

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

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

| 1. Entity ID No. | | | | OLI IN A \$25.00 PEN | ALITEE. | |
|---|--------------------|---|--|----------------------|---------------------|--|
| 96656 | 1 | 2. Exact name of the Corporation WESTERLY GRANITE CO., INC. | | | | |
| 30000 | ''' | are committee | O., 1140. | | | |
| 3. Principal office address 4 Chase Hill Road | | | City Westerly | State RI | Zip 02891 | |
| 4. Business Phone No. (401) 377-2530 | | | 5. State of Incorporation Rhode Island | | | |
| | | conducted in Rhode Island | | | | |
| generally engage in | n the business | of granite productior | n and manufacturi | ng and quarrying | | |
| en e | | | | | | |
| Resident Name | | 音子學類的形式可以可以 | TACHO NO L | (A) 在17年度計畫2年 | | |
| Richard D. Comolli | | | Vice-President Name Andrew V. Comolli | | | |
| Street Address 51 Bellevue Avenue | | | Street Address 24 Rock Ridge Road | | | |
| City Westerly | State RI | Zip 02891 | City Westerly | State RI | Zip 02891 | |
| George A. Comolli | | | Treasurer Name David R. Comolli | | | |
| Street Address 15 Franklin Street | | | Street Address 63 Arbutis Trail | | | |
| City Westerly | State RI | Zip 02891 | City State RI | | Zip 02813 | |
| nidsi Ademike jejis | (NAMES AND ADD | RESSES) (BOXEOX FOR | RTACHMENT) THE | WATER CONTRACTOR | 70.0 | |
| Director Name Richard D. Comolli | | | Director Name Andrew V. Comolli | | | |
| Street Address 51 Bellevue Avenue | | | Street Address 24 Rock Ridge Road | | | |
| City Westerly | State RI | Zip 02891 | City State RI | | Zip 02891 | |
| Director Name George A. Comolli | | | Director Name David R. Comolli | | | |
| Street Address 15 Franklin Street | | | Street Address 63 Arbutis Trai | I | | |
| City Westerly | State RI | Zip 02891 | City State Charlestown` RI | | Zip 02813 | |
| A SHARES AUTHORIZED | (**** | atatical and a second | 10/SHARES ISSUED | CX BOX FOR ATTACH | WENT | |
| 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 | |
| | | | 1,000 | common | no par | |

this report must be executed on behalf of the corporation by the receiver or trustee.



FILED

JAN 2 5 2013

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

Under penalty of perjury, I declare and affirm that I have examined

Signature of Authorized Representative 12073

Richard D. Comolli

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012