

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Brief description of the character of business conducted in Rhode the operation of a general contracting business LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX Foresident Name Thomas P. Mazza Breet Address P.O. Box 1464 City State Zip 02840 Street Address City State Zip 02840 B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX Director Name Thomas P. Mazza Street Address P.O. Box 1464 City State Zip 02840 Director Name Thomas P. Mazza Street Address P.O. Box 1464 City State Zip 02840 Street Address P.O. Box 1464 City State Zip 02840 City State Zip 02840 City State Zip 02840	OR ATTACHMENT) Vice-President Nam Street Address City Treasurer Name Street Address City	Ration St		Zip Zip Zip
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9. SHARES AUTHORIZED	10. SHARES ISS			IMENT)
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This information is currently of record in the Office of the Sector of State. Changes require an additional filing.	etary 200	со	mmon	0
See Section 9 of instruction sheet.			s in the hands	s of a receiver or trus
This report must be executed on behalf of the corporation by an a this report must be executed on b	II I	the corporation is		

Title Date		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.
File Date Check No	FILED	20. a. 1 Magra 1/20/14
Ву:	MAR 2 1 2014	Signature of Authorized Representative //
FOR SECRETARY OF STATE USE ONLY	2 7 2017	Thomas P. Mazza
form No. 630	12620	Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012