

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

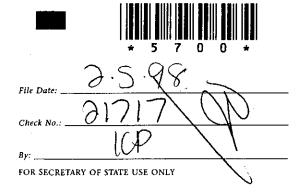
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILSSERIAD INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 5700 M & J CONSTRUCTION CO., INC. 3. Street Address Principal Business Office City State Zip02919 RT 8 Zoar Street Johnston, 6. SIC Code 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 0414 7. Brief Description of the Character of Business Conducted in Rhode Island Commercial & Industrial Building& Remodeling General Contractors 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Michael Vigliotti NONE Street Address Street Address 897 Hartford Avenue City State Zip RI 02919 Johnston,. Treasurer Name Secretary Name Joseph Vigliotti Joseph Vigliotti Street Address Street Address 32 Oak Ridge Rd. 32 Oak Ridge Rd. State ZipCity Zip RT 02857 RΙ 02857 No. Scituate, No. Scituate 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Joseph Vigliotti Michael Vigliotti Street Address Street Address 897 Hartford Avenue 32 Oak Ridge Rd. City Zip City 02857 02919 RI No. Scituate Johnston. Director Name Director Name Street Address Street Address City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Series Par Value Number of Shares Number of Shares Class/Series Par Value

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

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600 SHS NO PAR COMMON

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.

2-3-98

🗹 Joseph Vigliotti

Print or Type Name of Officer

Secretart-Treasurer

Title of Officer

Signature of Officer

m 31 17/96

No Par

Date