

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

FORM MUST BE TYPED I	N BLACK)	Filing Fee: \$50.00			
1. Corporate ID No	1. Corporate ID No 2. Name of Corporation				
88764		STRUCTION, INC.			
3. Street Address Principal B 66 SMITH AVENUE			City	State	Zip
		SMITHFIELD	RI	02828-	
4. Business Phone No. 4019495730		5. State of Incorpora			6. SIC Code
		RHODE ISLA	ND		5710
	RESONSTRUCT RE	SIDENTIAL AND COM			
8. NAMES AND ADDRI	ESSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT), [] FILL IN S	PACES BEFORE USING	CATTACHMENTS
JOSE N. ANDRADE			Vice President Name		
Street Address			· · · · · · · · · · · · · · · · · · ·		
66 SMITH AVENUE			Street Address		
Cin:	State	Zip	* City		
SMITHFIELD	RI	02828	·City	State	Zip
Secretary Name		1 0 2 0 2 0	Treasurer Name	. <i></i> . !]
JOSE N. ANDRADE			JOSE N. ANDRAD	E	
Sircei Address			Street Address		
66 SMITH AVENUE			.66 SMITH AVENU	F	
City	State	Zip	*City	State	12:-
SMITHFIELD	RI	02828	SMITHFIELD	RI	7.ip 02828
9. NAMES AND ADDRE	ESSES OF THE DI		RATTACHMENT) FILL IN		02828
Director Name		MECTORS (X DOX 10	Director Name	STACES BELOKE OSI	MOVI (ACHMEN 12
JOSE N. ANDRADE			•		
Street Address	,, <u></u>		Street Address		
66 SMITH AVENUE			•		
City	State	Zip		State	Zip
SMITHFIELD	RI.	02828	•	G. U.	Zip
Director Name			Director Name		
Street Address	·		·Sircei Address		
			•		
City	State	Zip	¿City	State	Zip
			•		
10. SHARES AUTHORI	ZED ("X" BOX FOR	RATTACHMENT)	11. SHARES ISSUED (".	X" BOX FOR ATTACHM	IENT). 🔲
AUTHORIZED SHARES		· · · · · · · · · · · · · · · · · · ·	!SSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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	-	·			NO PAR
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his report must be sign	n ed in ink by eith	er the President, Vice	President, Secretary, Assi	stant Secretary, Tre	asurer, Receiver or Trust
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8 8 7			11-4		
			this report, including	rjury, i declare and alli	rm that I have examined hedules and statements,
*99764 DBC 02/02/0	5 10.00.14	ER	and that all statemen	nts contained herein are	true and correct
*88764 DBC 02/02/05	5 10:08:14 AT		· · · · · · ·	Jonium nejem ale	
File Date	- MAR 9	+ 20-	\mathbf{X}	<u> </u>	3-9-05
C1 1 1		I 5002 - 2002 I	Signature of Officer		Date
Check No.	By	# 187	() 7055	· الله الله ·	Daie DRADE
Ω		<u> </u>	Print or type Name of	Officer	· · · · · · · · · · · · · · · · · · ·
B _{Y:} FOR SECRETARY OF STAT		- T	0000		
	TO LICE ONLY		「ドイン・レン	FW I	



2. Name of Corporation

A.M. CONSTRUCTION, INC.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No.

88764

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Zip

State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

66 SMITH AVENUE SMITHFIELD RI 02828 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 949-5730 RHODE ISLAND 5710 7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, RECONSTRUCTION, REPAIRS AND RENOVATIONS OF BUILDINGS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name JOSE N. ANDRADE Street Address Street Address 66 SMITH AVENUE City State Zip Cin SMITHFIELD RI 02828 Secretary Name Treasurer Name JOSE N. ANDRADE JOSE N. ANDRADE Street Address Street Address 66 SMITH AVENUE 66 SMITH AVENUE City State City State Zip SMITHFIELD RI 02828 **SMITHFIELD** RI 02828 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name JOSE N. ANDRADE Street Address Street Address 166 SMITH AVENUE Cin State Zip City State Zip SMITHFIELD RI 02828 Director Name Director Name Street Address Sircei Address City City Zip State Zin 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT). **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value 4.000 COMM NO PAR VALUE 200 NO PAR This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. 2-25-04 Date File Date Signature of Officer Check No NDRADE FOR SECRETARY OF STATE USE ONLY



