	Form 5500-SF	orm 5500-SF Short Form Annual Return/Report of Small Employee								
	Department of the Treasury Internal Revenue Service		_	2010						
Er	Department of Labor nployee Benefits Security Administration	This form is required to be filed Retirement Income Security A Internal		This Form is Open to Public						
Ρ	ension Benefit Guaranty Corporation	efit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF.								
		entification Information								
For	calendar plan year 2010 or fisca			g	2/31/2	2010				
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur	•						
_		an amended return/report		n year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558		extension		DFVC program				
		special extension (enter descriptio	,							
	Art II Basic Plan Inform	nation—enter all requested information	ation		1h	Three-digit				
		ANY, INC. PROFIT SHARING PLAN	I		10	plan number (PN) ► 002				
					1c	Effective date of plan				
		ess (employer, if for single-employer	plan)		2b	01/01/2003 Employer Identification Number				
		ANY, INC.			2c	(EIN) 11-2267728 Plan sponsor's telephone number				
	1 64TH STREET NDALE, NY 11385				2d	718-261-1139       Business code (see instructions)				
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	5")	3b	236110 Administrator's EIN				
RAM	ROCK CONTRACTING COMP	ANY, INC. 69-21 64TH S GLENDALE,			2.0	11-2267728				
·						Administrator's telephone number 718-261-1139				
		n sponsor has changed since the las r from the last return/report. Sponso		port filed for this plan, enter the	4b EIN					
	namo, Ent, and the plan nambe		r o namo		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	4				
b	Total number of participants at	the end of the plan year			5b	0				
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	rear (defined benefit plans do not	5c	0				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No				
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No				
		er 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Informa	ation		1						
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year				
а	•		7a	500		0				
b	•	h (		506		0				
<u> </u>	•	b from line 7a)	7c							
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total				
			8a(1)	(	)					
	()		8a(2)	(						
			8a(3)	(						
b			-	2	•	A				
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	80			4				
u			8d	510	)					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	(						
f	Administrative service provider	s (salaries, fees, commissions)	8f	(	_					
g	•		8g	(	)					
h		Be, 8f, and 8g)	8h			510 -506				
1		e 8h from line 8c) e instructions)		(		-300				
J	inansiers to (nonn) the plan (Se		8j	l l	,					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

### Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No	An	nount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x					
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?	Yes	X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	<ul> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> <li>Month Day Year</li> </ul>								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				1	X Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co		,	X Yes	No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s):		130	:(2) Ell	N(s)	13c(3)	PN(s)		
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is (	establ	ished.				

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

SIGN	Filed with authorized/valid electronic signature.	10/15/2011	RICHARD LAUN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

OMB No. 1545-0212

File With IRS Only

For Privacy Act a	nd Paperwork Reduction	Act Notice, see	Instructions
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RAM ROCK CONTRACTING COMPANY, INC. Number, street, and room or suito no. (# a P.O. box, see instructions	1				B Filer's Identitying number (see Instructions)						
	al .	Employer Identification number (EIN) 11-2267728 Social security number (SSN) (see instructions)									
69-21 647H STREET	" <u>}</u>										
City or town, statu, and 21P code							~				
GLENDALE. NY 11385											
Plan name		Plan			Plan year ending-						
		number			ММ	DD	1 YYY				
1 RAM ROCK CONTRACTING COMPANY, INC. DEFINE		0	0	1	12	31	2010				
2 RAM ROCK CONTRACTING COMPANY, INC. PROFIT	SHARING PLAN 0	0	0	2	12	31	2010				
3											
Part II Extension of Time To File Form 5500 Se	ries, and/or Form 8955-	-55	5A			•	4				

2 I request an extension of time until /// to file Form 8955-SSA (see Instructions). Note, A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 1 and/or line 2 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8855-SSA for which this extension is requested, and (b) the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month alter the normal due date.

