



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No. 36807		2. Name of Corporation R & R FORMS, INC.			
3. Street Address Principal Business Office 9 LARCH STREET			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-231-2587		5. State of Incorporation RHODE ISLAND		6. SIC Code 455	
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION OF CONCRETE FORMS - COMMERCIAL AND RESIDENTIAL					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert D. Roles			Vice President Name Donna A Roles		
Street Address 520 Shippettown Road			Street Address Same		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Donna A Roles			Treasurer Name Robert D. Roles		
Street Address Same			Street Address Robert D. Roles		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	Common	0			0

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



File Date 1-12-05
Check No. 9407
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]
Signature of Officer
Donna A Roles
Print or Type Name of Officer
Vice President
Date 1/11/05
Title of Officer



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)

Form with sections: 1. Corporate ID No. (36807), 2. Name of Corporation (R & R FORMS, INC.), 3. Street Address (9 Larch Street, Smithfield, RI, 02917), 4. Business Phone No (401-231-2587), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (455), 7. Brief Description of the Character of Business (INSTALLATION OF CONCRETE FORMS), 8. Names and Addresses of Officers (President: Robert D. Rioles, Vice President: Donna A. Rioles, Secretary: Donna A. Rioles, Treasurer: Robert D. Rioles), 9. Names and Addresses of Directors (N/A), 10. Shares Authorized (600 NO PAR VALUE, Class: Common), 11. Shares Issued (0).

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



* 3 6 8 0 7 *

File Date: 2/27/04
Check No.: 8983
By: ICP
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: Donna A. Rioles
Date: 2/24/04
Print or Type Name of Officer: Donna A. Rioles
Title of Officer: Vice President



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. **36807**
2. Name of Corporation **R & R FORMS, INC.**
3. Street Address Principal Business Office **9 Lack Street**
4. Business Phone No. **401 231-2587**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island **Concrete Foundation Work**

City **Smithfield** State **RI** Zip **02917**
6. SIC Code **455**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name **Robert D. Riotes**
Street Address **29 Riverview Drive**
City **No Prov** State **RI** Zip **02904**
Secretary Name **Donna A Riotes**
Street Address **Same**
City _____ State _____ Zip _____

FILL IN SPACES BEFORE USING ATTACHMENTS
Vice President Name **Donna A Riotes**
Street Address **Same**
City _____ State _____ Zip _____
Treasurer Name **Robert D. Riotes**
Street Address **Same**
City _____ State _____ Zip _____

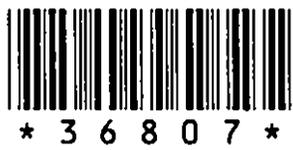
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name _____
Street Address _____
City _____ State _____ Zip _____
Director Name _____
Street Address _____
City _____ State _____ Zip _____

FILL IN SPACES BEFORE USING ATTACHMENTS
Director Name **N/A**
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 _____
600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares _____ Class/Series _____ Par Value _____
0

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



File Date: **1-16-03**
8530
Check No.: _____
By: **DR**

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.
Donna A Riotes **1/8/03**
Signature of Officer Date
Donna A Riotes
Print or Type Name of Officer
V. President
Title of Officer



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. **36807** 2. Name of Corporation **R & R FORMS, INC.**
3. Street Address Principal Business Office **9 March Street** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **401-231-2587** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **455**

7. Brief Description of the Character of Business Conducted in Rhode Island
Installation of concrete forms for residential & comm foundations

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name **Robert D. Rioles**
Street Address **29 Riverview Drive**
City _____ State _____ Zip _____

Vice President Name **Donna A Rioles**
Street Address **Same**
City _____ State _____ Zip _____

Secretary Name **Donna A. Rioles**
Street Address **||**
City _____ State _____ Zip _____

Treasurer Name **Robert D. Rioles**
Street Address **||**
City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name _____
Street Address _____
City _____ State _____ Zip _____

Director Name **N/A**
Street Address _____
City _____ State _____ Zip _____

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 **600 NO PAR VALUE** Class/Series **Common** Par Value **0**

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares _____ Class/Series _____ Par Value **0**

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



File Date: 2-14-02
Check No.: 8150
By: [Signature]

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 2-12-01
Print or Type Name of Officer Donna A. Rioles
Title of Officer Vice President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36807** 2. Name of Corporation **R & R FORMS, INC.**
 3. Street Address Principal Business Office **9 Larch Street** City **Smithfield** State **RI** Zip **02917**
 4. Business Phone No. **401-231-2587** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **455**

7. Brief Description of the Character of Business Conducted in Rhode Island
Installation of concrete forms - Residential and Commercial

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

President Name Robert D. Riolo's	Vice President Name Donna A. Riolo's
Street Address 29 Riverview Dr.	Street Address Same
City No. PROV RI	City Same
State RI	State RI
Zip 02904	Zip 02904
Secretary Name Donna A. Riolo's	Treasurer Name Robert D. Riolo's
Street Address "	Street Address "
City "	City "
State RI	State RI
Zip 02904	Zip 02904

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
n/a	n/a

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

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	Common	⊕

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

Number of Shares	Class/Series	Par Value
600	Common	⊕

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



File Date: 1-19-01
 Check No.: 7550
 By: DA
 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.

