

FOR SECRETARY OF STATE USE ONLY

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

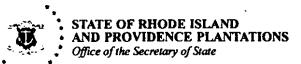
Filing Period: January 1 - March 1 ● Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation Filippone Construction, Inc. 115906 3. Street Address Principal Business Office City State Zip OLD TOWN ROAD, P.O. BOX 178, FIRE #498 BLOCK ISLAND RI 02807-0178 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4014668901 **RHODE ISLAND** 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) | FILL. IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joseph A. Filippone Susan M. Filippone Street Address Street Address PO Box 178 . PO Box 178 City City State Zip State Zip RI Block Island 02807-0178 · Block Island RI 02807-0178 Secretary Name Treasurer Name Julie A. Gill Joseph A. Filippone Street Address \* Street Address 212 Sandy Ln #3203 .PO Box 178 City Zip State City State Ziρ Warwick RI 02889-4340 . Block Island RI 02807-0178 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name N/A Street Address · Street Address City State Zip Zip ·City State Director Name Director Name Street Address Street Address State City Zip .Ciry 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 NONE 100 NO PAR VALUE 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. \*115906 DBC 02/21/05 01:46:11 PM\* File Date MAY 0 2 2005 0710 Signatury of Officer Check No. Julié A. Gill By

Print or Type Name of Officer

Form 630 12/01

Secretary

Tule of Officer



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

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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1. Corporate ID No.	2. Name of Corpor					
115906		nstruction, Inc.				
3. Street Address Principal Bus		· ·	City	State	Zip	
OLD TOWN ROAD, P	O. BOX 178,		BLOCK ISLAND	RI	02807-0178	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
4014668901		RHODE ISLAND	)		414	
7. Brief Description of the Char CONSTRUCTION AND OT						
President Name		ICERS ("X" BOX FOR AT	TACHMENT)   FILL IN SPA		TTACHMENTS	
Joseph A. Filippo	ne		· Susan M. Filippo	one		
Street Address			Street Address			
PO Box 178			· PO Box 178			
City	State	Zip	City	State	Zip	
Block Island	[RI	02807-0178	Block Island	İRI	02807-0178	
Secretary Name			Treasurer Name			
Julie A. Gill			Joseph A. Filipp	oone		
Street Address			Street Address			
212 Sandy Ln #320	3		.PO Box 178			
City	State	Zip	City	State	Zip	
Warwick	RI	02889-4340	.Block Island	RI	02807-0178	
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Street Address			· Street Address			
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City	State	Ζip	·City	State	Zip	
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Director Name			Director Name		,	
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Street Address			· Street Address			
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City	State	Zip	Cliy	State	Zip	
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			none			
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100 NO PAR VALUE	sed in ink by eith	er the President, Vice I	President, Secretary, Assis.  Under penalty of pertitis report, including	jury, I declare and affirm any accompanying sche	that I have examined dules and statements,	
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This report must be sign	9 0 6	er the President, Vice I	President, Secretary, Assis.  Under penalty of pertitis report, including	jury, I declare and affirm any accompanying sche	that I have examined dules and statements,	
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#### AMENDED REPORT:



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Office of the Secretary of State

