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			
96804	The Sullivan Corporation			
3. Street Address Principal Business Office		City	State	Zip
15299 Stony Creek Way		Noblesville	IN	46060
4. Business Phone No.	5. State of Incorporation			6. SIC Code
317-776-2770	INDIANA			59

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL CONSTRUCTION

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

President Name	Street Address	City	State	Zip
Terence S. Sullivan	15299 Stony Creek Way	Noblesville	IN	46060

Vice President Name	Street Address	City	State	Zip
Kevin P. Sullivan	15299 Stony Creek Way	Noblesville	IN	46060

Secretary Name	Street Address	City	State	Zip
Chris J. DiBenedetto	15299 Stony Creek Way	Noblesville	IN	46060

Treasurer Name	Street Address	City	State	Zip
Chris J. DiBenedetto	15299 Stony Creek Way	Noblesville	IN	46060

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

Director Name	Street Address	City	State	Zip
Terence S. Sullivan	Same As Above			

Director Name	Street Address	City	State	Zip
Kevin P. Sullivan	Same As Above			

Director Name	Street Address	City	State	Zip

Director Name	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*
706	Comm-	No par

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

[redacted]

* 9 6 8 0 4 *

FILED

File Date MAR 01 2004

Check No. 37769

By: By

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.

2-23-04
Signature of Officer *Date*

Christopher DiBenedetto
Print or Type Name of Officer

Treasurer
Title of Officer

[redacted]

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 96804
2. Name of Corporation: The Sullivan Corporation
3. Street Address Principal Business Office: 15899 STONY Creek WAY
   City: Noblesville State: IN Zip: 46060
4. Business Phone No.: 317-776-3770
5. State of Incorporation: INDIANA
6. SIC Code: 59
7. Brief Description of the Character of Business Conducted in Rhode Island: Construction MANAGEMENT Services

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

President Name: Terence S. Sullivan
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Vice President Name: Kevin P. Sullivan
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Secretary Name: Christopher DiBenedetto
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Treasurer Name: Christopher DiBenedetto
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

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

Director Name: Terence S. Sullivan
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Director Name: Kevin P. Sullivan
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Director Name:
Street Address:
City: State: Zip:

Director Name:
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
706	Common	NPV

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

* 9 6 8 0 4 *

File Date: 2/12/03
Check No.: 31665
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.

Signature of Officer: [signature] Date: 1-31-03

Christopher DiBenedetto
Print or Type Name of Officer

Secretary
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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 96804
2. Name of Corporation: The Sullivan Corporation
3. Street Address Principal Business Office: 15899 STONY Creek WAY
   City: Noblesville State: IN Zip: 46060
4. Business Phone No.: 317-776-2770
5. State of Incorporation: INDIANA
6. SIC Code: 59
7. Brief Description of the Character of Business Conducted in Rhode Island: General Construction Contracting

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

President Name: Terence S. Sullivan
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Vice President Name: Kevin P. Sullivan
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Secretary Name: Christopher DiBenedetto
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Treasurer Name: Christopher DiBenedetto
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

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

Director Name: Terence S. Sullivan
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Director Name: Kevin P. Sullivan
Street Address: 15899 STONY Creek WAY
City: Noblesville State: IN Zip: 46060

Director Name:
Street Address:
City: State: Zip:

Director Name:
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
706	Common	NPV

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

* 9 6 8 0 4 *

File Date: 4-1-02
Check No.: 27652
By: KMC

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: [signature] Date: 3/25/02
Print or Type Name of Officer: Christopher DiBenedetto
Title of Officer: Secretary/Treasurer

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. 96804
2. Name of Corporation: The Sullivan Corporation

3. Street Address Principal Business Office: 15299 Stony Creek Way
City: Noblesville
State: IN
Zip: 46060

4. Business Phone No.:
5. State of Incorporation: INDIANA
6. SIC Code: 59

7. Brief Description of the Character of Business Conducted in Rhode Island: General Contracting

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

President Name: Terence S. Sullivan
Street Address: 713 Mayfair Lane
City: Carmel
State: IN
Zip: 46032

Vice President Name: Kevin Sullivan
Street Address: 13032 E. 206th Street
City: Noblesville
State: IN
Zip: 46060

Secretary Name: Christopher J. DiBenedetto
Street Address: 6735 E 350 N
City: Brownsburg
State: IN
Zip: 46112

Treasurer Name: Christopher J. DiBenedetto
Street Address: 6735 E 350 N
City: Brownsburg
State: IN
Zip: 46112

