

2. Name of Corporation
Bradford Design, Inc.

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. | 2. Na

98404

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

83 KIMBALL BEAC	Business Office		City	State	Zip	
	H ROAD		HINGHAM	MA	02043-	
4. Business Phone No.		5. State of Incorporat			6. SIC Code	
781-749-8727		RHODE ISLAN	ID		34	
7. Brief Description of the C TO ENGAGE IN THE			LITATING, RECONSTRUC	TING AND CHANGING	BUILDINGS.	
	ESSES OF THE O	FFICERS ("X" BOX FOR A	ITTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name	_		Vice President Name			
Kristine M. Teto Street Address	J		N/A Street Address	······································	<u> </u>	
<i>onen naaress</i> CS Kimball Beacl	h Boad		Sireel Address			
	State	Zip	City	State	Zip	
Ciry Hingham	MA	02043	Chy	Sidic	12.0	
ecretary Name			Treasurer Name			
Kristine M. Teto	<b>5</b>		Kristine M. To	eto		
Sireei Address		<del></del>	Street Address			
Same			.Same			
City	State	Zip	*City	State	Zip	
<del></del> /	1		•==/		'	
9. NAMES AND ADDR	ESSES OF THE D	RECTORS ("X" BOX FOI	RATTACHMENTO   FILL I	N SPACES BEFORE USING	ATTACHMENTS	
Director Name	20020 OX. 1122 W.		Director Name			
N/A			· N/A			
Street Address		<u> </u>	Street Address			
			•			
Ciņ	State	Zip	•City	State	Zip	
Director Name		l			J <i></i>	
N/A	•		· Director Name · N/A			
Sireei Address	<del>, </del>		• Sireet Address			
Sireer Address			•			
City	State	Zip	City	State	Zip	
10. SHARES AUTHOR	IZED ("X" BOX FO	PRATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	<b>カロ</b>	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Ciass/Series	Par Value	
8,000 NO PAR VALUE				i		
3,000 NO PAR VALU	IE		8,000	Common	No Par	
3,000 NO PAR VALU	!E		8,000	Common	No Par	
		her the President, Vice		Common sistant Secretary, Trease		
		her the President, Vice	President, Secretary, As  Under penalty of	sistant Secretary, Treasu	urer, Receiver or Trust	
		her the President, Vice	President, Secretary, As  Under penalty of this report, includ	sistant Secretary, Treasu perjury, I declare and affirm ing any accompanying sched	that I have examined dules and statements,	
his report must be sig		her the President, Vice	President, Secretary, As  Under penalty of this report, includ	sistant Secretary, Treasu	that I have examined dules and statements,	
his report must be sig	gned in ink by eit	her the President, Vice	President, Secretary, As  Under penalty of this report, includ	sistant Secretary, Treasu perjury, I declare and affirm ing any accompanying sched	that I have examined dules and statements,	
his report must be sign of the	gned in ink by eit	her the President, Vice	President, Secretary, As  Under penalty of this report, includ	perjury, I declare and affirming any accompanying scheologists contained herein are the	that I have examined dules and statements,	
*98404 DBC OFFILE Date	gned in ink by eit	her the President, Vice	Under penalty of this report, includent that and that all states.  Signature of Officer	perjury, I declare and affirming any accompanying scheolers contained herein are the	that I have examined sules and statements, are and correct.	
*98404 DBC OFFILE Date	gned in ink by eit	her the President, Vice	Under penalty of this report, included and thar all states.	perjury, I declare and affirming any accompanying schedients contained herein are the	that I have examined sules and statements, are and correct.	
*98404 DBC 0 MAR 0 Check No.	gned in ink by eit	her the President, Vice	Under penalty of phis report, include and the real state of the Signature of Officer Kristine M	perjury, I declare and affirming any accompanying schedients contained herein are the	that I have examined sules and statements, are and correct.	
This report must be sign of the sign of th	2 2005	her the President, Vice	Under penalty of this report, include and the real state of officer Kristine M	perjury, I declare and affirming any accompanying schedients contained herein are the	that I have examined sules and statements, are and correct.	



