

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Business Phone No. Busine	. Entity ID No. 22939		2. Exact name of the Corporation Rylah Construction Corporation				
AU1-568-5764 Solved description of the character of business conducted in Rhode Island For all legal purposes 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) **Pesident Name Bruce W. Rylah Street Address 60 George Eddy Drive State Zip Pascoag R.I. Zip Pascoag R.I. Q2859 Pas	3. Principal office address 60 George Eddy Drive						
For all legal purposes LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Bruce W. Rylah Bruce W. Rylah Scott W. Rylah Street Address 60 George Eddy Drive State Zip Pascoag R.I. Zip O2859 Part Address 60 George Eddy Drive Street Address Street Addres	4. Business Phone No. 401-568-5764						
Vice-President Name	•		conducted in Rhode Island	I			
Vice-President Name	LIST ALL OFFICERS	(NAMES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)			
State Zip Director Name Scott W. Rylah State Zip Director Name Scott W. Rylah State Zip Director Name Scott W. Rylah Director Name Scott W. Rylah State Zip Director Name Scott W. Rylah Director Name State Zip Director Name Director Name Director Name Scott W. Rylah Director Name	President Name			Vice-President Name			
Pascoag R.I. 02859 Pascoag R.I. 02859 Secretary Name Fern M. Rylah Street Address 60 George Eddy Drive Street Address 60 George Eddy Drive State Address 60 George Eddy Drive City Pascoag R.I. 02859 LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Bruce W. Rylah Street Address 60 George Eddy Drive State Address 60 George Eddy Drive City Pascoag R.I. 02859 LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Street Address 60 George Eddy Drive Street Address 60 George Eddy Drive City Pascoag R.I. 02859 Director Name Fern M. Rylah Street Address 60 George Eddy Drive City State Zip Pascoag R.I. 02859 Director Name Fern M. Rylah Street Address 60 George Eddy Drive City State Zip Pascoag R.I. 02859 Director Name Fern M. Rylah Street Address 60 George Eddy Drive This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. 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 trusts 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 trusts this report must be executed on behalf of the corporation by the receiver or trust this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. Check No	Street Address 60 George Eddy Drive						
Street Address Stre						Zip 02859	
60 George Eddy Drive City Pascoag R.I. 02859 Pascoag R.I. 02859 City Pascoag R.I. 02859 City Pascoag R.I. 02859 City Pascoag R.I. 02859 City Rame Bruce W. Rylah City State Zip City State Screet Address 60 George Eddy Drive City Pascoag R.I. 02859 City Pascoag R.I. 02859 City State Zip Pascoag R.I. 02859 City Pascoag R.I. 02859 City State Zip Pascoag R.I. 02859 City State Zip Pascoag R.I. 02859 City Pascoag R.I. 02859 City State Zip Pascoag R.I. 02859 City State Zip Pascoag R.I. 02859 City State Zip City State Zip City State Zip City State Zip Pascoag R.I. 02859 City Pascoag R.I. 02859 City State Zip City Stat	Secretary Name Fern M. Rylah						
Pascoag R.I. 02859 Pascoag R.I. 02859 3. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Bruce W. Rylah Street Address 60 George Eddy Drive City Pascoag Director Name Fern M. Rylah Street Address 60 George Eddy Drive City Pascoag Director Name Fern M. Rylah Street Address 60 George Eddy Drive City Pascoag Director Name Fern M. Rylah Street Address 60 George Eddy Drive City Pascoag Director Name Fitte Date This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of Instruction sheet. Check No ARR 3 0 2012 By: Director Name City Pascoag R.I. 02859 City Pascoag R.I. 02859 City Pascoag R.I. 02859 Director Name City Pascoag City Pascoag City State Zip City State Zip NUMBER OF SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE NUMBER OF SHARES CLASS/SERIES PAR VALUE Under penalty of perjury, I declare and affirm that I have examing this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. Check No Date Date	Street Address 60 George Eddy Drive						
Director Name Bruce W. Rylah Street Address 60 George Eddy Drive City Pascoag R.I. City Pascoag R.I. City Pascoag Director Name Fern M. Rylah Street Address Street Address City Pascoag Director Name Fern M. Rylah Street Address City Pascoag City State City Pascoag Director Name City Pascoag Direc		l l		1"			
Street Address 60 George Eddy Drive State Zip City State Zip Pascoag R.I. 02859 Director Name Fern M. Rylah Street Address 60 George Eddy Drive City State Zip Pascoag R.I. 02859 Director Name Fern M. Rylah Street Address 60 George Eddy Drive City State Zip Pascoag R.I. 02859 Director Name Street Address 60 George Eddy Drive City State Zip City State Zip City State Zip Pascoag R.I. 02859 Director Name Street Address 60 George Eddy Drive City State Zip City State Zip Number of State Zip Pascoag R.I. 02859 Director Name File Date 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 trusted 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 trusted 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 examine this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. Check No 03/29/20: By: City State Zip Pascoag R.I. 02859 Director Name City State Address City State Address City State Charless City Box For AtTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE 100 Common none Charles Address Charles Address Director Name And State Address City State Charless Charles Address City Box For AtTACHMENT) Number of SHARES ISSUED ("X" BOX FOR ATTACHMENT) Number of SHARE		S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)	<u>'</u>		
