



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**

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. <b>000105591</b>		2. Exact name of the Corporation <b>Aberthaw Construction Company, Inc.</b>			
3. Principal office address <b>672 Suffolk Street Suite 200</b>			City <b>Lowell</b>	State <b>MA</b>	Zip <b>01854</b>
4. Business Phone No. <b>(978) 654-4500</b>			5. State of Incorporation <b>MA</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Construction</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Alley, James W.</b>			Vice-President Name <b>Alley, Jeffrey</b>		
Street Address <b>672 Suffolk Street Suite 200</b>			Street Address <b>672 Suffolk Street Suite 200</b>		
City <b>Lowell</b>	State <b>MA</b>	Zip <b>01854</b>	City <b>Lowell</b>	State <b>MA</b>	Zip <b>01854</b>
Secretary Name <b>Cashman, Sean</b>			Treasurer Name <b>None</b>		
Street Address <b>672 Suffolk Street Suite 200</b>			Street Address		
City <b>Lowell</b>	State <b>MA</b>	Zip <b>01854</b>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			200,000.00	CNP	0.00

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.

**FILED** *m*

File Date \_\_\_\_\_

Check No NOV 13 2012

By 183272 12:24

FOR SECRETARY OF STATE USE ONLY

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.

*James W. Alley* 10/26/12  
 Signature of Authorized Representative Date

JAMES W. ALLEY  
 Print or Type Name of Authorized Representative