#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**HERE** 

#### Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

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Part I	Annual Report Iden	tification Information		<u> </u>		
For cale	ndar plan year 2009 or fiscal p	plan year beginning 01/01/2008		and ending 12/31/20	008	
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or		
		X a single-employer plan;	a DFE (s	pecify)		
		_	_			
<b>B</b> This	return/report is:	the first return/report;	X the final	return/report;		
		an amended return/report;	a short p	lan year return/report (less tha	an 12 months).	
<b>C</b> If the	plan is a collectively-bargaine	ed plan, check here				
	k box if filing under:	Form 5558;	_	c extension;	the DFVC program;	
2 0.100	K DOX II IIIII g GIIGOI.	special extension (enter des		,		
Part	II Rasic Plan Inform	nation—enter all requested informa				
	ne of plan	mation—enter all requested informa	ation		1b Three-digit plan	
	'	NG, INC. RETIREMENT SAVINGS P	LAN		number (PN) ▶	011
					1c Effective date of pla 01/30/1997	an
2a Plan	sponsor's name and address	s (employer, if for a single-employer p	olan)		2b Employer Identifica	ation
`	ress should include room or s	,			Number (EIN)	
NORTH	EAST PAVING & EXCAVATIN	NG			10-0006692 <b>2c</b> Sponsor's telephor	
					number	ie
790 DDE	E EMPTON RD 300	700 DDE 1	EMPTON RD 300		315-789-8661	
	A, NY 14456-2071		NY 14456-2071		2d Business code (see	Э
					instructions) 237310	
Caution	: A penalty for the late or in	complete filing of this return/repor	t will be assessed	unless reasonable cause is	established.	
		penalties set forth in the instructions, I				dules,
statemer	nts and attachments, as well a	as the electronic version of this return	/report, and to the b	est of my knowledge and belie	ef, it is true, correct, and com	nplete.
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	12/31/2010	SONYA ETCHAMENDY		
HEKE	Signature of plan adminis	trator	Date	Enter name of individual sig	gning as plan administrator	
SIGN HERE						
HERE	Signature of employer/pla	in sponsor	Date	Enter name of individual sig	ning as employer or plan sp	onsor
SIGN						

Signature of DFE Date Enter name of individual signing as DFE For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

	Form 5500 (2009)	Page <b>2</b>		
	Plan administrator's name and address (if same as plan sponsor, enter "Sar RTHEAST PAVING & EXCAVATING	me")		lministrator's EIN 0006692
	9 PRE EMPTON RD 300 NEVA, NY 14456-2071		nu	ministrator's telephone imber 5-789-8661
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the	name, EIN and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	26
6	Number of participants as of the end of the plan year (welfare plans comple	te only lines 6a, 6b, 6c, and 6d).		
а	Active participants		6a	C
b	Retired or separated participants receiving benefits		6b	C
С	Other retired or separated participants entitled to future benefits		6c	C
d	Subtotal. Add lines 6a, 6b, and 6c		6d	C
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	eceive benefits	6e	С
f	Total. Add lines 6d and 6e		6f	C
g	Number of participants with account balances as of the end of the plan year complete this item)	` '	6g	(
h	Number of participants that terminated employment during the plan year wit less than 100% vested		6h	C
7	Enter the total number of employers obligated to contribute to the plan (only			
	If the plan provides pension benefits, enter the applicable pension feature of 2E 2F 2G 2J 2K 3D  f the plan provides welfare benefits, enter the applicable welfare feature code			
9a	Plan funding arrangement (check all that apply)  (1) Insurance	9b Plan benefit arrangement (c	heck all that apply)	

(2)

(3)

(4)

(1)

(2)

(3)

(4)

(5)

(6)

**b** General Schedules

Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

Trust

Code section 412(e)(3) insurance contracts

I (Financial Information – Small Plan)

**G** (Financial Transaction Schedules)

C (Service Provider Information)D (DFE/Participating Plan Information)

General assets of the sponsor

**H** (Financial Information)

A (Insurance Information)

(2)

(3)

(4)

(1)

(2)

(3)

a Pension Schedules

Trust

Code section 412(e)(3) insurance contracts

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

General assets of the sponsor

R (Retirement Plan Information)

