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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112512

2. Name of Corporation CIPCO Construction Inc

3. Street Address Principal Business Office 249 Glen Hills Drive

City Cranston *State* RI *Zip* 02920

4. Business Phone No. 401

5. State of Incorporation Rhode Island

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Gen'l Contracting, Excavation, Landscap, Site Construction

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

President Name Christopher J Ciprianó
Street Address 249 Glen Hills Dr.
City Cranston *State* RI *Zip* 02920

Vice President Name Christopher J Ciprianó
Street Address Same
City *State* *Zip*

Secretary Name Christopher J Ciprianó
Street Address Same
City *State* *Zip*

Treasurer Name Christopher J Ciprianó
Street Address Same
City *State* *Zip*

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

Director Name Christopher J Ciprianó
Street Address 249 Glen Hills Drive
City Cranston *State* RI *Zip* 02920

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
200		Non-Par

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

ISSUED SHARES

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

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

File Date: FILED
Check No.: JUL 01 2002
By: By CM 28689
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.

Christopher J Ciprianó 5/20/02
Signature of Officer *Date*

Christopher J Ciprianó
Print or Type Name of Officer

President / Owner
Title of Officer

Form 630 12/01