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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 7400

2. Name of Corporation F.C. DIMAURO AND ASSOCIATES, INC.

3. Street Address Principal Business Office Beacon Avenue — *City* Jamestown — *State* RI — *Zip* 02835

4. Business Phone No. (401) 423-0798

5. State of Incorporation RHODE ISLAND

6. SIC Code 34

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

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

President Name Frank C. DiMauro
Street Address Beacon Avenue
City Jamestown *State* RI *Zip* 02835

Vice President Name Frank C. DiMauro
Street Address Beacon Avenue
City Jamestown *State* RI *Zip* 02835

Secretary Name Frank C. DiMauro
Street Address Beacon Avenue
City Jamestown *State* RI *Zip* 02835

Treasurer Name Frank C. DiMauro
Street Address Beacon Avenue
City Jamestown *State* RI *Zip* 02835

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

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par Value

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

* 7 4 0 0 *

File Date: 2/13/02

Check No.: 7083

By: LB

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.

2-8-02
Signature of Officer *Date*

Frank C. DiMauro
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01