

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 CORPO			RT FOR THE YEA	AR200	4
(FORM MUST BE TYPED OR PI					
1. Corporate ID No	2. Name of Corpo	pration		-	
96804	The Sullivan	Corporation			
3 Street Address Principal Busine			City	State	Zip
15299 STONY CRI	EER WAY		Mosesvice	TN	46060
4. Business Phone No.		5. State of Incorporatio	n		6. SIC Gode
317-776-2770		INDIANA			59
7. Brief Description of the Charac GENERAL CONSTRUC	•	ed in Rhode Island			
	ES OF THE OFFIC	CERS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USI	NG ATTACHMENTS
President Name			Vice President Name		
TERENCE S. SUL	UAN		KEUIN P. Su		
Sireci Address 15299 STowy CREE	r WAY		Street Address 15299 Stawy City	CREEK WAY	
Chy Node suice	State TN	Zip 46060	Cily Noblesu. LLE	State FN	Zip 46060
Secretary Name			Treasurer Name	••••••••••••	••••••••••••
CHRIS J. D.	BENEDETTO		CHRIS J. Dil	B-m10E770	
Street Address 15299 STONY CA	REEK WAY		Street Address 15299 Stowy	CREEK WAY	
Cin	State	Ζφ	City	State	Zip
Noguesures	エル	46040	NOBLESUILLE	∓N	46060
9. NAMES AND ADDRESS	ES OF THE DIREC	CTORS: ("X" BOX FOR	· —	IN SPACES BEFORE U	SING ATTACHMENTS
Director Name	112		Director Name	•	
TERENCE S. Su	11.067		Kevin P. Sul	LIVAN	
Street Address			SAME AS ADD	_	
SAME AS ABOUE	State	1 2/2	Clry	State	ZID
City	Siale	Zíp	City	Siale	Σ.φ
Director Name		······································	Director Name	······································	
Street Address		•	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	 D ("X" BOX FOR	 ATTACHMENT) [11. SHARES ISSUED	("X" BOX FOR ATTA	CHMENT) []

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

Number of Shares

706 Cmm- No per

File Date	FILED	
Check No	MAR 0 1 2004	
Ву:	By 37769 621	۵
	FOR SECRETARY OF STATE USE ONLY	

Class/Series

Par Value

Number of Shares

1,000 COMM NO PAR VALUE

Under penalty of perjury, I declare and affi neluding any accompanying schedules and correct.	•
DI Sem	2-23-04
ignature of Officer	Date
Christopher DiBened	
Print or Type Name of Officer	
Treasurer	
Title of Officer	F (20.0) 12/03
	Form 630 Rev. 12/03

Class/Series

Par Value

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 PLASSE RIAD INSPRECTIONS

FORM MUST BE TYPED OR PRINT	TED IN RIACED				
1. Corporate ID No.	2. Name of Corpora	tion			
96804	• •	Corporation			
3. Street Address Principal Business		,, ,	City	State	Zip
15299 STUNY	Creek WAY		Noblisville	エN	46060
4. Business Phane No.	,	S. State of Incorporation	, -		6. SIC Code
317-776-3	טרו	INDIANA			59
7. Brief Description of the Character	r of Business Conducted i	n Rhode Island			
CONSTRUCT	TION MANAGE	nent Services			
8. NAMES AND ADDRES President Name	SES OF THE OFF	CERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES 1 Vice President Name	BEFORE USING ATTACH	IMENTS
Terence S.	Sullivay		Kevin P. Sv.	<i>ilivan</i>	
Street Address			Street Address		•
15899 STUNY	Creek way		15299 STONY	Crek WAY	
City	State	Zip	City	State	Zip
Hobblesville	IH	46060	Hobbesille	IN	46060
Secretary Name			Treasurer Name		
Christopher D	Benedetti		Christopher L). Beneiterno	
Street Address	_		Street Address		
15399 STONY C	reek way		15299 STONY	Creek way	
City	State	Zip /// ~ O	City	State	Zip
NOBLISHITE	IH	4600	Hoblesville	IH	46060
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR ATTA		S BEFORE USING ATTA	CHMENTS
Director Name	· .)		Director Name	5 . 1/2.00	
Terence 5. 3	SULLIVERY		Kavin P.		
Street Address	larer way		Street Address	wy Creek way	
15299 STURY 0		71.	/ <i>58</i> 7/ <i>5</i> 10	Wy Clean vois	71.
Noblesville	State IH	21p 46060	Noblesus 1de	State TH	46060
MODUSVIIVE	J-14	70000	Director Name	- /,	•
Director Nume					
Street Address			Street Address		
Сну	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*x* box for att	ACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT)	
AUTHORIZZZO SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VA	LUE		706	Common	NPV

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



File Date: 3/65

Check No.: 3/665

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.

that all statements contained	herein are true and correct.
D'Seus	1-31-03
Synature of Officer	Date

