



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 2011

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000106527		2. Exact name of the Corporation Matrix Service Industrial Contractors, Inc.			
3. Principal office address 5100 E. Skelly Dr., Ste 700			City Tulsa	State OK	Zip 74135
4. Business Phone No.		5. State of Incorporation Oklahoma			
6. Brief description of the character of business conducted in Rhode Island repair, construction and maintenance of above ground storage tanks and other related construction services					
President Name Matthew Petrizzo			Vice-President Name Albert Fosbenner		
Street Address 5100 E. Skelly Dr., Ste 700			Street Address 5100 E. Skelly Dr., Ste 700		
City Tulsa	State OK	Zip 74135	City Tulsa	State OK	Zip 74135
Secretary Name Kevin Cavanah			Treasurer Name Jason Turner		
Street Address 5100 E. Skelly Dr., Ste 700			Street Address 5100 E. Skelly Dr., Ste 700		
City Tulsa	State OK	Zip 74135	City Tulsa	State OK	Zip 74135
Director Name Kevin Cavanah			Director Name Matthew Petrizzo		
Street Address 5100 E. Skelly Dr., Ste 700			Street Address 5100 E. Skelly Dr., Ste 700		
City Tulsa	State OK	Zip 74135	City Tulsa	State OK	Zip 74135
Director Name Albert Fosbenner			Director Name		
Street Address 5100 E. Skelly Dr., Ste 700			Street Address		
City Tulsa	State OK	Zip 74135	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.			NUMBER OF SHARES 500	CLASS/SERIES CWP	PAR VALUE 1

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 SECRETARY OF STATE
 CORPORATIONS DIV

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 any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3-7-2012
 Signature of Authorized Representative Date

Dareth Jeffers
 Print or Type Name of Authorized Representative

FILED

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Form No. 630
 Revised: 01/2012