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate 1D No. 2. Name of Corporation 88764 A.M. Construction, INC. 3. Street Address Principal Business Office City State Zip 66 Smith Avenue R.I. Smithfield 02828 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 949-5730 Rhode Island 5710 7. Brief Description of the Character of Business Conducted in Rhode Island
Construction, Reconstruction, Repairs and Renovations of Buildings 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jose N. Andrade Street Address Street Address 66 Smithfield Avenue City State Zip City State Zip Smithfield R.I. 02828 Scerelary Name Treasurer Name Jose N. Andrade Jose N. Andrade Street Address Sireet Address 66 Smithfield Avenue .66 Smithfield Avenue State City State Zip Smithfield R.I. 02828 Smithfield R.I. 02828 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS T Director Name Director Name Jose N. Andrade Street Address · Street Address 66 Smithfield Avenue City State Zip City State Zip Smithfield R.I. 02828 Director Name Director Name Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 4,000 NO PAR VALUE 200 NO PAR This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	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 3.3.03 Check No. 9900	Signature of Officer Date
B _V :	Print ac I pe Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 6

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN B	LAÇK)				
1. Corporate ID No. 88764	2. Name of Corpore			•	
3. Street Address Principal Busine		TRUCTION, INC.	City	State	Zip
66 SMITH AVEN			SMITHFIELD	R.I.	02828
4. Business Phone No.		5. State of Incorporation	on		6. SIC Code
(401) 949-573		RHODE ISLA	ND		5710
7. Brief Description of the Charac CONSTRUCTION,			S AND RENOVATIONS	OF BUILDING	GS
President Name		ICERS ("X" BOX FOR ATT	FILL IN SPACES E Vice President Name	BEFORE USING ATTA	CHMENTS
JOSE N. ANDRA	ADE		:		
Street Address			Street Address		
66 SMITH AVEN			•		
	State	Zip	City	State	Zip
SMITHFIELD Secretary Name	R.I.	02828	Transcore Many		
JOSE N. ANDRA)DE		Treasurer Name	D.D.	
Street Address	IDE		JOSE N. ANDRA	DE	
66 SMITH AVEN	NUE		66 SMITH AVEN	III E	
lity	State	Zip	City	State	Zip
SMITHFIELD D. NAMES AND ADDRE	R.I. ESSES OF THE DIR	02828 ECTORS (*X* BOX FOR A		R.I. S BEFORE USING AT	02828 FACHMENTS
Director Name			Director Name		
JOSE N. ANDRA Street Address	ADE		Street Address		
66 SMITH AVEN	MIE.		Juste Maniess		
City	State	Zip	. City	State	Zip
SMITHFIELD	R.I.	02828	•		·
SULTIULIEUD				••	
			Director Name		
Director Name			Director Name Street Address		
Director Name	State	Zip		State	Zip
Director Name Greet Address		,	Street Address		•
Director Name Breet Address Sity IO. SHARES AUTHORIZI BUTHORIZID SHARES		,	Street Address . Gtty		•
Director Name Street Address Sity O. SHARES AUTHORIZ OUTHORIZD SHARES Sumber of Shares		,	Street Address City 11. SHARES ISSUED (*)		·
Director Name Street Address City IO. SHARES AUTHORIZ. NUTHORIZED SHARES Number of Shares 4,000 NO PAR VALUE	ED (*x* box for ait.	ACHMENT)	Street Address City 11. SHARES ISSUED (*) ISSUED SHARES	* BOX FOR ATTACHMEN	(T)
Director Name Street Address City 10. SHARES AUTHORIZI NUTHORIZID SHARES Number of Shares	ED (*x* box for ait.	ACHMENT)	Street Address City 11. SHARES ISSUED (C) ISSUED SHARES Number of Shares	* BOX FOR ATTACHMEN	T) Par Value
Director Name Street Address City 10. SHARES AUTHORIZI NUTHORIZID SHARES Number of Shares	ED (*x* box for ait.	ACHMENT)	Street Address City 11. SHARES ISSUED (C) ISSUED SHARES Number of Shares	* BOX FOR ATTACHMEN	T) Par Value

