

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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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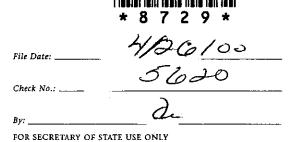
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	Name of Corpora	tion			
8729	SARAVO BR	OTHERS CONSTRU	CTION COMPANY, INC.		
3. Street Address Principal Busines			City	State	Zip
34 Centredale Ave	nue		No. Prov.	RI	02911
4. Business Phone No.		5. State of Incorporat	ion		6. SIC Code
231-1009		RHODE ISL	AND		34
7. Brief Description of the Charact	er of Business Conducted i	n Rhode Island			
Construction.					
8. NAMES AND ADDRES President Name	SSES OF THE OFF	CERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Ettore Saravo			Ettore Sarav	70	
Street Address			Street Address		
34 Centredale Ave	•		34 Centredal	e Ave.	
City	State	Zip	City	State	Zip
No. Prov.	RI	02911	No. Prov.	RI	02911
Secretary Name			Treasurer Name		
Ettore Saravo			Ettore Sarav	70	
Street Address			Street Address		
34 Centredale Ave	•		34 Centredal	e Ave.	
City	State	Zip	City	State	Zip
No. Prov.	RI	02911	No. Prov.	RI	02911
9. NAMES AND ADDRES	SSES OF THE DIRI	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Director Name	NONE.		Director Name		
	NOINE.				
Street Address	•		Street Address		
City	State	715	C:h.	C4-4-	~ 1.
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	,
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
					
500 SHS NO PAR	COM		200	Common	No Par

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

President

Title of Officer



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.

Ettore Saravo	4/5/00			
Signature of Officer	Date			
Ettore Saravo				
Print or Type Name of Officer				