

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00.				<u> </u>		
1. Corporate ID No. 448		ment Company, Inc.	nt Company, Inc.			
3. Street Address Principal Business Office 344 Hope Furnace Road			<i>Сиу</i> Hope	RI	<i>г</i> ф 02831	
4. Business Phone No. 5. State of Incorporation Rhode Island					*******	
6. Brief Description of the Charact For the construction, dem	er of Business Conducted iolotion, alteration a	d in <i>Rhode Island</i> & repair of all structures co	ncerning asbestos & rel	ated hazadous materials	6	
7. NAMES AND ADDRESS	ES OF THE OFFICE	ERS: ("X" BOX FOR ATTA	CHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
John A. Baccaire			Jacqueline Baccaire			
Street Address			Street Address			
344 Hope Furnace Road			344 Hope Furnace Road			
сиу Hope	State RI	02831	City	State RI	^{Ζφ} 02831	
*************************		1 02001	Hope		02031	
Secretary Name Jacqueline Baccaire			Treasurer Name John A. Baccaire			
Street Address			Street Address			
344 Hope Furnace Road			344 Hope Furnace Road			
City	State	Zip 00004	City	State	Zip	
Hope	RI	02831	Hope	RI	02831	
	ES OF THE DIREC	TORS: ("X" BOX FOR AT	<i>TACHMENT)</i> 🗍 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name			
John A. Baccaire			Jacqueline Baccaire			
Street Address			Street Address			
344 Hope Furnace Road			344 Hope Furnace Road			
City	State	Zip	City	State	Zip	
Норе	RI	02831	Hope	RI	02831	
Director Name	*******************	· · · · · · · · · · · · · · · · · · ·	Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
). SHARES AUTHORIZED				("X" BOX FOR ATTAC	· Lucal	
				CTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			400	Common	None	
This report must be execut	ed on hehalf of the	corporation by an authoriz	ad representative If the	nomoration is in the 1		
		corporation by the receiver		corporation is in the nand	is of a receiver or trustee,	
mis report must be excente	d on behan of the	corporation by the receiver	or trustee.			
			Under penalty of a	perjury, I declare and affirm	that I have examined this rep	
			including any acco	ompanying schedules and st	atements, and that all stateme	
			contained herein a	ire true and correct, 1	' wha	
File Date FILED			Sect. i	whee Law	use 7/2	
			Signature	une y	Date	
Check No. 1111 9 7 206	n q		"// //	D !	17MIC	
Check No. JUL 2 7 200	/		Jøgquelline I	Baccaire		
Bu D. SH.7	6		Point or Type Name	2		

Vice President

Title