State of Rhode Island and Providence Fightauous

Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

Please Type or Pri
File Annually – Jan. 1 - March
Filing Fee \$50.0
Make Checks Payable to: Secretary of Sta

ALL ENTRIES MUST BE COMPLETED	IN FULL OR THE	FORM WILL	L BE RETURN			
Corporate ID:		Annual Repor	t for the year:	1994		
M&J CONSTRUCTI	ON CO., INC.				•	
Name of Corporation: Business entity organized under the laws of the State of: Rhode Island For foreign entity, address and telephone number of principal office:		Business Entity is (check one): X[X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1) Brief statement of the character of business conducted in Rhode Island:				
Phone: ()						
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 8 Zoar Street		Building Contractor				
Johnston	· · · · ·					
Rhode Island 02919			· · · · · · · · · · · · · · · · · · ·			<u></u>
Phone: (401) 272 1711		<u>-</u>	· · · · · · · · · · · · · · · · · · ·			
	THE NAMES OF T					
PRESIDENT Michael S. Vigliotti	STREET AL 897 Hartford		Johnston	RI	02919	ZIP COC
VICE PRESIDENT	STREET AD	DRESS	an	/STATE		ZIP COC
SECRETARY	STREET AD	DRESS	CITY	/STATE	······································	ZIF CO0
Joseph D. Vigliotti	32 Oak Ridge			uate, RI	02857	
TREASURER Joseph D. Vigliotti	STREET AD 32 Oak Ridge			uate, RI	02857	ZIP COD
	THE NAMES OF TH					
Michael S. Vigliotti	STREET AD 897 Hartford		ary	STATE		ZZP CO0
маме Joseph D. Vigliotti	STREET AD 32 Oak Ridge			uate, RI	02857	ZZP COD
NAME	STREET AD	DRESS	an	STATE		Z12° COD
NUMBER OF SHARES AUTHORIZED (Rider may be attac	thed)	NUMBER OF S	HARES ISSUED AN	ID OUTSTANDI	NG (Rider m2y be	attached)
Number of Shares Class / Series		Number of Sha	ares Cl	ass / Series		
600 Common		10	Сош	mon		
•						
Date December 12 ,19 95	Ву:	Muluf Michael S.	S/N/Vigliotti	9		
·	DRIVEOD	VOC NAME OF OFFICE	SIGNING Pres	ident		

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Form 31 1/95

FILED

UEL 19 1995

BY 53303

ক্ষা প্রক্রাপার্য এক প্র প্রতিক্রা ক্ষ্মপূর্ব কি ক্রাপ্ত প্রক্রা বিশ্ব ব্যবহার ক্ষ্মিক ক্রাপ্তিক্রিক বিশ্ব বিশ্র বিশ্ব বিশ্র

Dec 15 12 of fit 35