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - /		g Fee: \$50.00			
FORM MUST BE TYPED IN BL					
I. Corporate ID No.	2. Name of Corporation				
115906	Filippone Const	ruction, Inc.			
3. Street Address Principal Busine	••		City	State	Zip
Old Town Road, PO	Box 178, Fire	#498	Block Island	RI	02807-0178
4. Business Phone No.		5. State of Incorporation	n .		6. SIC Code
401-466-8901 Rhode Island					414
7. Brief Description of the Charac Construction and other					
8. NAMES AND ADDRESS	ES OF THE OFFICE	ERS ("X" BOX FOR AT	TACHMENT) [] FILL IN SPA	CES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Joseph A. Filippone	•		· Susan M. Filippo	one	
Street Address			Street Address	<del></del>	
Old Town Road, PO I	Box 178, Fire	#498	Old Town Road,	PO Box 178, Fir	e #498
City	State	Zip	City	State	Zip
Block Island	RI	02807-0178	· Block Island	RI	02807-0178
Secretary Name			Treasurer Name		
Julie A. Gill			Susan M. Filippo	one	•
Street Address		i	* Street Address	• • • • • • • • • • • • • • • • • • • •	
212 Sandy Lane, #3	203		.Old Town Road, I	O Box 178, Fir	e #498
City	State	Zip	*City	State	Zip
Warwick	RI	02889-4340	.Block Island	RI	02807-0178
9. NAMES AND ADDRESS		TOPS GYT BOY FOR		PACES REFORE USING	ATTACEMENTS
Director Name	SOF THE DIREC	TORD ( A. BOX 1 OK)	Director Name	7.025 50.010	
N/A			•		
Street Address			Street Address	<del></del>	<u> </u>
Sireti Alairess			•		
City	State	Zίρ	·City	State	<b>120</b> 0000
•			•	1	950
Director Name	3		· Director Name		٠٠٠ - المنافزات والمنافزات والمنا
			•		7. 30 K
Street Address			· Street Address		20 500
SITEE NUWESS			4		<b>3</b> 97 5
City	State	Zip	·City	State	725
Cay		[ <del>**</del>			13 · E
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10. SHARES AUTHORIZE	U ("X" BUX FURALL	NCHMENT) [		BUX FUR ATTACHME	<u> </u>
AUTHORIZED SHARES  Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
Number of Shares	Ciasyseries				
100 No Par Value		None			
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			<u></u>		
This report must be signed	l in ink by either t	he President, Vice P	resident, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Trustee
•	-				
a: ::==: =:==	-Brit 88115 811				
	INIH BRIS BIİ				
1 1 5	906		Under penalty of pen	jury, I declare and affirm	that I have examined

**FILED** File Date OCT 17 2003 Check No. FOR SECRETARY OF STATE USE ONLY this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer S Susan M. Filippone Print or Type Name of Officer

Vice President Title of Officer

Form 630 12/01

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

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Caracata	ıΛ	N.	

2. Name of Corporation

115906

Filippone Construction, Inc.

3. Street Address Principal Business Office

City

Zip

PO Box 178, West Side Rd, Fire No. 1270 4. Business Phone No.

Block Island RI

02807-0178 6. SIC Code

401-466-8901

**RHODE ISLAND** 

414

2. 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

PO Box 178, West Side Rd, Fire No. 1270

Street Address PO Box 178, West Side Rd, Fire No. 1270

02807-0178 Block Island

State RI

<sup>z</sup>62807−0178

Block Island

Street Address

Joseph A. Filippone

Street Address

Director Name

same

City

Susan M. Filippone

same

State

State

Zip

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

Director Name None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

Zio

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

AUTHORIZED SHARES

Class/Series Par Value

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

Class/Series

Par Value

Number of Shares 100 NO PAR VALUE

None

ESSUTED SHARES

Number of Shares

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



FOR SECRETARY OF STATE USE ONLY

Title of Officer

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.

Ferni 630 12/02



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



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(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Carporatio		<del></del>	•	-
115906	• •	istruction, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
Fire #1270, Wes	t Side Rd, 1	5. State of Incorporation	Block Island	RI	02807-0178 6. SIC Code
(401) 466-8901 7. Brief Description of the Character	of Business Conducted in 1	RHODE ISLAND Rhode Island Carpent	ry		0414
			nance & repairs MENT) FILLIN SPACES BE Vice President Name	FORE USING ATTACHN	MENTS
Joseph A. Filip	pone	,	Susan M. Filip	pone	
Fire #1270, Wes	t Side Road		;Fire #1270, We	st Side Road	
Block Island	State RI	0°2807	Block Island	State RI	<sup>z</sup> '62807
Secretary Name Joseph A. Filip	ppone	eren redur i	Deasurer Name Susan M. Filip		, , , , , , , , , , , , , , , , , , ,
Street Address Same		• •	Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name none Street Address	SES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I  Director Name  Street Address	BEFORE USING ATTAC	HMENTS
City	State	Zip	City	State	Zip
Director Name			Director Name	••	
Street Address		•	Street Address		
Спу	State	Zip	City	State	ZIp
10. SHARES AUTHORIZE AUTHORIZE SHARES	D ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE		- 1	None		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date:		
	1539	
Check No.:	<del></del>	
	J.,	
Ву:		
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.

Susa Filimo	2/27/02
Signature of Officer	Date
Susan M. Filippone	

Print or Type Name of Officer

The state of the s		
Vice President		
Title of Officer		
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