T Trustee

3



Elle Date:	2-19-02	
Check No.:	3874	
Ву:	2.	-
FOR SECRETAR	Y OF STATE USE ONLY	

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 netern are true	and correct.
1-1-	2/12/02
Signature of Officer	Date
Yeint or Type Name of Officer	<u> </u>
Trint or Type Name of Officer	
Title of Office PRESIDENT	
Title of Office!	

Form 630 12/01



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PEFASE INSTRUC	HOXS

(FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	2. Name of Cor	poration	بالماضاء		
88764 3. Street Address Principal Business O	A.M. C	onstruction, I	nc.	State	Zip
66 Smith Avenue 4. Business Phone No.	2	S. State of Incorporati	Greenville	RI	02828 6. SIC Code
(401) 265-6845 7. Brief Description of the Character of	of Business Conduc	Rhode Island	sland		
to contruct and 8. NAMES AND ADDRESS President Name	reconst ES OF THE O	ruct residental FFICERS (*x* BOX FOR AT)	l & comercial bui (ACHMENT) Vice President Name	ldings	
Jose N. Andrade			Street Address		
66 Smith Avenue	State	Zip	City	State	Zip
Greenville Secretary Name	RI	02828	<u> </u>		
Jose N. Andrade Street Address			Jose N. Andr	ade	
66 Smith Avenue			66 Smith Ave	ະການອ	
Greenville	State R I	zip 02828	City:	State	Zip
9. NAMES AND ADDRESSI Director Name			Greenville (TTACHMENT) Director Name	RI	02828
Jose N. Andrade			Street Address		
66 Smith Avenue	State	Zip	City	State	710
Greenville Director Name	RI	02828	Director Name		Zip
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR A	ATTACHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMEN	(17
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 shs no par	· value		100	common	no par

This report must be s**igned in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

File Date:	3/5	
Check No.:	33.7.7	
Ву:	2	
FOR SECRETARY	OF STATE USE ONLY	

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.

	THE HIGH BING CONTECT.
In A L	2/27/01
Significand of Officer Jose N. Andrade	hate
Print or Type Name of Officer	
<u>President</u>	

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335

P FII

401-222-3040

PROFIT COR	PORATION ANNUAL REPORT FOR THE YEAR 2000	STOP PLIANERIAD INSERTION
(FORM MUST BE TYPED IN B	LACK)	
1. Corporate ID No.	2. Name of Corporation	
88764	A.M. CONSTRUCTION, INC.	

Zip 02917 6. SIC Code 5710 02917 ZIP 02917 02917

Par Value

NO PAR

3. Street Address Principal Business Office State 365 PUINAM PIKE SMITHFIELD RI4. Business Phone No. 5. State of Incorporation (401) 231-2603 RHODE ISLAND 7. But Description of the Character of Business Conducted in Bhode tilling AND COMMERCIAL BUILDINGS, INCLUIDING REPAIRS AND TO CONSTRUCT AND RECONSTRUCT RESIDENTAL AND COMMERCIAL BUILDINGS, INCLUIDING REPAIRS AND ACQUISITION AND SALE OF LAND