# Part III Extension of Time To File Form 5330 (see instructions)

3	I request an extension of time until / / to file Form 5330.
	You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
a	Enter the Code section(s) imposing the tax
b	Enter the payment amount attached.
с 4	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date
	************************************
	••••••••••••••••••••••••••••••••••••••
	***************************************
Under ( to prep	constitues of parlievy. I declare that to the best of my knowledge and barief, the elatements made on this form are true, correct, and complete, and that I am authorized are this application.
Signut	uros Jung Achegeun Datos
	Cat. No. 120057 Form 5558 (Rev. 8-2011)

	Form 5500-SF	Short Form Annual F	OffB No	ра. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Survice		Benefit P lod under sect	dons 104 and 4065 of the Employee	2010				
_	Department of Labor oyoo Benefits Security Administration		/ Act of 1974 ( Revenue Cod	ERISA), and section 6058(a) of the e (the Code).	This Form is Open t Inspection				
	Panalon Benafit Guaranty Cerporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
	he calendar plan year 2010 or	dentification Information	01/01/	2010 and ending	12/31/2010				
				ployer plan (not multiemployer)	one-participant plan	<i></i>			
	Ē			•					
	his return/report is for:	first return/report	-	epon ear natum/report (less than 12 months)					
<b>.</b> .			= ```		_				
6 0	Chack box if filing under: X Form 5558 automatic extension DFVC program								
7.27		special extension (enter descriptio							
	Name of plan	mation enter all requested info	ormation.		1b Three-digit				
16	• •				plan number				
	Ram Rock Contracting	Company, Inc. Profit Sha	iring Plan		(PN) ► 002 1C Effective date of plan				
					01/01/2003				
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	plan)		2b Employer Identification I	Number			
	Ram Rock Contracting	Company, Inc.		-	(EIN) 11-2267728	e oumbor			
	69-21 64th Street				2C Plan sponsor's telephon (718) 261-1139				
ฃร	Glendale	NY 11385		Γ	2d Business code (see inst	ructions)			
$\frac{03}{3a}$		address (if same as plan employer,	enter "Same")		236110 3b Administrator's EIN				
••	Same								
					3c Administrator's telephone number				
4	If the name and/or FIN of the r	lan sponsor has changed since the t	last miurateone	d filed for this plan, apter the	4b EIN				
4		er from the last return/report. Sponso		· · · · · ·					
Ē	Yessi aumhas of an distance of	the basissing of the slop upon			4C PN				
5a b	• • •	the beginning of the plan year			5a 5b	4			
ç		ith account balances as of the end of		(defined benefit plans do not					
_		• • • • • • • • • • • • •			<u>5c</u>	0			
6a		uring the plan year invested in eligible te annual examination and report of a		-	XY	′es 🛄No			
b	under 29 CFR 2520.104-46? (	see instructions on walver eligibility a fee instructions on walver eligibility a er 6a or 6b, the plan cannot use Fo	and conditions.	)	· · · · · · 🕱 Y	′es □Nc			
Pa	Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Your	,			
а	Total plan assets		7a	506		0			
b	Total plan liabilities		. 7b	0		0			
C	Net plan assets (subtract line )	<u>76 from line 7a)</u>	. 7c	506		C			
<u> </u>	Income, Expenses. and Trans	fers for this Plan Year		(a) Amount	(b) Total				
8					I LAN AVAILAN AND AND AND AND AND AND AND AND AND A	the standard water and the second			
8 a	Contributions received or rece	ivable from:	0-40	0					
-	(1) Employers	ivable from:	<u> </u>	00					
-	(1) Employers(2) Participants(3) Contraction	· · · · · · · · · · · · · ·	<u>8a(2)</u>						
-	(1) Employers	· · · · · · · · · · · · · ·	<u>8a(2)</u> <u>8a(3)</u>	0					
a	(1) Employers          (2) Participants          (3) Others (including rollovers)          Other Income (loss)	· · · · · · · · · · · · · · · · · · ·	<u>8a(2)</u> . <u>8a(3)</u> . 8b	00					
a b	<ol> <li>(1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including rollovers Other Income (loss)</li> <li>Total income(add lines 6a(1). Benefits paid (including direct)</li> </ol>	· · · · · · · · · · · · · · · · · · ·	<u>8a(2)</u> <u>8a(3)</u> <u>8b</u>	0 0 4		4			
a b c	<ul> <li>(1) Employers</li></ul>	i), 8a(2), 8a(3), and 8b) rollovers and insurance premiums	8a(2) <u>8a(3)</u> <u>8b</u> <u>8b</u> <u>8c</u>	0 0 4 510		4			
a b c	<ul> <li>(1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including rollovers) Other Income (loss)</li> <li>Total income(add lines 8a(1), Benefits paid (including direct to provide benefits)</li> <li>Certain deemed and/or correct</li> </ul>	s),	8a(2) 8a(3) 8b 8c 8c 8d 80	0 0 4 510 0					
a b c d e f	<ul> <li>(1) Employers</li></ul>	i), 8a(2), 8a(3), and 8b) rollovers and insurance premiums	8a(2) 8a(3) 8b 8c 8c 8c 8d 80 8t	0 0 4 510 0 0		4			
a b cd e f 9.	<ul> <li>(1) Employers</li></ul>	8a(2), 8a(3), and 8b) rollovers and insurance premiums tive distributions (see instructions) rs (salaries, fees, commissions)		0 0 4 510 0		4			
a b c d e f	<ul> <li>(1) Employers</li></ul>	8a(2), 8a(3), and 8b)	8a(2)       8a(3)       8b       8c       8g       8h	0 0 4 510 0 0		4 4 510 (506)			
a b cd e f 9	<ul> <li>(1) Employers</li></ul>	8a(2), 8a(3), and 8b)	<ul> <li>. 8a(2)</li> <li>. 8a(3)</li> <li>. 8b</li> <li>. 8c</li> <li>.</li></ul>	0 0 4 510 0 0					