Donna A. Riolo's 1-18-01
 Signature of Officer Date
Donna A. Riolo's
 Print or Type Name of Officer
Vice President
 Title of Officer



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. 36807 2. Name of Corporation R.R. Joens Inc.
3. Street Address Principal Business Office 9 haech Street City Smithfield State RI Zip 02917
4. Business Phone No. 401-231-2587 5. State of Incorporation Rhode Island 6. SIC Code 7455
7. Brief Description of the Character of Business Conducted in Rhode Island Installation of Concrete Forms - Commercial & Residential

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name Robert D. Riotes Vice President Name Donna A. Riotes
Street Address 29 Riverview Drive Street Address Same
City NO PROU RI State RI Zip 02904 City Same State RI Zip 02904
Secretary Name Donna A. Riotes Treasurer Name Robert D. Riotes
Street Address Same Street Address Same
City Same State RI Zip 02904 City Same State RI Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name _____ 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)
AUTHORIZED SHARES
Number of Shares 600 Class/Series No par Par Value _____

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares 100 Class/Series _____ Par Value _____

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

PAID

MAR 01 2000

SECY OF STATE

LD 2001/33

File Date: _____
Check No.: _____
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.
Donna A. Riotes 2-28-00
Signature of Officer Date
Donna A. Riotes
Print or Type Name of Officer
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 31807 2. Name of Corporation R^cR Forms Inc.
3. Street Address Principal Business Office 9 March Street City Smithfield State RI Zip 02917
4. Business Phone No. 401-231-2587 5. State of Incorporation Rhode Island 6. SIC Code 0455
7. Brief Description of the Character of Business Conducted in Rhode Island Installation of Concrete Forms - Commercial & Residential

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

President Name <u>Robert D. Riotes</u>	Vice President Name <u>Donna A. Riotes</u>
Street Address <u>29 Riverview Drive</u>	Street Address <u>Same</u>
City <u>No Prov</u> State <u>RI</u> Zip <u>02904</u>	City <u>Same</u> State <u>RI</u> Zip <u>02917</u>
Secretary Name <u>Donna A. Riotes</u>	Treasurer Name <u>Robert D. Riotes</u>
Street Address <u>Same</u>	Street Address <u>Same</u>
City <u>No Prov</u> State <u>RI</u> Zip <u>02904</u>	City <u>Same</u> State <u>RI</u> Zip <u>02917</u>

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>600</u>	<u>No par</u>	

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>		

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

File Date: _____
Check No.: _____
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.

Donna A. Riotes 7-28-00
Signature of Officer Date
Donna A. Riotes
Print or Type Name of Officer
Vice President
Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36807** 2. Name of Corporation **R & R FORMS, INC.**
3. Street Address Principal Business Office **5 CRAIGIE Street** City **Providence** State **RI** Zip **02911**
4. Business Phone No. **401-231-2587** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0455**
7. Brief Description of the Character of Business Conducted in Rhode Island **Commercial/Residential Concrete Form Foundation Contractor**

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

President Name Robert D. Rioles	Vice President Name Donna A. Rioles
Street Address Same	Street Address
City State Zip	City State Zip
Secretary Name Donna A. Rioles	Treasurer Name Robert D. Rioles
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	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)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

600 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value

0
None

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



File Date: **1-1-98**
Check No.: **5981**
By: **ICP**

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.

Donna A. Rioles **12-17-97**
Signature of Officer Date
Donna A. Rioles
Print or Type Name of Officer
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36807** 2. Name of Corporation **R & R FORMS, INC.**
 3. Street Address, Principal Business Office **5 CRAIGIE Street** City **Westerly** State **RI** Zip **02911**
 4. Business Phone No. **401-231-2587** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0456**
 7. Brief Description of the Character of Business Conducted in Rhode Island **Foundation Installation - Concrete Joists - Commercial & Residential**

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

President Name Robert D. Rioles	Vice President Name Donna A. Rioles
Street Address Same as above	Street Address
City Same as above State Zip	City State Zip
Secretary Name Donna A. Rioles	Treasurer Name Robert D. Rioles
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR VAL			None Issued		

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



File Date: 1/22/97
 Check No.: 5498
 By: [Signature]

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: 1-7-97
 Print or Type Name of Officer: Donna A. Rioles
 Title of Officer: V. President

**PROFIT CORPORATION
ANNUAL REPORT**

1996



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 36807		2. NAME OF CORPORATION R & R FORMS, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 5 CRAIGIE STREET		CITY NORTH PROV	STATE RI		
4. BUSINESS PHONE NO. 401-231-2587		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 0455		
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Installation of residential & commercial foundation concrete forms					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Robert D. Riotes		VICE PRESIDENT NAME Donna A. Riotes			
STREET ADDRESS 5 Craigue St		STREET ADDRESS Same			
CITY North Prov	STATE RI	ZIP CODE 02911			
SECRETARY NAME Donna A. Riotes		TREASURER NAME Robert D. Riotes			
STREET ADDRESS Same		STREET ADDRESS Same			
CITY	STATE	ZIP CODE			
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE			
DIRECTOR NAME N/A		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE			
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VAL				

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.

File Date: 1/1/96
Check No: 5118
By: [Signature]

[Signature]
Signature of Officer
Donna A. Riotes
Print or Type Name of Officer
Vice President
Date: 12-20-95

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 1000

State of Rhode Island and Providence Plantations



Office of the Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 36807 Annual Report for the year: 1995

Name of Corporation: R.R. Jones Inc.
 Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
5 Craigie Street
No Prov. RI 02911
 Phone: (401) 231-2587

Brief statement of the character of business conducted in Rhode Island:
Foundations: Residential - Commercial
Installation of concrete forms for
house + Commercial foundations

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Robert D Riotes</u>	<u>5 CRAIGIE St</u>	<u>No Prov RI</u>	<u>02911</u>
VICE PRESIDENT <u>Donna A Riotes</u>	<u>"</u>		
SECRETARY <u>Donna A Riotes</u>			
TREASURER <u>Robert D Riotes</u>			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>N/A</u>		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)
 Number of Shares 600 Class / Series
no par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
 Number of Shares 4809 Class / Series
 JAN 31 1995
 By DP #30

Date 1-25, 19 95

By: Donna A. Riotes, J. President / Sec'y
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING

Form 31 / 95
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

*Drawn received a
notice.*

Corporate ID: 0036807 Annual Report for the year: 1995 1994

Name of Business Entity: R.R. Focus LLC *llc*

Business entity organized under the laws of the State of: 1985
Taxpayer Identification Number: [REDACTED]
Name, address and telephone number of principal office:

Phone: _____
Address and telephone of the principal office of business entity in Rhode
Island (Provide street address - Not P.O. Box):
5 Craigie St
No. Providence RI 02911
Phone: (401) 231-2587

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom
communications may be directed:
Robert D. Riolo
5 Craigie St
No. Providence RI
02911

Brief statement of the character of business conducted in Rhode Island:
Installation of concrete forms
for residential/commercial foundations.

Date of Organization: 12/19/85 12-13-1985
Date of Qualification to do business in Rhode Island (if foreign entity):
mnc

THE NAMES OF THE OFFICERS ARE:

<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Robert D. Riolo</u>	<u>Same as above</u>	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	<u>Donna A. Riolo</u>	<u>"</u>	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	<u>Donna A. Riolo</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)	<u>Robert D. Riolo</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>600 shares</u>	NUMBER
CLASS <u>no par value</u>	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>no par</u>	PAR VALUE OR WITHOUT PAR <u>no par</u>

Date: 12 7 19 94 By: Donna A. Riolo
President

FILED

JAN 10 1995

By llc 474 g

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

Filing Fee \$50.00

4376712

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0036807 Annual Report for the year 1993

FIRST: The name of the corporation is R. & R. FORMS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is INSTALLATION OF CONCRETE

FOUNDATION FORMS - RESIDENTIAL & COMMERCIAL + RETAINING WALLS - POOLS

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 5 Craigie St.

NO PROVIDENCE RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Robert D. Rholes</u>	President	<u>5 Craigie St. No Prov RI</u>
<u>Donna A. Rholes</u>	Vice President	<u>"</u>
<u>"</u>	Secretary	<u>"</u>
<u>Robert D. Rholes</u>	Treasurer	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares 100 Class

Series **PAID**

Par Value or statement that shares are without par value 0

SEP 29 1993

SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares Class

Series

Par Value or statement that shares are without par value

Dated 9-26 1993

(Name of Corporation) R & R Forms Inc.
By Donna A. Rholes
Title V. President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

3922 R.D.

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0035807 Annual Report for the year 1992

FIRST: The name of the corporation is R. & S. FORMS, INC.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is Setting & dismantling of wood
forms for residential & commercial foundations.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 5 Carnegie St.
Providence RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
<u>Robert D. Riols</u>	President	<u>Same as above</u>
<u>Donald A. Riols</u>	Vice President	<u>"</u>
<u>Donald A. Riols</u>	Secretary	<u>"</u>
<u>Robert D. Riols</u>	Treasurer	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares 100 Class