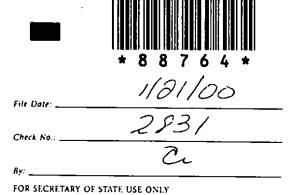
"X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS JOSE N. ANDRADE PERNINANDO G. MONIZ Street Address Street Address 365 PUINAM PIKE 365 PUINAM PIKE City State Zip State SMITHFIELD RI02917 SMITHFIELD RI Secretary Name Treasurer Name FERDINANDO G. MONIZ JOSE N. ANDRADE Street Address Street Address 365 PUINAM PIKE 365 PUINAM PIKE City State City SMITHFIELD RI 02917 **SMITHFIELD** RT 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name JOSE N. ANDRADE FERDINANDO G. MONIZ Street Address Street Address 365 PUINAM PIKE 365 PUTNAM PIKE City State State **SMITHFIELD** RI 02917 SMITHFIELD RI Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

100

· Number of Shares



Class/Series

Par Value

Number of Shares

4,000 SHS NO PAR VALUE

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.

Class/Series

COMMON

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Ignature of Officer	Dale
JOSE N ANDRADE	
Frint or Type Name of Officer	



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 2. Name of Corporation
A.M. CONSTRUCTION, INC. 88764 3. Street Address Principal Business Office City State Zip 365 PUTNAM PIKE SMITHFIELD RI 02917 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 5710 (<u>401)</u> 231–2603 7. Brief Description of the Character of Business Conducted in Rhode Island TO CONSINUT AND RECONSINUT RESIDENTIAL AND COMPRCIAL BUILDINGS, INCLIDING REPAIRS AND RENOVATIONS, WHICH MAY INCLUDE THE ACQUISITION AND SALE OF LAND 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | | FILE'IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name JOSE N. ANDRADE FERNINANDO G. MONIZ Street Address Street Address 365 PUTNAM PIKE 365 PUTNAM PIKE State Zip State 7.ip SMITHFIELD SMITHFIELD Secretary Name Treasurer Name FERDINANDO G. MONIZ JOSE N. ANDRADE Street Address Street Address 365 PUTNAM PIKE 365 PUTNAM PIKE City State City State SMITHFIELD 02917 SMITHFIELD RI RI 02917 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name JOSE N. ANDRADE FERDINANDO G. MONIZ Street Address Street Address 365 PUTNAM PIKE 365 PUTNAM :PIKE State Zip State SMITHFIELD 02917 SMITHFIELD RI RI 02917 Director Name Director Name Street Address Street Address State State Zip 10. SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 4,000 SHS NO PAR VALUE 100 COMMON NO PAR This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined $\mathfrak{th}(\mathfrak{s}_{+},\mathfrak{per}),$ including any accompanying schedules and statements, and that it catements contained herein are true and correct. enature of Officer JOSE N. ANDRADE Print or Type Name of Officer

PRESIDENT

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN	R BLAČŘÍ				ASSILTON
1. Corporate ID No. 88764	2. Name of Corpo A.M. CON	STRUCTION, INC.		*	
3. Street Address Principal Business Office			City	State	Zip
365 PUTNAM PIKE		·	SMITHFIELD	RI	02917
401)231-2603 5. State of Incorporation RHODE ISLA			AND .	•	6. SIC Code 5710
7. Brief Description of the Cha	racter of Business Conducted	in Rhode Island			
NAMES AND ADD	NO RENOVATIONS, WE RESSES OF THE OF	ICH MAY, IN TITE, THE FICERS (*X* BOX FOR A)	TRUCT AND RECONSTRUCT RESEARCHMENTAL D	LAND COME	CIAL BUILDINGS,
President Name			Vice President Name	·	·
OSE N. ANDRADE			FERDINANDO G.	MONIZ	
Street Address 65 PUTNAM PIKE			Street Address		<u> </u>
			365 PUTNAM PIKE		
City	State	Zip	City	State	Zip
MITHFIELD	RI	02917	SMITHFIELD	RI	02917
Secretary Name ERDINANDO G. MO	NIZ	•	Treasurer Name JOSE'N. ANDRADE		
Street Address 65 PUINAM PIKE			Street Address 365 PUTNAM PIKE		
city MITHFIELD	State RI	Zip	City	State	Zip
	ſ	02917	SMITHFIELD	RI	02917
9. NAMES AND ADDI	RESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)		1.
JOSE N. ANDRADE			Director Name		
ireet Address		 	FERDINANDO G. MC	MIZ	
365 PUTNAM PIKE			Street Address		
City	State		365 PUINAM PIKE		
SMITHFIELD	RI	02917	CMTTHETTEN	State	Zip
Strector Name		02317	SMITHFIELD	RI	02917
		,	Director Name		· ·
treet Address		— 	Street Address		
			Street Manress		•
City	State	Zip	City	State	
			•	State	Zip
O. SHARES AUTHORI	ZED ("X" BOX FOR AT	ACHMENT)	11 SHARES ISSUED A	TV BOY TON ATTACANTANT	-0
UTHORIZED SHARES			11. SHARES ISSUED (V HOY FOR VI INCHMEN	17
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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4,000 0110 HO FA	THE VALUE		100	COMMON	NO 777
		•			NO_PAR
					