(Chri	stof	sher	Di BeneileTO
= -				

Frint or Type Name of Officer
Sec reTT99

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
Elling Period	· Ianuaev I_Maech 1 .	Elling Fee: \$50	00				



PROFIT CORI Filing Period: Januar FORM MUST BE TYPED IN BL		Filing Fee: \$50.00			INSTR
I. Corporate ID No.	2. Name of Corporati	on			
96804	The Sullivan	Corporation			
1. Street Address Principal Busines		•	City	State	Zip
15299 STUNY	Creek way	S. State of Incorporation	Noblesville	IN	46060 6. SIC Code
317-774-37 Brief Description of the Charact		INDIANA Rhode Island			59
	. CONSTRUCTION				
B. NAMES AND ADDRE	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES E Vice President Name	BEFORE USING ATTACH	MENTS
Terence S	. Sullivay		Street Address	MAVING	
15299 570	my creek wa	·/	15299 STON	y Creek way	
	Ny Creek WA		City	State	Zip
Noblesuille	_ IN	46060	Nobbsville Treasurer Name	IN	46060
Christopher l); Benedetto		Christopher :		
,15899 STONY	Creek WAY	ZIP	15899 STONY	Creek way	Zip
Noblesville	IN	46060	Hobbsville	IN	4600
	SSES OF THE DIRE	CTORS (*X* BOX FOR ATTA	ACHMENT) + FILL IN SPACES Director Name		HMENTS
Tecence Some	•	**	Keyin P.		
15899 STUN	/ Creek WAY	•	15299 STONY	Creek way	
lity	State	210	. City	State	Zip
Noblesville	State IN	46060	Hoble Stille Director Name	IN	46060
treet Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMENT)	•
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VA	LUE		706	Common	MPY
		•		•	

either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: _	4-1-02
Check No.:	27452
Ву:	KML

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 contained herein are true and correct.

<u>3/a5/0a</u> Signature of Officer

Christopher DiBonedern Print or Type Name of Officer

/Treasure(Title of Officer Form 630 12/01 **₹**\$\$ 5

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

001 STC

(FORM MUST BE TYPED IN BLACK)

Corporate ID No.	The Sullivar	Corporation			
1. Street Address Principal Business O 15299 Stony 1. Business Phone No.	rnee Creek Way	5. State of incorporation INDIANA	Noblesville	State	zip 46060 6. sic 53 0
t. Brief Description of the Character of General Contra B. NAMES AND ADDRESS	cting		MENT) FILL IN SPACES BEF	ORE USING ATTACHM	ents
President Name TEYENCE 5. itreet Address	Sullivan		Vice President Name Kevin Sulliv Street Address 13032 E 21	ran	
713 Mayfair Carmel	State IN	46032		State IN	zip 46060
iccretary Name Christopher J. itect Addiess 6735 E 350 N	DiBenede Tro		Christopher J. Street Address 6735 E 350		•
Brownsburg	State IN	Zip 46113	Brownsizers	State I N	Zip YG112
9. NAMES AND ADDRESS Director Name		ORS ("X" BOX FOR ATTAC	Director Name	EFORE USING ATTACH	MENTS
Terence 5 street Address 713 Mayfair Carnel Director Name		zip 46032	Kevin Sulliv Street Address 13032 E 20 City Noblesville Director Name		zip 46060
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHI	MENT)	11. SHARES ISSUED ("X")	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR	RVALUE		(1000) 706	COMM	NPV

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

Title of Officer



#-5-0 /
File Date:

20470

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY



File Date: _

Check No .: _

FOR SECRETARY OF STATE USE ONLY

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

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 o	f Corporation	~ -		
96804 The S 3. Street Address Principal Business Office	Sullivan Corporation	n **TO DO BUSINESS UN	DERFICTITIOUS NA	AME ONLY
15299 57024 CRESCL 1. Business Phone No.	S. State of Incorporat	NOTION ILLE	AT .	6. SIC Code
ろれ・ナスを・ションの 7. Brief Description of the Character of Business Ca	I ND I ANA			59
CONSTRUCTON	_			
8. NAMES AND ADDRESSES OF TH President Name		Vice President Name	EFORE USING ATTACH	MENTS
Street Address	1 4~	KEUL SUL	ua.	
Street Address ISLAA STONY CARE City State NOGLESUILLE I	K way	SAME City	State	Zip
NOGUESWILLE I	ہے۔۔ کودی	-0		
secretary trame		Treasurer Name	,	
Street Address	•	Street Address		
City State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF TH Director Name Street Address		Director Name Kibburd Such Street Address	BEFORE USING ATTAC	HMENTS
City State	Zip	City SAME	State	Zip
Director Name	•••	Director Name		
Street Address		Street Address		
City State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*x* BOX AUTHORIZED SHARES	FOR ATTACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMENT)	
Number of Shares Class/Seri	les Por Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		706	Comon	no bar
This report must be signed in ink	by either the President, V	_l ice President, Secretary, Assis	tant Secretary, Treasur	er, Receiver or Trust
		11 -4	inan I daglara and affirm	shae I have even-to-d
	BIII BI GI (88 1	Under penalty of per	jury, I declare and affirm i	inat i nave examined

