



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2010

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)&d) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 69115		2. Name of Corporation American Surplus, Inc.			
3. Street Address Principal Business Office 1 Noyes Avenue			City East Providence	State RI	Zip 02916
4. Business Phone No. 401-434-4355		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Equipment, Warehouse Storage and miscellaneous industrial equipment					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William F. DiMaio, Jr.			Vice President Name Vacant		
Street Address 26 Linden Court			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Claire DiMaio			Treasurer Name William F. DiMaio, Jr		
Street Address 26 Linden Court			Street Address 26 Linden Court		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William F. DiMaio, Jr.			Director Name Claire DiMaio		
Street Address 26 Linden Court			Street Address 26 Linden Court		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
9. SHARES AUTHORIZED 1,000 Common No Par Value					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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 1,000	Class Series Common	Par Value No Par Value

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**  
MAR 01 2010

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

*WFD*  
3/1/10

Signature \_\_\_\_\_ Date 2-26-10  
William F. DiMaio, Jr.  
Print or Type Name  
President  
Title