State Pascoag R.I. 02859 City Pascoag R.I. 02859 Director Name Fern M. Rylah Street Address 60 George Eddy Drive City Pascoag R.I. 02859 Director Name Street Address 60 George Eddy Drive City State Zip City State Zip City State Zip D2859 Director Name Street Address 60 George Eddy Drive City State Zip City State Zip D2859 Director Name Street Address 60 George Eddy Drive City State Zip Number of State Support of City State Zip D2859 Director Name Street Address 60 George Eddy Drive City State Zip Number of State Zip City State Zip Number of Shares ISSUED ("X" BOX FOR ATTACHMENT) 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 filling. 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 truster. It is report must be executed on behalf of the corporation by the receiver or truster. 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 truster. Under penalty of perjury, I declare and affirm that I have examing this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. Street Address Changes require and additional filling. 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 truster. Under penalty of perjury, I declare and affirm that I have examing this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. Street Address Output Director Name Street Address CLASS/SERIES PAR VALUE 100 Common none	Director Name Bruce W. Rylah						
Pascoag R.I. 02859 Pascoag R.I. 02859 Director Name Fern M. Rylah Street Address 60 George Eddy Drive City State Zip Pascoag R.I. 02859 Director Name City State Zip Pascoag R.I. 02859 Director Name City State Zip O2859 Director Name City State Zip NUMBER OF SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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 filling. See Section 9 of 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 truster 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 examing this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. O3/29/200* Signature of Authorized Representative Date	Street Address 60 George Eddy Drive						
Street Address 60 George Eddy Drive City State Zip City State Zip 2. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of 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. Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. Street Address State Zip Number of SHARES ISSUED ("X" BOX FOR ATTACHMENT) Number of SHARES CLASS/SERIES PAR VALUE 100 Common none							
State Zip Description State R.I. Description				Director Name			
Pascoag R.I. 02859 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) Number of shares CLASS/SERIES PAR VALUE Number of shares CLASS/SERIES PAR VALUE 100 Common 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 trusted this report must be executed by the part of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examing this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. By:		rive		Street Address			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. 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 trusted this report must be executed by the properties of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examing this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. By:				City	State	Zip	
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. 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 trusted this report must be executed by the properties of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examing this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. By: O3/29/20	9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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 truste this report must be executed and behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examing this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. By:	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	
File Date this report must be executed by that of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examing this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. Check No				100	Common	none	
this report, including any accompanying schedules and statem and that all statements contained herein are true and correct. Check No	This report must be exec			the corporation by the r	eceiver or trustee.		
By: O3/29/20*			MAD 3 () 2012				
By: Signature of Authorized Representative Date	OHECK 140		MMI O O EGIL	Виня	Wollenland	03/29/201	
Bring W. Dylah Bresident	FOR SECRETARY OF STATE USE ONLY 29 16 766			Signature of Authorized Representative Date Bruce W. Rylah, President			