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or report must be st	gired in link by ent	ner the President, Vi	ce President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trus
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		 		•	

+ 8 8 7 6 4 +					
	2/2/98				
File Date:	1/1/1				
Check No.:					
Ву					
FOR SECRETARY C	OF STATE USE ONLY				

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.

Sanature of Officer

JOSE N. ANDRADE

Print or Type Name of Officer

PRESIDENT

Title of Officer



Jumes R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK	0
1. Corporate ID No.	2. Name of Corporation
88764	A.M. CONSTRUCTION INC.

	7.10. 00110	TROCHON, INC.		•				
3. Street Address Principal Business Office 365 PUTNAM PIKE, SUITE 5			SMITHFIELD	State .) Zip 02937			
4. Rusiness Phone No.		S. State of Incorporation		RI	6. SIC Code			
(401) 231-1177		RHODE ISLA			5710			
AND ANY AND ALL	UDING"REPARTS OTHER ACTIVI	TES LAWFULLY REL	RUCT AND RECONSTRUC ATEB THERETO:	THE ACCUISATION	ND COMMERCIAL LAN			
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT)					
President Name			· Vice President Name					
JOSE N. ANDRADE			FERDINANDO G	FERDINANDO G. MONIZ				
Street Address			Street Address		····			
12 HICKORY LANE	1		88 YORKSHIRE	88 YORKSHIRE STREET				
City	State	Zip	City	State	Zip			
GREENVILLE	RI	02828	PROVIDENCE	RI	02908			
Secretary Name			Treasurer Name	•••••				
FERDINANDO G. MONIZ			JOSE N. ANDR	JOSE N. ANDRADE				
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		· · · · · · · · · · · · · · · · · · · 			
88 YORKSHIRE ST	REET		12 HICKORY L	ANE	•			
City	State	Zip .	Clly	State	Zip			
PROVIDENCE, RT	RI	02908	GREENVILLE	RI	02828			
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FOR AT						
Director Name			Director Name	*				
JOSE N. ANDRADE			- FERDINANCDO	G. MONTZ				
Street Address		Street Address						
-see above-			-see above-					
City	State	2.ip	City	State .	Zip			
Director Name	·····l······	•••••••••••••••••••••••••••••••••••••••	Director Name					
			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
TO SULTING A LIGHT COLOR			<u></u>					
10. SHARES AUTHORIZ	ED AND ISSUED (X BOX FOR ATTACHMENT						
AUTHORIZED SHARES		 	ISSUED SHARES		· · · · · · · · · · · · · · · · · · ·			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
4,000 SHS NO PAR	VALUE .	•	400	Common	no par			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

•	*	8	8	7	6	4	*

File Date: 1/23/97	
1/19-	
Check No.: /QQJ	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer Andrack 1-21-97

Print or Type Name of Officer

PRESIDENT