



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

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 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **112512**  
2. Name of Corporation **CIPCO Construction Inc**  
3. Street Address Principal Business Office  
**C/O Michael B. Grant Esq. 255 S. Main Street**  
4. Business Phone No. **401 641-7166** 5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02860**  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Landscaping / General Contracting / Site Utilities Const**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Christopher J. Cipriano**  
Street Address **C/O Michael B. Grant, Esq. / 255 S. Main Street**  
City **Providence** State **RI** Zip **02860**  
Secretary Name **Janet**  
Street Address  
City State Zip

Vice President Name **Janet**  
Street Address  
City State Zip  
Treasurer Name **Janet**  
Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Sam P**  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares **200** Class/Series **NO PAR** Par Value **NO PAR**  
**200 NO PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares **0** Class/Series Par Value

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
NOV 3 1 40 PM '03

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



\* 1 1 2 5 1 2 \*

**FILED**

**NOV 03 2003**

By **M. H. H. H.**

**GAM**

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 **Christopher J. Cipriano** Date **3/01/03**  
Print or Type Name of Officer **Christopher J. Cipriano**  
Title of Officer **President**