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
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK)

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1. Corporate ID No	2. Name of Con					
98404		Design, Inc.		·		
3. Street Address Principal Bus	smess Office		City	State	Zip	
83 Kimball Beac	h Road		Hingham	MA	02043	
4. Business Phone No		5 State of Incorporation	011		6 SIC Code	
<u>781-749-8727</u>		RHODE ISLAN	<u>n</u>	<u> </u>	34	
7. Brief Description of the Cha TO ENGAGE IN THE	racter of Business Condu E BUSINESS OF CO	cied in Rhode Island NSTRUCTING, REHABILITA	TING,RECONSTRUCTING	AND CHANGING BUILDING	GS.	
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR A	TTACHMENT)   FILL	IN SPACES BEFORE USI	NG ATTACHMENTS	
President Name			Vice President Name			
Kristine M. Tet	0		N/A			
Street Address			Street Address			
83 Kimball Beac	h Road					
City	State	Zip	City	State	Zip	
.Hingham	MA	02043				
Secretary Name			Treasurer Name	••••••	•••••••	
Kristine M. Tet	0		Kristine M. T	eto		
Street Address			Street Address			
Same			Same			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS: ("X" BOX FOR	<i>ATTACHMENT)</i> 📙 FIL	L IN SPACES BEFORE US	SING ATTACHMENTS	
Director Name			Director Name			
N/A			N/A			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
			:			
Director Name		**************************	Director Name	• • • • • • • • • • • • • • • • • • • •		
N/A			N/A			
Street Address			Sinci Address	<del></del>		
			:			
Cuy	State	Zip	Gity	State	2.ip	
10. SHARES AUTHORIZ	ZED ("X" BOX FO	R ATTACHMENT) 📋 🔠	11. SHARES ISSUE	D ("X" BOX FOR ATTAC	CHMENT) 🗌	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class'Series	Par Value	Number of Shares	Class Series	Par Value	
8,000 NO PAR VALUE			8.000	Common	No Par	
This report mus	t be signed in ink h	y either the President, Vic	e President, Secretary, Ass	sistant Secretary, Treasure	r. Receiver or Trustee	
I		·				
1.18		1101 1001				
	: 8			f perjury, I declare and affirm		
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7.0	<del>2</del> 5. <i>04</i>	•	) A . I A	I Ale title and comet.		
File Date	5/1	<u> </u>	KLIMIT	1/4: Her		
26	54		Signature of Office	rer '	Date	
Check No.	<u> </u>		/ VD7.077NP	M ጥሮጥሶ		
<u> </u>	D		KRISTINE. Print or Type Nat	ne of Officer		
Ву:	T	<del></del>				
FOR SECRETARY	OF STATE USE ONLY		PRESIDENT	<u> </u>		
			Title of Officer			



(FORM MUST BE TYPED IN BLACK)

Edward S. Inman, 111, 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

1. Corporate 1D No. *98404*	Bradford C					
3. Street Address Principa			City	State	Zip	
83 Kimball Be	•-		Hingham	MA	02043-	
4. Business Phone No.		5. State of Incorporat			6. SIC Code	
781-749-8727		RHODE ISLAN			34	
	e Character of Business C	(				
Construction Co	e Character of Business Contractor	-				
	DRESSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT)   FILL IN	SPACES BEFORE USING A	TACHMENTS	
President Name			Vice President Name			
Kristine M. Te	≥to		• N/A			
Street Address			Street Address			
83 Kimball Bea				and the property of the second		
City	Siale	Zip	City	State	Zip	
Hingham	MA	02043	Treasurer Name		1	
Secretary Name			Kristine M. Te	eto		
Kristine M. Te	:00		Sircet Address		<del></del>	
Sircei Address			•			
Same	·····		.Same	le .		
City	State	Zip	Cin	State	Zip	
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Director Name	DKESSES OF THE DI	WECTORS ('N BON LO	Director Name	i živės priokriojijo	W. W	
N/A			. м/A			
Sirvei Address	<del></del>	<del></del>	. Street Address			
Sircer Mauress		•	•			
·	State	Zip	·Ciry	State	Zip	
	i		•			
Director Name			Director Name	!		
N/A			'N/A			
Street Address	<del></del>		·Sircet Address			
I			•			
City	State	Zip	City	State	Zip	
*· ···			· 	<del></del>		
	ORIZED ("X" BOX FO	R ATTACHMENT) .	<del></del>	"X" BOX FOR ATTACHMEN	<u> </u>	
AUTHORIZED SHARES		Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
Number of Shares	Class/Series	rar value	(Number of Shares	Class/series	rar value	
8,000 NO PAR VA	LUE		8,000	Common	No Par	
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inis report must be	signea in ink by eil	ner ine President, Vice	President, Secretary, Ass	sisiani secretary, treasi	irer, Keceiver or Trustee	
1 (0.03) 0.11	1181 1810 81818 88111 1181 19 <b>1</b> 1					
			Under penalty of p	erjury, I declare and affirm	that I have examined	
				ng any accompanying sched		
*98404 DBC1/17/	/035:20:54 PM*		and that all statem	ents contained herein are tri	ie and correct.	
	1 1 5		1/MM	IM IM THAT	1/31/12	
File Date	2/11/07	<b>—</b>		MM IT 12	1/01/05	
Chash Ma	3092		Signature of Office		Date	
Check No	<u> </u>	_	Kristine M.			
B <sub>V;</sub>	189		Print or Type Name	of Ufficer		
' <del>-</del>	DTATE USE AND	<del></del>	President			
FOR SECRETARY OF S	STATE USE ONLY		Title of Officer		Form 630 12/0	
	<del></del>					

