



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

8729

SARAVO BROTHERS CONSTRUCTION COMPANY, INC.

3. Street Address Principal Business Office

City

State

Zip

34 Centredale Avenue

No. Prov.

RI

02911

4. Business Phone No.

5. State of Incorporation

6. SIC Code

231-1009

RHODE ISLAND

34

7. Brief Description of the Character of Business Conducted in Rhode Island

Construction.

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

President Name

Vice President Name

Ettore Saravo

Ettore Saravo

Street Address

Street Address

34 Centredale Ave.

34 Centredale Ave.

City

State

Zip

City

State

Zip

No. Prov. RI 02911

No. Prov. RI 02911

Secretary Name

Treasurer Name

Ettore Saravo

Ettore Saravo

Street Address

Street Address

34 Centredale Ave.

34 Centredale Ave.

City

State

Zip

City

State

Zip

No. Prov. RI 02911

No. Prov. RI 02911

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

Director Name

Director Name

NONE.

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 SHS NO PAR COM

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200 Common No Par

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



* 8 7 2 9 *

File Date: 4/26/00

Check No.: 5020

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.

Ettore Saravo 4/5/00
Signature of Officer Date

Ettore Saravo

Print or Type Name of Officer

President

Title of Officer