



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, RI 02903-1333  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 136713		2. Name of Corporation CRAWFORD CONSTRUCTION, INC.			
3. Street Address Principal Business Office 17 CHAPMAN LANE			City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 401-245-6480		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A CONSTRUCTION BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN CRAWFORD			Vice President Name STEPHEN W. CRAWFORD		
Street Address 17 CHAPMAN LANE			Street Address 10 ELIZABETH ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name STEPHEN W. CRAWFORD			Treasurer Name STEPHEN CRAWFORD		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEPHEN CRAWFORD			Director Name		
Street Address 17 CHAPMAN LANE			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR	600	COMMON	NO PAR

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

File Date 2-25-04
Check No. 2149
By [Signature]
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: [Signature] Date: 1/15/04

STEPHEN CRAWFORD  
Print or Type Name of Officer

PRESIDENT  
Title of Officer