	Form 5500-SF		Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service						2011		
En	Department of Labor nployee Benefits Security Administration	SA), and sections 6057(b) and 6058(Code (the Code).	(a) of This Form is Open to Public						
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 5500	-SF.	Ins	pection		
		entification Information							
For	calendar plan year 2011 or fisca	_			8/31/2				
Α -	This return/report is for:	a single-employer plan		-employer plan (not multiemployer)		a one-particip	oant plan		
Β.	This return/report is:	the first return/report		eturn/report					
		an amended return/report	a short pla	in year return/report (less than 12 mo	onths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m		
		special extension (enter description							
		nation—enter all requested inform	ation		41				
	Name of plan	Y, INC. PROFIT SHARING PLAN			1b	Three-digit plan number			
						(PN) ►	001		
					1c	Effective date of 09/01/	•		
	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 05-02			
07.00				-	2c	Sponsor's telep			
	EACON STREET DLETOWN, RI 02842				2d	Business code (23890	,		
	Plan administrator's name and O CONSTRUCTION COMPAN		STREET	,	3b	Administrator's E	EIN 53257		
		MIDDLETOW	/N, RI 0284	42	3c	Administrator's t 401-847	elephone number 7-3377		
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the l	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name				4c	PN			
5a Total number of participants at the beginning of the plan year					5a		24		
b	Total number of participants at	the end of the plan year			5b		21		
С		count balances as of the end of the p			5c		21		
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)			X Yes 🗌 No		
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	289722			291236		
b	Total plan liabilities		. 7b						
<u> </u>	•	'b from line 7a)	7c	289722			291236		
8	Income, Expenses, and Transf			(a) Amount		(b) T	otal		
а	(1) Employers	vable from:	8a(1)						
	(2) Participants		8a(2)	12150					
)							
b	Other income (loss)		8b	18076					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c		_		30226		
d		ollovers and insurance premiums	8d	26016					
е	· ,	ive distributions (see instructions)							
f		s (salaries, fees, commissions)		2696					
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				28712		
i		e 8h from line 8c)					1514		
j	Transfers to (from) the plan (se	ee instructions)	8j						

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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 2J 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	Dui	ring the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		x				
С								2	260000
d									
е									
f	Has	s 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.)	10q		Х				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i	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								
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			•	Γ	Yes	No
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	lf a grai	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct nting the waiver							
b	b Enter the minimum required contribution for this plan year								
С									
d									
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted in any plan year?			١	res X N	١o		
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?						Yes	X No
C	lf d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	establ	ished.			
SB o	r Ścł	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ s true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	06/05/2013	JOHN MELLO, JR.				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

	Form 5500-SF Short Form Annual Return/Report of Small Employee					
	Department of the measury	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				
	Department of Labor nployee Benefits Security Administration the Interna	* (a) of	2011 This Form is Open to Public Inspection			
		dance with	the instructions to the Form 550)-SF.		
	Annual Report Identification Information calendar plan year 2011 or fiscal plan year beginning	09/01/2	2011 and ending		08/31/2012	
	This return/report is for:		employer plan (not multiemployer)		a one-participant plan	
	This return/report is:	Second A	sturn/report			
			n year return/report (less than 12 m	onths)	
C	Check box if filing under: X Form 5558	automatic			DFVC program	
	special extension (enter descriptio					
Pa	rt II Basic Plan Information—enter all requested information					
1a	Name of plan			1b	Three-digit	
ME	LLO CONSTRUCTION COMPANY, INC. PROFIT SH	ARING I	2 LAN		plan number (PN) ▶ 001	
				1c	Effective date of plan 09/01/1988	
	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number	
ME	LLO CONSTRUCTION COMPANY, INC.				(EIN) 05-0253257	
87	BEACON STREET			2c	Sponsor's telephone number	
υı	Diroon briddi			2d	401-847-3377 Business code (see instructions)	
MI	DDLETOWN RI 02842				238900	
3a ME	Plan administrator's name and address (if same as plan sponsor, er LLO CONSTRUCTION COMPANY, INC.	nter "Same	")		Administrator's EIN 05-0253257	
MI	BEACON STREET DDLETOWN RI 02842				Administrator's telephone number 401-847-3377	
4	If the name and/or EIN of the plan sponsor has changed since the l name, EIN, and the plan number from the last return/report.	ast return/r	eport filed for this plan, enter the	4b	EIN	
a	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a	24	
b	Total number of participants at the end of the plan year			5b	21	
С	Number of participants with account balances as of the end of the p			5c	21	
62	complete this item). Were all of the plan's assets during the plan year invested in eligib					
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepen and conditi	dent qualified public accountant (IQ ons.)	⊃A)		
0.	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-1	SF and must instead use Form 55	00.		
	rt III Financial Information Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
7 a	Total plan assets	7a	(a) Beginning of Teal 28972	2	291236	
1001002	Total plan liabilities	7b		1		
	Net plan assets (subtract line 7b from line 7a)	7c	28972	22	291236	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:	00/41				
	(1) Employers(2) Participants	8a(1) 8a(2)	1215	0		
	(2) Participants (3) Others (including rollovers)	1000 100000		-		
b	Other income (loss)		1807	16		
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				30226	
d	Benefits paid (including direct rollovers and insurance premiums		2601	R		
•	to provide benefits)					
e f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)		269	6		
g	Other expenses			-		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	-			28712	
i	Net income (loss) (subtract line 8h from line 8c)				1514	
j	Transfers to (from) the plan (see instructions)					