### **SCHEDULE D** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## **DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal p	olan year beginning	01/	01/2008 and	d end	ling 12/31/2008
A Name of plan NORTHEAST PAVING & EXCAVATING	G, INC. RETIREMENT	ΓSAV	INGS PLAN	В	Three-digit plan number (PN) 011
C Plan or DFE sponsor's name as she NORTHEAST PAVING & EXCAVATING		5500	)	D	Employer Identification Number (EIN) 10-0006692
			PSAs, and 103-12 IEs (to be con eport all interests in DFEs)	mple	eted by plans and DFEs)
a Name of MTIA, CCT, PSA, or 103-					
<b>b</b> Name of sponsor of entity listed in	(a): BENECO, INC				
C EIN-PN 86-0648065-005	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or 0
a Name of MTIA, CCT, PSA, or 103-	12 IE:				_
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, ог
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):	_		_	
C EIN-PN	<b>d</b> Entity	е	Dollar value of interest in MTIA, CCT,	PSA	, or

103-12 IE at end of year (see instructions)

Schedule D (Form 5500)	2009	Page <b>2-</b> 1
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	n (a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	n (a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	 n (a):	

Dollar value of interest in MTIA, CCT, PSA, or

Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

103-12 IE at end of year (see instructions)

**d** Entity

**d** Entity

code

code

C EIN-PN

C EIN-PN

a Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

е

Page **3-** 1

Р	art II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
а	Plan na			
b	Name o		С	EIN-PN
a	Plan na	me		
b	Name o		С	EIN-PN
а	Plan na	me		
b	Name o		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b 	Name of plan sp		С	EIN-PN
а	Plan na	me		
b 	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name o		С	EIN-PN

#### SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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For calendar plan year 2009 or fiscal plan year beginning 01/01/2008	and ending 1	2/31/2008
A Name of plan NORTHEAST PAVING & EXCAVATING, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	011
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST PAVING & EXCAVATING	D Employer Identification 10-0006692	tion Number (EIN)

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	895	0
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	895	0
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	<b>(b)</b> Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	. 2c	-895	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		-895
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-895
ı	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
	Participant loans			X	

Schedule I (Form 5500) 2009	Page <b>2-</b> 1

Schedule I	(Form	5500)	2000
Scriedule	(FUIIII	3300	2008

			Yes	No	Amour	ıt
3f	Loans (other than to participants)	3f		X		
g	Tangible personal property	3g		X		
Pa	art II Compliance Questions					
4	During the plan year:		Yes	No	Amou	nt
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the			X		
С	were any leases to which the plan was a party in default or classified during the year as uncollectible?	4b 4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X		
е	Was the plan covered by a fidelity bond?	4e		X		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		X		
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	X			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	. X Y	es 🗌 N	No A	Amount:	0
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identransferred. (See instructions.)	entify t	he plan	(s) to w	hich assets or liabilit	ies were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	<b>5b(3)</b> PN(s)

Form **5500** 

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2008

This Form is Open to Public Inspection.

