

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

2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 71408 2. Name of Corporation AVA CONSTRUCTION COMPANY, INC.
3. Street Address Principal Business Office 20 LOVEDAY STREET City PROVIDENCE State RI Zip 02908
4. Business Phone No. (401) 521-0605 5. State of Incorporation RI 6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island Construction

8. NAMES AND ADDRESSES OF THE OFFICERS

(*X* BOX FOR ATTACHMENT)



FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
THOMAS DI MEGLIO

Vice President Name

Street Address
92 TEXAS AVENUE

Street Address

City PROVIDENCE State RI Zip 02904

City State Zip

Secretary Name

Treasurer Name

Street Address

Street Address

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

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	COMMON	NO PAR

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



ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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

File Date 8/16/05

Check No. 5259

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.

Signature of Officer THOMAS DI MEGLIO Date 08/12/2005

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



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

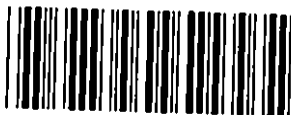
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71408		2. Name of Corporation A.V.A. CONSTRUCTION COMPANY, INC.			
3. Street Address Principal Business Office 20 Loveday Street			City Providence	State RI	Zip 02908
4. Business Phone No. 521-0605		5. State of Incorporation RHODE ISLAND			6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL AND COMMERCIAL CONSTRUCTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas Di Meglio			Vice President Name		
Street Address 92 Texas Avenue			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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		
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 COMM NO PAR VALUE			100	Common	no par

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



File Date	2-27-04
Check No.	4847
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.

	1/15/04
Signature of Officer	Date
THOMAS DIMEGLIO	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	



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 2003

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



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

71408

2. Name of Corporation

A.V.A. CONSTRUCTION COMPANY, INC.

3. Street Address Principal Business Office

20 LOUSON Y ST

City

PROVIDENCE

State

RI

Zip

02908

4. Business Phone No.

521 4448

5. State of Incorporation

RHODE ISLAND

6. SIC Code

18

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

CONSTRUCTION

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

President Name

THOMAS D. MULLIO

Vice President Name

SANT

Street Address

20 LOUSON Y ST

Street Address

City

State

Zip

PROVIDENCE

RI

02908

City

State

Zip

Secretary Name

SANT

Treasurer Name

SANT

Street Address

Street Address

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

THOMAS D. MULLIO

Director Name

Street Address

20 LOUSON Y ST

Street Address

City

State

Zip

PROVIDENCE

RI

02908

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 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMM

NO PAR

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



* 7 1 4 0 8 *

File Date: FILED SO. HD 8th 21 to NAF

Check No.: JUN 04 2003

By: AV GM 319436 03A1703H

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.

Thomas D. Mullio 5-31-03
Signature of Officer Date

THOMAS D. MULLIO
Print or Type Name of Officer

PRESIDENT
Title of Officer

5

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71408**
2. Name of Corporation **A.V.A. CONSTRUCTION COMPANY, INC.**
3. Street Address Principal Business Office
20 Loveday Street
4. Business Phone No. **(401) 521-0605**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Providence** State **RI** Zip **02908**
6. SIC Code **18**

Residential and commercial construction and all other lawful related purposes.
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Thomas N. Di Meglio
Street Address
20 Loveday Street
City **Providence** State **RI** Zip **02908**

Vice President Name
Thomas N. Di Meglio
Street Address
20 Loveday Street
City **Providence** State **RI** Zip **02908**

Secretary Name
Thomas N. Di Meglio
Street Address
20 Loveday Street
City **Providence** State **RI** Zip **02908**

Treasurer Name
Thomas N. Di Meglio
Street Address
20 Loveday Street
City **Providence** State **RI** Zip **02908**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
Director Name
Thomas N. Di Meglio
Street Address
20 Loveday Street
City **Providence** State **RI** Zip **02908**

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 Class/Series Par Value
100 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No par value

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



* 7 1 4 0 8 *

File Date: **2-19-02**
Check No.: **8411**
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.

