RI SOS Filing Number: 201185595480 Date: 11/25/2011 4:00 PM

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.	2. Name of Corporation			
170516	Caisson Construction Corporation			
3. Street Address Principal Business Office		City	State	Zip
40 William street - Suite 120		Wellesley	MA	02481
4. Business Phone No.	5. State of Incorporation			
781-371-2050	MA			

6. Brief Description of the Character of Business Conducted in Rhode Island
Construction

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CORPORATIONS DIV

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* [X] **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
David Drinkwater	—
Street Address: 267 Union street	Street Address: —
City: Whitinsville State: MA Zip: 01588	City: — State: Zip:
Secretary Name	**Treasurer Name**
David Drinkwater	David Drinkwater
Street Address: 267 Union street	Street Address: 267 Union street
City: Whitinsville State: MA Zip: 01588	City: Whitinsville State: MA Zip: 01588

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* [ ] **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
David Drinkwater	
Street Address: 267 Union street	Street Address:
City: Whitinsville State: MA Zip: 01588	City: State: Zip:
Director Name	Director Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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CORPORATIONS DIV

9. SHARES AUTHORIZED	Class/Series	Par Value	**10. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
250,000	Common	$.500	*Number of Shares*	*Class/Series*	*Par Value*
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.			NONE		

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.

[redacted]

FILED
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By: 157335
BS

[redacted]

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.

Signature — *Date* 8-11-11

DAVID DRINKWATER
Print or Type Name

President
Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY
69944-4-627074

Form 630 Rev. 08/08