n._ 420 12804

this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

Print or Type Name of Officer

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999. Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK)	- · · · · · · · · · · · · · · · · · · ·				
. Corporate ID No. 2. Name of Corpo			FITIOLIO NAME OLU	V 05. I-4	
96804 The Sullive Street Address Principal Business Office	n Corporation **TO [OO BUSINESS UNDERFICT	FITIOUS NAME ONL	Y OF: Int	
5299 STORY CREEK AY	5. State of incorporatio	١٥٥١٩٥١	TENDIAMA	6. SIC Code	
Brief Description of the Character of Business Conducte.	INDIANA			. <u>.</u> . <u>59</u>	
CONSTRUCTION NAMES AND ADDRESSES OF THE OF	FICERS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACES BI	EFORE USING ATTACH	MENTS	
TERENCE S. Summer		KEUN P. SAU	نيما	<u> </u>	
713 MAYFAR LANG		13032 E. LOGT	ң <mark>⊱т</mark>		
CARMEL FN	210 46032	NOBLESTILE		. zip 4 6060	
ecretary Name		Treasurer Name	······································		
LINDA J. MIKELS		Street Address	C=54		
5120 MARIE LAN	E	6281 E. 2616+ ST.			
ity State PNDLA-SAROUS TWO	zip 46219	ARCADIA	State	1 46030	
		TTACHMENT) FILL IN SPACES	BEFORE USING ATTAC		
lirector Name		: Director Name		· · · · · · · · · · · · · · · · · · ·	
TEREVICE_S, SWELLAND		E Kan P.	كسيام	···	
treet Address		Street Address	_		
ity State	Zip	_ : See abox	State	- + ZIp	
state .	,,,p	City	1	, 2.9	
lirector Name		Director Name			
treet Address		Street Address		<u> </u>	
State	· Zip ·	City	State	T Zip	
O. SHARES AUTHORIZED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ('X	BOX FOR ATTACHMENT)		
lumber of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 COMM NO PAR VALUE	– –	1 706 com	- NO PAR UAL	we	
his report must be signed in ink by e	ither the President. Vic	e President, Secretary, Assist	ant Secretary. Treasur	er. Receiver or	

File Date	10/19/99
Check No.:	28446
Ву:	20 hr
FOR SECRETARY O	F 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.

0	_	- Pagnes	2/14 <u>199</u>	
Strate of Officer	_		Date	
GRAEME	8.	Cosy		

appene_	B .	Cosy	
Print or Type Name o	f Officer		

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN I. Carporate ID No.	2. Name of Corpora	tion		 			
96804			O DO BUSINESS UNDERF	ICTITIOUS NAME	ONLY OF: Int		
	. Street Address Principal Business Office		City	State	Zip		
15299 Stony Cre	ek Wav		Noblesville	IN	46060		
4. Business Phone No.		5. State of Incorpora			6. SIC Code		
INDIANA		INDIANA	•		0059		
7. Brief Description of the Char	acter of Business Conducted	in Rhode Island	•				
General Cont	ractor						
8. NAMES AND ADDE	ESSES OF THE OFF	ICERS ("X" BOX FOR A		• • •			
President Name			Vice President Name	Vice President Name			
Terence S. Sul.	livan		Kevin P. Sulliv	yan			
Street Address		•	Street Address				
713 Mayfair Lai			5801 N. Pennsyl				
Clly	State	Zip	City	State	Zip		
Carmel	IN	46032	Indianapolis	IN	46220		
Secretary Name			Treasurer Name				
Linda J. Mikels				Graeme B. Cosh			
Street Address			:	Street Address			
_5120 Maple Land	State	Zip	3014 Saddlehorr	State	Zip		
,	-	1		IN	46033		
<u>Indianapolis</u> 9. NAMES AND ADDI	IN DESERTOR	46219	: Carmel				
9. NAMES AND ADDI	ESSES OF THE DIK	ECTORS (X BOX FOR	Director Name	<u>-</u>			
	lituon	•	:	Kevin P. Sullivan			
Terence S. Sul	ri <u>van</u>		: REVITI F. SUITIVATI : Street Address				
see above			see above				
City	State	Zip	: City	State	Zip		
•				ļ	}		
Director Name		······· l · · · · · · · · · · · · · · ·	Director Name	·····			
Street Address			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		
4 000 001111 110	DAD WALLE						
1,000 COMM NO PAR VALUE		706	common	no par value			
			; ·	1	}		

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.

File Date:	U26	
	24367	
Check No.:	./()-	-
Ву:	\(\lambda\beta\)	

FOR SECRETARY OF STATE USE ONLY

Graeme B. Cosh Print or Type Name of Officer

Treasurer Title of Officer

Signature of Officer