		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char. 2J 3D	acteria		uesin	the instructions.	
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	cteristi	ic Cod	es in th	ne instructions:	
Part	v	Compliance Questions					
0		ing the plan year:		Yes	No	Amount	
	Was	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		Х		
С	Wa	s the plan covered by a fidelity bond?	10c	Х			26000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X		
e	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		x		
f		the plan failed to provide any benefit when due under the plan?	10f		X		
q		the plan have any participant loans? (If "Yes," enter amount as of year end.).	10a		X		
-	If thi	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10g		X		
i	If 10	b was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				
art	VI	Pension Funding Compliance					
11	Is thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					s 🗍 No
12	Isth	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of E	ERISA? Ye	s 🕅 No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					-
	lf a v gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ting the waiver	ith				
16 .		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
	Ente	er the minimum required contribution for this plan year		_	12b		
					12c		
b c		er the amount contributed by the employer to the plan for this plan year					
b c d	Subt	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a	[12d		<u> </u>
b c d e	Subt nega Will 1	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) the minimum funding amount reported on line 12d be met by the funding deadline?	of a	[Yes No	
b c d e	Subt nega Will 1	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a	[□ N/A
b c d e art	Subt nega Will t	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) the minimum funding amount reported on line 12d be met by the funding deadline?	of a			Yes No	□ N/A
b c d e art	Subt nega Will t VIII Has	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	of a				□ N/A
b c d e Part 13a b	Subt nega Will 1 Has If "Yo VVera of th	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? es," enter the amount of any plan assets that reverted to the employer this year e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	of a	3a the co	The second secon	es XNo	N/A
b c d e art 3a b	Subt nega Will 1 VII Has If "Ye of th If du	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? es," enter the amount of any plan assets that reverted to the employer this year e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	3a the co	The second secon	es XNo	
b c d e art 3a b c	Subt nega Will 1 VII Has If "Yo Were of th If du whic	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? es," enter the amount of any plan assets that reverted to the employer this year e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	of a	3a the co	The second secon	res X No	
b c d e Part 13a b c	Subt nega Will 1 VII Has If "Yo Were of th If du whic	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount). the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? es," enter the amount of any plan assets that reverted to the employer this year e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ch assets or liabilities were transferred. (See instructions.)	of a	3a the co	ntrol	res X No	s 🛛 N

and the second second second		THE OWNER AND	1 marsh	a server and	
SIGN HERE	hill Melly 6/3		3/	13	JOHN MELLO, JR.
	Signature of plan administrator	Date	5	1	Enter name of individual signing as plan administrator
SIGN	Mark Mell	61	3/	13	JOHN MELLO, JR.
HERE	Signature of employer/plan sponsor	Date	1		Enter name of individual signing as employer or plan sponsor