

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 2012

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. 7-1.2-150).

subject to a penalty fee of \$25.00.	ori(e), each corporation jai	ung or rejusing to jue its ionii	aat report within trirty (50) days a	ijter the time prescrivea by all	W (R.I.G.L. /-1.2-1501(cca)) is	
1. Corporate ID No. <b>505826</b>	Name of Corporation     Maverick Construction Management Services, Inc.					
3. Street Address Principal Business Office 915 Horseshoe Trail			<sup>City</sup> Phoenixville	State PA	<sup>Zip</sup> 19460	
		5. State of Incorporation Pennsylvania	· · · · · ·			
6. Brief Description of the Character of Construction Management	f Business Conducted in Rh	ode Island			**************************************	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name John A. Fiore			CHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Timothy M. Joness			
Street Address 15 Cedar Street			Street Address 915 Horseshoe Trail			
Gity Auburn	State MA	<i>Ζ</i> φ <b>01501</b>	City Phoenixville	State PA	<sup>Zip</sup> <b>19460</b>	
Secretary Name Timothy M. Joness			Treasurer Name Timothy M. Joness			
Street Address 915 Horseshoe Trail			Street Address 915 Horseshoe Trail			
City Phoenixville	State PA	<sup>Ζφ</sup> <b>1946</b> 0	Ciņ Phoenixville	State PA	<sup>Zip</sup> 19460	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name John A. Fiore			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name Timothy M. Joness			
Street Address 15 Cedar Street			Street Address 915 Horseshoe Trail			
City Auburn	State MA	<i>Zip</i> 01501	City Phoenixville	State PA	<i>Zip</i> 19460	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	<b>Z</b> .ip	СИУ	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	
			NONE		· · · · · · · · · · · · · · · · · · ·	
This report must be executed this report must be executed or				poration is in the hand	s of a receiver or trustee,	

	FILED
File Date	MAR 1 6 2012
Check No.	1.1
By:FOR SE	CRETARY OF STATE USE ONLY

Under penalty of perjury. I declare and affirm that including any accompanying schedules and state contained herein are true and conject.	^
- In mus	1-10-2012
Signature	Date
Timothy M. Joness	
Print or Type Name	
Vice-President	
Title	