

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2010</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/20/2010</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information				
<b>1a</b> Name of plan <u>SHAW CONSTRUCTION CORPORATION RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>011</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>12/23/1996</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>011</u>	<b>1c</b> Effective date of plan <u>12/23/1996</u>	
<b>1b</b> Three-digit plan number (PN) ▶	<u>011</u>				
<b>1c</b> Effective date of plan <u>12/23/1996</u>					
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SHAW CONSTRUCTION CORPORATION</u>  <u>PO BOX 5876</u> <u>PROVIDENCE, RI 02903</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>05-0467152</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>617-368-0000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>236200</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>05-0467152</u>	<b>2c</b> Sponsor's telephone number <u>617-368-0000</u>	<b>2d</b> Business code (see instructions) <u>236200</u>	
<b>2b</b> Employer Identification Number (EIN) <u>05-0467152</u>					
<b>2c</b> Sponsor's telephone number <u>617-368-0000</u>					
<b>2d</b> Business code (see instructions) <u>236200</u>					
<u>36 HEMLOCK ST. #103</u> <u>PROVIDENCE, RI 02908</u> <u>PROVIDENCE, RI 02903</u>					

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	12/31/2010	SONYA ETCHAMENDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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.

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<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") SHAW CONSTRUCTION CORPORATION  PO BOX 5876 PROVIDENCE, RI 02903	<b>3b</b> Administrator's EIN 05-0467152  <b>3c</b> Administrator's telephone number 617-368-0000
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<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	7
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<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	0
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	0
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	0
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	0
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2E 2F 2G 2J 2K 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☐ **R** (Retirement Plan Information)  
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☐ **H** (Financial Information)  
 (2) ☐ **I** (Financial Information – Small Plan)  
 (3) ☐ **A** (Insurance Information)  
 (4) ☐ **C** (Service Provider Information)  
 (5) ☐ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2010</b>  This Form is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/20/2010			
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) _____	
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report;	<input checked="" type="checkbox"/> the final return/report;	
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<b>C</b> If the plan is a collectively-bargained plan, check here. ....	<input type="checkbox"/>		
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description) _____		

<b>Part II Basic Plan Information—enter all requested information</b>			
<b>1a</b> Name of plan SHAW CONSTRUCTION CORPORATION RETIREMENT SAVINGS PLAN	<b>1b</b> Three-digit plan number (PN) ▶	011	
	<b>1c</b> Effective date of plan	12/23/1996	
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SHAW CONSTRUCTION CORPORATION  PO BOX 5876  PROVIDENCE RI 02903 36 HEMLOCK ST. #103 PROVIDENCE, RI 02908 PROVIDENCE RI 02903	<b>2b</b> Employer Identification Number (EIN) 05-0467152	<b>2c</b> Sponsor's telephone number (617) 368-0000	<b>2d</b> Business code (see instructions) 236200

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	QTA, By: Wanda Chilcoat	12-30-10	QTA, By: Wanda Chilcoat
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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.

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v.092307.1

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E    2F    2G    2J    2K    3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

- (1) ☐ **R** (Retirement Plan Information)
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**b General Schedules**

- (1) ☐ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☐ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Schedule QTA  
Special Terminal Report for Abandoned Plans

Part I. General Information

- A. Name of plan SHAW CONSTRUCTION CORPORATION RETIREMENT SAVINGS PLAN
- B. Three-digit plan number 011
- C. Name of plan sponsor SHAW CONSTRUCTION CORPORATION
- D. Employer identification number (of plan sponsor) 05-0467152
- E. Name of qualified termination administrator Mid-Atlantic
- F. Employer identification number (of QTA) 26-0010549
- G. Total plan assets (as of the date of deemed termination) 24,839
- H. Total expenses 982
- I. Total distributions 24,003
- J. Were there distributions pursuant to 29 CFR 2578.1(d)(2)(vii)(B)?  
Yes ☒ No ☐
- K. Did the plan have assets with no readily ascertainable fair market value?  
Yes ☐ No ☒ (If yes, complete Part III)

Part II. Itemization of Expenses

Identify below each service provider and amount received, itemized by expense.

Expense 1

Name of service provider Beneco, Inc.

Employer identification number 41-2046279

Amount received 982

Description of expense Administrative and Fund

Relationship to QTA Recordkeeper

Expense 2

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

Expense 3

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

Expense 4

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

Expense 5

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

Expense 6

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

Expense 7

Name of service provider \_\_\_\_\_

Employer identification number \_\_\_\_\_

Amount received \_\_\_\_\_

Description of expense \_\_\_\_\_

Relationship to QTA \_\_\_\_\_

**Part III. Assets with No Readily Ascertainable Value**

If the plan held assets in any of the following categories, check "Yes," enter the current value and state the method of valuation for each such asset.

	Yes	No	Value	Method of Valuation
A. Partnership/joint venture interests				
B. Employer real property				
C. Real estate (other than B)				
D. Employer securities				
E. Participant loans				
F. Loans (other than E)				
G. Tangible personal property				
H. Other (describe)				

Description \_\_\_\_\_