Kristine M. Teto

Street Address

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

PROFIT CORP			EPORT FOR TH	E YEAR _ 2	<u>092</u>
FORM MUST BE TYPED IN BLA	(CK)				
I. Corporate ID No.	2. Name of Corpo	ration			
98404	Bradford (	Design, Inc.			
3. Street Address Principal Business			City	State	ZIp
83 Kimball Bea	ich Road		Hingham	MA	02043
1. Business Phone No.		5. State of Incorporat	ion		6. SIC Code
(781) 749-8727		RHODE ISLA	AND		34
7. Brief Description of the Character	of Ausiness Conducted	in Rhode Island			
Construction C	Contractor				
3. NAMES AND ADDRES	SES OF THE OF	FICERS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
resident Name			Vice President Name		
Kristine M. Tet	:0	•	N/A		
treet Address			- Street Address		
83 Kimball Beac	h Road				
;н <b>у</b>	State	Zip	City	State	Zip
Hinoham	MA	02043			

Treasurer Name

Street Address

Kristine M. Teto

Same	Same						
City	State	Zip	City	State	Zip		
9. NAMES AND AD	DRESSES OF THE DII	RECTORS (*x* BOX I	FOR AITACHMENT) FILL Director Name	. IN SPACES BEFORE USING A	<b>ITACHMENTS</b>		
N/A Street Address			N/A Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name	•			
N/A			N/A				
Street Address			Charl Addrson				

City State Zip Clly State Zip

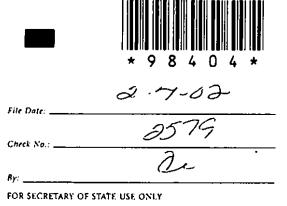
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SLURIS ESUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

8,000 NO PAR VALUE 8,000 Common

No Par

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



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.

Kristine M. Teto Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLA	CK)					
1. Corporate ID No. 98404	2. Name of Corpor Bradfo	rd Design, Inc.				-
3. Street Address Principal Business			City	State	Zip	
83 Kimball Beach			Hingham	MA	02043	
4. Business Phone No.		S. State of Incorporation	<del>-</del>		6. SIC Code	
(781) 749-8727		RHODE ISLA			34	
7. Brief Description of the Character	of Business Conducted				3,	
Construction Con	tractor					
8. NAMES AND ADDRESS	_	TCERS ("X" BOX FOR ATTI	CHMENT) ( FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS	
President Name		•	Vice President Name			
Kristine M. Teto	)		. N∕A			
Street Address			Street Address			
83 Kimball Beach	Road		•			
City	State	Zip	City	State	Zip	
Hingham	MA	02043				
Secretary Name	•	• • • • • • • • • • • • • • • • • • • •	Treasurer Name		******************************	, . <b></b>
Kristine M. Teto	)		Kristine M.	Teto		
Street Address			Street Address			
83 Kimball Beach	Road		83 Kimball B	each Road		
City	State	Zip	City	State	Zip	
Hingham	MA	02043	Hingham	MA	02043	
9. NAMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPA	CES BEFORE USING ATI	ACHMENTS	47.
Director Name		-	Director Name	<del></del>		
			•			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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Director Name			Director Name	•		
Street Address			. Street Address			
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City	State	Zip	City	1 State	Zip	
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10. SHARES AUTHORIZE	O ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUET	("X" BOX FOR ATTACHMEN	T) 🛂	
AUTHORIZEE) SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000	COMMON	NO PAR	8,000	Common	No Par	
0,000	COLLION	IIV IAA	0,000	COMMOT	t HO Lai	
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<del></del>	<b>-</b> -					
This report must be signe	e <mark>d in ink</mark> by eit	her the President, Vice	President, Secretary, A	ssistant Secretary, Treas	urer, Receiver or T	rustee
_	•		-	•		
						i
<del></del>						#