Series **PAID**

Par Value
or statement that
shares are without
par value

no par value

APR 08 1992

EIGHTH: Number of Shares issued:

No. of Shares Class

SECY OF STATE

Par Value
or statement that
shares are without
par value

Dated 4-6 19 92

R. & S. Forms Inc.
(Name of Corporation)

By Robert D. Riols

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0036807 Annual Report for the year 1991

FIRST: The name of the corporation is R & R FORMS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Installation of Residential + Commercial Foundations

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island Same as listed

5 CRAIGIE STREET NO PROVIDENCE RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

..... Director

..... Director

..... Director

Robert D. Riolo President 5 CRAIGIE St. No Prov RI

Donna Q. Riolo Vice President

Donna A. Riolo Secretary

Robert D. Riolo Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares 100 Class Common

PAID
MAY 24 1991
SECY OF STATE

Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares Class N/A

Par Value or statement that shares are without par value

Dated April 15 19 91

R + R Forms Inc.
(Name of Corporation)

By Donna Q. Riolo

Title V. President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

CZ

Corporate ID 0035807 Annual Report for the year 1990

FIRST: The name of the corporation is R. & R. FORMS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Installation of Concrete

foundations (Residential + Commercial)

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 5 CRAIGIE ST.
No. Providence, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Robert D. Riols</u>	President	<u>5 CRAIGIE ST No PROV RI 029</u>
<u>Donna A. Riols</u>	Vice President	<u>"</u>
<u>Donna A. Riols</u>	Secretary	<u>"</u>
<u>Robert D. Riols</u>	Treasurer	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>no par value</u>		<u>SECURED</u>

EIGHTH: Number of Shares issued: 0

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated Jan 30 19 90

R. R. Forms, Inc.
(Name of Corporation)
By Donna A. Riols
Title V. President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0036807 Annual Report for the year 1989

FIRST: The name of the corporation is R & R FORMS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Foundation Work - Concrete Form Installation

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 5 CRAIGIE STREET
NORTH PROVIDENCE, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Robert D. RIDLES</u>	President	<u>5 CRAIGIE ST North RI</u>
<u>Donna A. RIDLES</u>	Vice President	<u>"</u>
<u>Donna A. RIDLES</u>	Secretary	<u>"</u>
<u>Robert D. RIDLES</u>	Treasurer	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
	<u>Comm Stock</u>		<u>no par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Comm Stock</u>		<u>no par</u>

Dated March 20 19 89

(Name of Corporation) R & R Forms, Inc.

By Donna A. Ridles

Title V President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 36807 Annual Report for the year 1988

FIRST: The name of the corporation is R. E. R. FORMS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Installation of foundations,
Retaining walls using CONCRETE FORMS.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 5 CRAIGIE St.
No. Prov. R.I. 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Robert D. Riolo</u>	President	<u>5 CRAIGIE St. No. Prov. R.I. 02911</u>
<u>Donna A. Riolo</u>	Vice President	<u>"</u>
<u>Donna A. Riolo</u>	Secretary	<u>"</u>
<u>Robert D. Riolo</u>	Treasurer	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>			

PAID

JAN 19 1988

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>			<u>No par value</u>

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JAN 21 1988
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Dated January 12 19 88

R + R Forms Inc.
(Name of Corporation)
By Donna A. Riolo
Title V. President / Secretary

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 36807 Annual Report for the year 1987

FIRST: The name of the corporation is R. & R. FORMS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Concrete Forms - Residential + Commercial

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 5 CRAIGIE STREET
No. Prov. RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Robert D. Riotes</u>	President	<u>5 CRAIGIE ST. No. Prov. RI 02911</u>
<u>Donna A. Riotes</u>	Vice President	<u>"</u>
<u>Donna A. Riotes</u>	Secretary	<u>"</u>
<u>Robert D. Riotes</u>	Treasurer	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>300</u>			<u>WITHOUT PAR VALUE</u>

EIGHTH: Number of Shares issued: **PAID**

No. of Shares	Class	Series	Par Value or statement that shares are without par value
	<u>MAR 24 1987</u>		<u>JUN 05 1987</u>

SEC'Y OF STATE

Dated March 9 19 87

R & R FORMS INC.
(Name of Corporation)
By Robert D. Riotes
Title PRESIDENT / TREASURER

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 36807 Annual Report for the year 1986

FIRST: The name of the corporation is R & R FORMS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Concrete Form Work

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 5 Craigie Street, North Providence,
Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Robert Rioles	President	5 Craigie St., No. Prov., RI
Robert Rioles	Vice President	" "
Donna Rioles	Secretary	" "
Robert Rioles	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	N/A	None

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	N/A	None

Dated January 21, 19 86

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R & R FORMS, INC.

(Name of Corporation)

By Robert J. Rioles
President

Title

FEB 19 1986

(Report must be signed by an officer)