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

Director Name: Terence S Sullivan
Street Address: 713 Mayfair Lane
City: Carmel
State: IN
Zip: 46032

Director Name: Kevin Sullivan
Street Address: 13032 E. 206th Street
City: Noblesville
State: IN
Zip: 46060

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
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
~~1000~~ 706	COMM	NPV

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

* 9 6 8 0 4 *

File Date: 4-5-01

Check No.: 20470

By: Cc

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: [signature] Date: 3/30/01

Print or Type Name of Officer: KEVIN P SULLIVAN

Title of Officer: VICE PRESIDENT

Form 630 12/00

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
96804	The Sullivan Corporation **TO DO BUSINESS UNDERFICTITIOUS NAME ONLY

3. Street Address Principal Business Office	City	State	Zip
15299 STONY CREEK WAY	NOBLESVILLE	IN	46060

4. Business Phone No.	5. State of Incorporation	6. SIC Code
317-776-2770	INDIANA	59

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

CONSTRUCTON

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

President Name	Vice President Name
TERENCE SULLIVAN	KEVIN SULLIVAN
Street Address: 15299 STONY CREEK WAY	Street Address: SAME
City: NOBLESVILLE State: IN Zip: 46060	City / State / Zip
Secretary Name	**Treasurer Name**
GRAEME COSH	GRAEME COSH
Street Address: SAME	Street Address: SAME
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
TERENCE SULLIVAN	KEVIN SULLIVAN
Street Address: SAME	Street Address: SAME
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
1,000 COMM	NO PAR VALUE	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
700	Common	NO PAR

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

96804

File Date: 4/6/00

Check No.: 10629

By: JL

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.

2/27/2000
Signature of Officer *Date*

GRAEME COSH
Print or Type Name of Officer

Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
96804	The Sullivan Corporation **TO DO BUSINESS UNDERFICTITIOUS NAME ONLY OF: Int			
3. Street Address Principal Business Office		City	State	Zip
15299 Stony Creek Way		Noblesville	Indiana	46060
4. Business Phone No.	5. State of Incorporation			6. SIC Code
317-776-4770	INDIANA			59

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

Construction

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

President Name	Vice President Name
Terence S. Sullivan	Kevin P. Sullivan
Street Address	Street Address
713 Mayfair Lane	13032 E. 206th St.
City / State / Zip	City / State / Zip
Carmel / IN / 46032	Noblesville / IN / 46060
Secretary Name	**Treasurer Name**
Linda J. Mikels	Graeme B. Cosh
Street Address	Street Address
5120 Maple Lane	6281 E. 261st St.
City / State / Zip	City / State / Zip
Indianapolis / IN / 46219	Arcadia / IN / 46030

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

Director Name	Director Name
Terence S. Sullivan	Kevin P. Sullivan
Street Address	Street Address
See above	See above
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
1,000	COMM	NO PAR VALUE	706	COMM	NO PAR VALUE

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

* 9 6 8 0 4 *

File Date: 2/19/99

Check No.: 28446

By: JO

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: 2/14/99

Graeme B. Cosh
Print or Type Name of Officer

Treasurer
Title of Officer

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

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 PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
96804	The Sullivan Corporation **TO DO BUSINESS UNDERFICTITIOUS NAME ONLY OF: Int		
3. Street Address Principal Business Office	City	State	Zip
15299 Stony Creek Way	Noblesville	IN	46060
4. Business Phone No.	5. State of Incorporation		6. SIC Code
	INDIANA		0059

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

General Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*)

President Name	Street Address	City	State	Zip
Terence S. Sullivan	713 Mayfair Lane	Carmel	IN	46032

Vice President Name	Street Address	City	State	Zip
Kevin P. Sullivan	5801 N. Pennsylvania St.	Indianapolis	IN	46220

Secretary Name	Street Address	City	State	Zip
Linda J. Mikels	5120 Maple Lane	Indianapolis	IN	46219

Treasurer Name	Street Address	City	State	Zip
Graeme B. Cosh	3014 Saddlehorn Dr.	Carmel	IN	46033

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*)

Director Name	Street Address	City	State	Zip
Terence S. Sullivan	see above			

Director Name	Street Address	City	State	Zip
Kevin P. Sullivan	see above			

Director Name	Street Address	City	State	Zip

Director Name	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
706	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] * 9 6 8 0 4 * [redacted]

File Date: 2/26

Check No.: 24307

By: KAB

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.

[redacted] 2/23/98

Signature of Officer *Date*

Graeme B. Cosh

Print or Type Name of Officer

Treasurer

Title of Officer