	Under penalty of perjury, I declare and affirm that I have examined
FILED	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Theck No.: FEB 0 7 2001	Suggest of Officer MIN TED 12901
By <u>No.1379</u>	Kristine M. Teto Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	President Title of Officer

James R. Langevin, Secretary of State Corporations Division

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

PROFIT CORP Filing Period: Januar)			ORI FOR IH	E YEAR ZUUU	PLEASI INSERT C
FORM MUST BE TYPED IN BL. . Corporate ID No.	ACK)  2. Name of Corporation	on			
98404		esign, Inc.			
. Street Address Principal Business 62 KAST AU . Business Phone No. 6401)231-7	E NO	PROV S. State of Incorporation RHODE ISLAND	Clly	State RI	6. SIC Code 34
essident Mama	ION SSES OF THE OFFIC	CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES  Vice President Name	S BEFORE USING ATTACHM	ENTS
treet Address  83 KIMBALI  Stry  LingHAM  eccetary Name	TETO L BEACH State MA	ROAD 210 020 43	Street	State	Zip
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
D. NAMES AND ADDRES  Director Name  KRISTINE  Ireel Address  SAME  A		CTORS (*x* box for attac	CHMENT) FILL IN SPACE Director Name Street Address City	CES BEFORE USING ATTACH	MENTS  Zip
Director Name			Director Name		
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHORIZE UTHORIZED SHARES	D (*x* box for attac	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Por Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VAL	UE		8000	Common	NO PAR

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

* 9 8 4 0 4 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
1/18/00	that all statements contained herein are true and correct.
File Date: 7770700	Signature of Officer Date
Check No.:	KRISTINE TETO
Ву:	Print or Tyge Name of Officer  OF SINE AI +
FOR SECRETARY OF STATE USE ONLY	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 \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN BLACK		' <del>-</del> <del></del>			
Corporate ID No. 98404	2. Name of Corporat Bradford De	islgn, Inc.		<del> </del>	
Street Address Principal Business Off	Tice		City	State	ZIp · -
83 Kimbal Business Phone No.	ll Beach F	load <b>ÁHÓDE ISLAN</b> D	Hingham	Ma.	020,43 0024
Brief Description of the Character of	Business Conducted in	s Rhode Island			003 (
Constrution, NAMES AND ADDRESSE sident Name	Rehabitat s of the offi	ing, Reconstru CERS (*x* BOX FOR ATTACH	cting and Buil MENT) FILLIN SPACES Vice President Name	ding. BEFORE USING ATTA	CHMENTS
Kristin <b>&amp;</b> I	eto:		San	ne	
eet Address 83 Kimball	Beach Ro	oad .	Street Address		
ty.	State	Zip	City	State	Zip
Hingham retury Name	Ma.	02043	Treasurer Name		****** ********** *******
Same			Sam	ne	
een Address Kimball Beac	h Boad		Street Address		
" Hingham	State Ma	<sup>Zip</sup> 02043	City	State	Zip
NAMES AND ADDRESSE	S OF THE DIRE	CTORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACE	ES BEFÖRE USING ATT	ACHMENTS
rector Name			Director Name		
Kristine Tet	.0		Street Address Same		
83 Kimball B	each Road	Zip	City	State	Zip
Hingham rector Name	Ma	02043	Director Name		
same Same			Same	<b>!</b>	•
1)	State	Zip	; City	State	Zip
. SHARES AUTHORIZED (	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*  ISSUE) SHARES	X* BOX FOR ATTACHMEN	T)
mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE	Common		8000 No Par	Value Commo	n
	<b>.</b> .		 !		
is report must be signed	in ink by eith	er the President, Vice Pi	resident, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Tru
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				rjury, I declare and affir g any accompanying sci	

RISTINE Print or Type Name of Officer

Title of Officer

FOR SECRETARY OF STATE USE ONLY

File Date: \_

Check No.: