| City | State | Zip | Сйу | 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 |
| | | | *350* | Common | Without Par Valu |
| This report must be executed of this report must be executed of | on behalf of the corp | poration by an authorize oration by the receiver of | or trustee. Under penalty of pe | erjury, I declare and affirm tha mpanying schedules and stater | t I have examined this report, |
| File Date FILED Check No. JUL 2 0 2011 By: | | | Signature | Janj | 1/7/11 Date |
| | | | Adelard L. Aubin, Jr. Print or Type Name | | |

President

Title