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#### **Bartily** Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

28 3D

d

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

### Barty Compliance Questions

	During the plan year.			Yes	No	Am	ount	
а	Was there a failure to transmit to the plan any participant contribution within the time period described in				x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	•	10a			<u> </u>		
-	on line 10a.)	•	10b		×			
C	Was the plan covered by a fidelity bond?		10c		x			
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	•	10d	<u> </u>	<u> </u>			
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	•	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?		101		x			
-	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				x			
g h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		10h		x			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3	•	101					
Part	Via Pension Funding Compliance							
11	ts this a defined benefit plan subject to minimum funding requirements? (If "Yes,' see instructions and co	•		<u> </u>		• • • • • •	Yes	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
a 	If a waiver of the minimum funding standard for a prior year is being amonized in this plan year, see instr granting the waiver you completed line 12a, complete linos 3, 9, and 10 of Schedule MB (Form 6600), and skip to line 13.	MO	ons, a hth	and er	nter ing _ Dă	date of the le	tter ruling 'ear	
b b	Enter the minimum required contribution for this plan year			.	12b			
c	Enter the amount contributed by the emptoyer to the plan for this plan year				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	eft of	а		12d			<u> </u>
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	N¢	
	Vil Plan Terminations and Transfers of Assets					<u> </u>		
13a		•••	•	• •		<u></u>	X Yes	No
100	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•			13a	<u> </u>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ht ur	nder i	ihe co	ntrol		XYes	No
Ç	in a state which we are transformed them this plan to grather blocks) identify	/ the	plan	(s) to			- <u>_</u>	
	1Sc(1) Name of plan(s).		_		13 <u>c(2)</u>	EIN(s)	13c(3	) P <u>N(</u> 5)
			+-					
	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ble	aus	e  8 6	stabils	həd.		
Cau	tion: A penalty for the late or incompose hing of this recurrence. I declare that I have examined this re-	atum	vrep	orl, inc	auding	if applicable,	a Schedu	e

Under penalties of perjury and other penalties set torth in the instructions. I declare that i have examined unit recontreport, instruction, instructions is oppleted and signed by an enrolled actuary, 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.

BRIGH Stand Mel series		George Schram
SIGN June O Col secure HEBE Stratupe of plan administrator	Date 9 29 201	Enter name of Individual signing as plan administrator
		George Schranm
	Date 914 (1 Sept1	Enter name of individual signing as employer or plan sponsor
HERE Signature of employer/plan sponsor	- Duit from from st	