



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115906		2. Name of Corporation Filippone Construction, Inc.			
3. Street Address Principal Business Office OLD TOWN ROAD, P.O. BOX 178, FIRE #498		City BLOCK ISLAND	State RI	Zip 02807-0178	
4. Business Phone No. 4014668901		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION AND OTHER RELATED SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Filippone		Vice President Name Susan M. Filippone			
Street Address PO Box 178		Street Address PO Box 178			
City Block Island	State RI	Zip 02807-0178	City Block Island	State RI	Zip 02807-0178
Secretary Name Julie A. Gill		Treasurer Name Joseph A. Filippone			
Street Address 212 Sandy Ln #3203		Street Address PO Box 178			
City Warwick	State RI	Zip 02889-4340	City Block Island	State RI	Zip 02807-0178
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A		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) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			NONE		

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



1 1 5 9 0 6

115906 DBC 02/21/05 01:46:11 PM

File Date

FILED

Check No.

MAY 02 2005

By:

By

10280
[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 of Officer

Julie A. Gill

Print or Type Name of Officer

Secretary

Title of Officer

Date

2/22/05



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 IN BLACK)

1. Corporate ID No. 115906		2. Name of Corporation Filippone Construction, Inc.			
3. Street Address Principal Business Office OLD TOWN ROAD, P.O. BOX 178, FIRE #498		City BLOCK ISLAND	State RI	Zip 02807-0178	
4. Business Phone No. 4014668901		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
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8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Filippone			Vice President Name Susan M. Filippone		
Street Address PO Box 178			Street Address PO Box 178		
City Block Island	State RI	Zip 02807-0178	City Block Island	State RI	Zip 02807-0178
Secretary Name Julie A. Gill			Treasurer Name Joseph A. Filippone		
Street Address 212 Sandy Ln #3203			Street Address PO Box 178		
City Warwick	State RI	Zip 02889-4340	City Block Island	State RI	Zip 02807-0178
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			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) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			none		

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



1 1 5 9 0 6

115906 DBC 01/01/2004 11:00:00 AM

File Date

JAN 21 2004

Check No.

By: Julie A. Gill CGM

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.

Julie A. Gill
Signature of Officer

1/31/04
Date

Julie A. Gill
Print or Type Name of Officer

Secretary
Title of Officer

Form 630 12/01

A M E N D E D R E P O R T



**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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115906		2. Name of Corporation Filippone Construction, Inc.			
3. Street Address Principal Business Office Old Town Road, PO Box 178, Fire #498			City Block Island	State RI	Zip 02807-0178
4. Business Phone No. 401-466-8901		5. State of Incorporation Rhode Island		6. SIC Code 414	
7. Brief Description of the Character of Business Conducted in Rhode Island Construction and other related services					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Filippone			Vice President Name Susan M. Filippone		
Street Address Old Town Road, PO Box 178, Fire #498			Street Address Old Town Road, PO Box 178, Fire #498		
City Block Island	State RI	Zip 02807-0178	City Block Island	State RI	Zip 02807-0178
Secretary Name Julie A. Gill			Treasurer Name Susan M. Filippone		
Street Address 212 Sandy Lane, #3203			Street Address Old Town Road, PO Box 178, Fire #498		
City Warwick	State RI	Zip 02889-4340	City Block Island	State RI	Zip 02807-0178
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 No Par Value			None		

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



1 1 5 9 0 6

FILED

File Date OCT 17 2003

Check No. _____

By: GAM

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 Susan M. Filippone
 Date 10/10/03
 Print or Type Name of Officer
Vice President
 Title of Officer



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. 2. Name of Corporation

115906 **Filippone Construction, Inc.**
3. Street Address Principal Business Office City State Zip
PO Box 178, West Side Rd, Fire No. 1270 Block Island RI 02807-0178
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-466-8901 RHODE ISLAND 414

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

Construction and other lawful related services

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

President Name	Vice President Name
Joseph A. Filippone	Susan M. Filippone
Street Address	Street Address
PO Box 178, West Side Rd, Fire No. 1270	PO Box 178, West Side Rd, Fire No. 1270
City State Zip	City State Zip
Block Island RI 02807-0178	Block Island RI 02807-0178
Secretary Name	Treasurer Name
Joseph A. Filippone	Susan M. Filippone
Street Address	Street Address
same	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
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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 1 1 5 9 0 6 *

File Date: 2/25/03

Check No.: 10089

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 of Officer: [Signature] Date: 2/24/03

Print or Type Name of Officer: Susan M Filippone

Title of Officer: Vice President



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115906 2. Name of Corporation Filippone Construction, Inc.
3. Street Address Principal Business Office City State Zip
Fire #1270, West Side Rd, PO Box 178 Block Island RI 02807-0178
4. Business Phone No. (401) 466-8901 5. State of Incorporation RHODE ISLAND 6. SIC Code 0414

7. Brief Description of the Character of Business Conducted in Rhode Island Carpentry
New work, additions, alterations, maintenance & repairs

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

President Name <u>Joseph A. Filippone</u> Street Address <u>Fire #1270, West Side Road</u> City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>	Vice President Name <u>Susan M. Filippone</u> Street Address <u>Fire #1270, West Side Road</u> City <u>Block Island</u> State <u>RI</u> Zip <u>02807</u>
Secretary Name <u>Joseph A. Filippone</u> Street Address <u>same</u> City <u></u> State <u></u> Zip <u></u>	Treasurer Name <u>Susan M. Filippone</u> Street Address <u>same</u> City <u></u> State <u></u> Zip <u></u>

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

Director Name <u>none</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 1 1 5 9 0 6 *

4-2-02

File Date: 1539

Check No.: 2

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.

Susan Filippone 2/27/02
Signature of Officer Date

Susan M. Filippone
Print or Type Name of Officer

Vice President
Title of Officer