

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 Filing Fee: \$50.00*

law (R.I.G.L. 7-1.2-1501(c&d 1. Corporate ID No.	1)) is subject to a penalty 2. Name of Corporation	fee of \$25.00.	ng to file its annual report wi	7 (2) 3 . 13 . 13 . 13 . 13 . 13 . 13 .	
134767	Longley Const	ruction Company, Inc			
3. Street Address Principal Business Office 1279 Stony Lane			City North Kingstown	State Rhode Island	Zip 02852
, i		5. State of Incorporation Rhode Island	<u> </u>	<u> </u>	02002
6. Brief Description of the Chara To perform general gou			enstruction services		
			CHMENT) FILL IN SP.	ACES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
Daniel Longley Street Address			Daniel Longley Street Address		
1279 Stony Lane			1279 Stony Lane		
City North Kingstown	State Rhode Island	^{Zip} 02852	City North Kingstown	State Rhode Island	Zip 02852
Secretary Name Daniel Longley			Treasurer Name Daniel Longley		
Street Address 1279 Stony Lane			Street Address 1279 Stony Lane		
North Kingstown	State RI	^{Zip} 02852	City North Kingstown	Rhode Island	^{Zip} 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AS Director Name			TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name :		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J	J	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	ACHMENT) [10. SHARES ISSUED ("X" BOX FOR ATTACHN	 MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 common no par value			100	common	without par value
This report must be execu	ited on behalf of the co	rporation by an authorize	ed representative. If the cor	noration is in the hands of	of a receiver or trustee
this report must be execut	ed on behalf of the cor	poration by the receiver	or trustee.	poration is in the hands c	of a receiver of trustee,
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		FILED	including any accommodated herein are	jury, I declare and affirm that panying schedules and states true and correct.	t I have examined this rep ments, and that all stateme
File Date		FEB 0 8 2013	Last,	1 m	1/9//
Check No.		1/1// 0	Signature /		Date
Ву:	BY_	4468	Daniel Longl	iey	
			President		
FOR SECRETARY OF STATE USE ONLY			Tide		