STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
111701	RICARDO SPENCE, Inc.			
3. Street Address Principal Business Office		City	State	Zip
26 VARS LANE		BRADFORD	RI	02808
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-377-4878	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF CONSTRUCTION, STONE WORK AND MASONRY INCLUDING TILE WORK AND PATIO BUILDING.
TO ENGAGE IN THE BUSINESS OF RENTING AND LEASING VEHICLES.

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

President Name	Vice President Name
RICARDO SPENCE	
Street Address: 26 VARS LANE	Street Address:
City: BRADFORD State: RI Zip: 02808	City: State: Zip:
Secretary Name	Treasurer Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
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
800 NO PAR VALUE		

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

ISSUED 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

[redacted] [redacted]

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.

Ricardo Spence — *Signature of Officer* — 1-21-05 *Date*

RICARDO SPENCE
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date 1/25/05
Check No. 923125166
By: DA
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
111701	RICARDO SPENCE, Inc.			
3. Street Address Principal Business Office		City	State	Zip
26 VARS LANE		BRADFORD	RI	02808
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-377-4878	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF CONSTRUCTION, STONE WORK AND MASONRY INCLUDING TILE WORK AND PATIO BUILDING.
TO ENGAGE IN THE BUSINESS OF RENTING AND LEASING VEHICLES

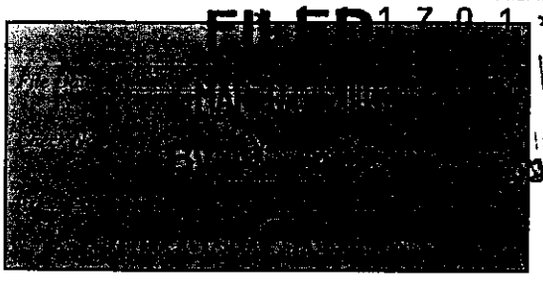
President Name			Vice President Name		
RICARDO Spence			None		
Street Address			Street Address		
26 VARS LANE					
City	State	Zip	City	State	Zip
BRADFORD	RI	02808			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Director Name			Director Name		
None			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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 NO PAR VALUE			None		

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

[redacted]



[redacted]

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.

Ricardo Spence
Signature of Officer *Date*

RICARDO Spence
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03

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 2003

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
111701	RICARDO SPENCE, Inc.			
3. Street Address Principal Business Office		City	State	Zip
26 VARS LANE		BRADFORD	R.I.	02808
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-377-4878	RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island				
STONE AND BRICK MASON				

8. NAMES AND ADDRESSES OF THE OFFICERS *X BOX FOR ATTACHMENT* ☐ **FILL IN SPACES BEFORE USING ATTACHMENT**

President Name	Vice President Name
[redacted] RICARDO SPENCE	NONE
Street Address: 26 VARS LANE	Street Address:
City: BRADFORD State: RI Zip: 02808	City: State: Zip:
Secretary Name: NONE	Treasurer Name: NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
NONE	NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name: NONE	Director Name: NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *X BOX FOR ATTACHMENT* ☐ **11. SHARES ISSUED** *X BOX FOR ATTACHMENT* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 NO PAR VALUE			NONE		

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

[redacted]

111701

File Date: 1-17-03
Check No.: 9113897843
By: UP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ricardo Spence — 1-16-03
Signature of Officer — *Date*

RICARDO SPENCE
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/02

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.	2. Name of Corporation			
111701	RICARDO SPENCE, Inc.			
3. Street Address Principal Business Office		City	State	Zip
26 VARS LANE		BRADFORD	R.I.	02808
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401- 377- 4878	RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island				
STONE / BRICK MASON				

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

President Name			Vice President Name		
RICARDO Spence					
Street Address			Street Address		
26 VARS LANE					
City	State	Zip	City	State	Zip
BRADFORD	RI	02808			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
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) ■ 11. SHARES ISSUED (X BOX FOR ATTACHMENT) ■

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 NO PAR VALUE			None		

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

■

* 111701 *

■

File Date: 2-1-02

Check No.: MO 90/12/142/212

By:

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.

Ricardo Spence — 1-18-02
Signature of Officer — *Date*

RICARDO SPENCE
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/01

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **111701**	*2. Name of Corporation* **RICARDO SPENCE, Inc.**		
3. Street Address Principal Business Office 26 Vars Lane	*City* Bradford	*State* RI	*Zip* 02808
4. Business Phone No. (401) 377-4878	*5. State of Incorporation* **RHODE ISLAND**		*6. SIC Code*
7. Brief Description of the Character of Business Conducted in Rhode Island Construction, masonry and vehicle leasing			

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

President Name Ricardo Spence			*Vice President Name*		
Street Address 26 Vars Lane			*Street Address*		
City Bradford	*State* RI	*Zip* 02808	*City*	*State*	*Zip*
Secretary Name			*Treasurer Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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

Director Name Ricardo Spence			*Director Name* David W. Gervosini Esq.		
Street Address 26 Vars Lane			*Street Address* 43 Broad Street		
City Bradford	*State* RI	*Zip* 02808	*City* Westerly	*State* RI	*Zip* 02891
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
800 NO PAR VALUE			100		No par value

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

111701

File Date: 3/1

Check No.: MO 86490673 2450

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.

[signature] 2/28/01
Signature of Officer *Date*

Ricardo Spence
Print or Type Name of Officer

President
Title of Officer