Part I Annual Report Identification Information  For the calendar plan year 2008 or fiscal plan year beginning 01/01/2008, and	
rui ine calendar plan year 2000 or nocal plan year beginning 02/02/2000; and	lending 12/31/2008,
A This return/report is for: (1) a multiemployer plan; (3) a m	nultiple-employer plan; or
(,)	FE (specify)
multiple-employer plan;	L (opouly)
munipie-employer plant,	
B This return/report is: (1) the first return/report filed for the plan; (3) the	final return/report filed for the plan;
	nort plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	nn (ann instructions)
D If filling under an extension of time or the DFVC program, check box and attach required information	on. (see instructions)
Part II Basic Plan Information — enter all requested information.	1h Thurs digit
1a Name of plan	1b Three-digit
NORTHEAST PAVING & EXCAVATING, INC.	Pict. Harris V. 17
RETIREMENT SAVINGS PLAN	1c Effective date of plan (mo., day, yr.)
	01/30/1997
2a Plan sponsor's name and address (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)
(Address should include room or suite no.)	10-0006692
NORTHEAST PAVING & EXCAVATING, INC.	2c Sponsor's telephone number
	315-789-8661
	2d Business code (see instructions)
	Business code (see instructions) 237310
789 PRE EMPTION RD 300	
	237310
GENEVA NY 14456-2071	237310
GENEVA  NY 14456-2071  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal linder penalties of partiary and other penalties set forth in the instructions. I declare that I have examined this return/report.	237310  able cause is established.  port, including accompanying schedules, statements and
GENEVA  NY 14456-2071  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonately the penalties of partiary and other penalties set forth in the instructions. I declare that I have examined this return/report.	237310  able cause is established.  port, including accompanying schedules, statements and
GENEVA  NY 14456-2071  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repartiachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my kn	237310  able cause is established.  port, including accompanying schedules, statements and
GENEVA  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repartachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my known that the set of my kno	able cause is established.  port, including accompanying schedules, statements and nowledge and belief, it is true, correct and complete.
GENEVA  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonate.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repattachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my known that the penalties of the penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report if it is being filed electronically, and to the best of my known that the penalties of perjury and other penalties of penalties o	able cause is established.  port, including accompanying schedules, statements and nowledge and belief, it is true, correct and complete.
GENEVA  NY 14456-2071  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasons:  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repattachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my known that the penalties of plan administrator  NY 14456-2071  ANTHONY CONS  Signature of plan administrator  Date  Type or print name	able cause is established.  port, including accompanying schedules, statements and nowledge and belief, it is true, correct and complete.
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonate Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repartachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my known that the penalties set for the instructions, I declare that I have examined this return/repartachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my known that the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal in the penalties of plan administrator Date Type or print national signal sig	able cause is established.  port, including accompanying schedules, statements and nowledge and belief, it is true, correct and complete.  STABLE  me of individual signing as plan administrator
GENEVA  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasons.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repartiatchments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my known that the penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report if it is being filed electronically, and to the best of my known that the penalties of perjury and other penalties reasons.  SIGN  SIGN  HERE  ANTHONY CONS  ANTHONY CONS	able cause is established.  port, including accompanying schedules, statements and nowledge and belief, it is true, correct and complete.  STABLE  me of individual signing as plan administrator  STABLE
GENEVA  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasons.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repartiatchments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my known that the penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report if it is being filed electronically, and to the best of my known that the penalties of perjury and other penalties reasons.  SIGN  Signature of plan administrator  Date  Type or print name the penalty for the late or incomplete filling of this return/report will be assessed unless reasons.  ANTHONY CONS  Signature of plan administrator  ANTHONY CONS	able cause is established.  port, including accompanying schedules, statements and nowledge and belief, it is true, correct and complete.  STABLE  me of individual signing as plan administrator  STABLE  of individual signing as employer, plan sponsor or DFE

# Form **5558**(Rev. January 2008) Department of the Treasury Internal Revenue Service

Signature ▶

# **Application for Extension of Time To File Certain Employee Plan Returns**

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Pa	rt I	Identification							
Α	Name of filer, plan administrator, or plan sponsor (see instructions)  NORTHEAST PAVING & EXCAVATING, INC.  Number, street, and room or suite no. (If a P.O. box, see instructions)			B Filer's identifying number (see instructions).  Employer identification number (EIN).  10-0006692					
	2351 LYONS ROAD City or town, state, and ZIP code		Social security number (SSN)						
	GENEVA NY 14456								
С		Plan name		Plar		Plan year ending—			
			number		MM	DD	YYYY		
4	NOE	RTHEAST PAVING & EXCAVATING, INC. RETIREMENT SAVINGS PLAN		1		12	31	2008	
	1101	THEAST FAVING & EXCAVATING, INC. HETITEMENT SAVINGS FEAR	-	<u>; '</u>	! !	12	31	2000	
2	)								
				<del>:</del>	1			<del> </del>	
3	3			}					
Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)									
1	I request an extension of time until 10 / 15 / 2009 to file Form 5500 or Form 5500-EZ.								
The application <b>is automatically approved</b> to the date shown on line 1 (above) if: <b>(a)</b> the Form normal due date of Form 5500 or 5500-EZ for which this extension is requested, and <b>(b)</b> the date months after the normal due date.									
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.								
NI - 4 -									
Note	. A SI	gnature is not required if you are requesting an extension to file Form 5500 or	Forn	1 5500	J-EZ.				
Pai	t III	Extension of Time to File Form 5330 (see instructions)							
2		request an extension of time until/ to file Form 5330.  You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.							
а	Ente	Enter the Code section(s) imposing the tax							
b	Ente	Enter the payment amount attached							
с 3		For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date State in detail why you need the extension							
							. <b></b>		
Unde	r pena	alties of perjury, I declare that to the best of my knowledge and belief, the statements	made	on this	form a	re true, correct	and complet	e, and that I am	

Date ▶