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			
136604	JDI Construction, Inc.			
3. Street Address Principal Business Office		City	State	Zip
8 Evergreen St.		Barrington	RI	02806
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 952-0922	RHODE ISLAND			238140

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE MASONRY, CONSTRUCTION, PLOWING AND MAINTENANCE SERVICES TO THE RESIDENTIAL, COMMERCIAL, INDUSTRIAL AND PUBLIC SECTIONS.

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

President Name			Vice President Name		
Jon Israel			N/A		
Street Address			Street Address		
1655 Fall River Ave					
City	State	Zip	City	State	Zip
Seekonk	MA	02771			
Secretary Name			Treasurer Name		
N/A			N/A		
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		
Jon Israel			N/A		
Street Address			Street Address		
1655 Fall River Ave					
City	State	Zip	City	State	Zip
Seekonk	MA	02771			
Director Name			Director Name		
N/A			N/A		
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*
1,000 NO 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

[redacted] [redacted]

File Date	FILED
Check No.	FEB 08 2005
By:	By 13821 Corp

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 of Officer — *Date* 2/2/05

Jon Israel
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03