Thomas N. Di Meglio
Signature of Officer Date

Thomas N. Di Meglio
Print or Type Name of Officer

President
Title of Officer



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. **71408** 2. Name of Corporation **A.V.A. CONSTRUCTION COMPANY, INC.**

3. Street Address Principal Business Office
20 Loveday Street

City **Providence** State **RI** Zip **02908**
6. SIC Code **18**

4. Business Phone No. **(401) 739-4574**

5. State of Incorporation
RHODE ISLAND

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

Residential and commercial construction and all other lawful related purposes.

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

President Name
Thomas N. DiMeglio

Vice President Name
Thomas N. DiMeglio

Street Address
20 Loveday Street

Street Address
20 Loveday Street

City **Providence** State **RI** Zip **02908**

City **Providence** State **RI** Zip **02908**

Secretary Name
Thomas N. DiMeglio

Treasurer Name

Street Address
20 Loveday Street

Street Address

City **Providence** State **RI** Zip **02908**

City State Zip

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

Director Name
Thomas N. DiMeglio

Director Name

Street Address
20 Loveday Street

Street Address

City **Providence** State **RI** Zip **02908**

City State Zip

Director Name

Director Name

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

100 COMM NO PAR VALUE

100 Common No Par Value

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



* 7 1 4 0 8 *

File Date: **8/8/01**

Check No.: **4359**

By: **GAD**

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.

Thomas N. DiMeglio 8/26/01
Signature of Officer Date

Thomas N. DiMeglio
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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. **71408** 2. Name of Corporation **A.V.A. CONSTRUCTION COMPANY, INC.**
3. Street Address Principal Business Office **20 Loveday Street** City **Providence** State **RI** Zip **0908**
4. Business Phone No. **(401) 739-4574** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **18**
7. Brief Description of the Character of Business Conducted in Rhode Island

Residential and commercial construction and all other lawful related purposes.

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

President Name Thomas N. Di Meglio Street Address 20 Loveday Street City Providence State RI Zip 02908 Secretary Name Thomas N. Di Meglio Street Address Same City _____ State _____ Zip _____	Vice President Name Thomas N. Di Meglio Street Address 20 Loveday Street City Providence State RI Zip 02908 Treasurer Name Thomas N. Di Meglio Street Address Same City _____ State _____ Zip _____
--	---

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

Director Name Thomas N. Di Meglio Street Address 20 Loveday Street City Providence State RI Zip 02908	Director Name _____ Street Address _____ City _____ State _____ Zip _____
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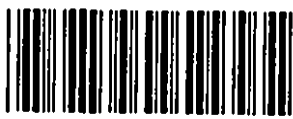
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

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



* 7 1 4 0 8 *

File Date: 7-14-00
Check No.: 4129
By: AMR

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.

Thomas N. Di Meglio 2-2-00
Signature of Officer Date
Thomas N. Di Meglio
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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)



1. Corporate ID No. 71408		2. Name of Corporation A.V.A. CONSTRUCTION COMPANY, INC.	
3. Street Address Principal Business Office 20 Loveday Street		City Providence	State RI
4. Business Phone No. (401) 739-4574		5. State of Incorporation RHODE ISLAND	6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island Residential and commercial construction and all other lawful related purposes.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Thomas N. DiMeelio		Vice President Name Thomas N. Di Meelio	
Street Address 20 Loveday Street		Street Address 20 Loveday Street	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name Thomas N. Di Meelio		Treasurer Name Thomas N. Di Meelio	
Street Address Same		Street Address Same	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Thomas N. Di Meelio		Director Name Thomas N. Di Meelio	
Street Address 20 Loveday Street		Street Address 20 Loveday Street	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Thomas N. Di Meelio		Director Name Thomas N. Di Meelio	
Street Address 20 Loveday Street		Street Address 20 Loveday Street	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 100 SHS COMM NO PAR VALUE	Class/Series COMMON	Par Value NO PAR VALUE	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 100	Class/Series COMMON	Par Value NO PAR VALUE	

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



* 7 1 4 0 8 *

File Date: **10-29-99**

Check No.: **3938**

By: **AMF**

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.

Thomas N. Di Meelio **7-10-99**
Signature of Officer Date

Thomas N. Di Meelio
Print or Type Name of Officer

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



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.

71408

2. Name of Corporation

A.V.A. CONSTRUCTION COMPANY, INC.

3. Street Address Principal Business Office

20 Loveday Street

City

Providence

State

RI

Zip

02908

4. Business Phone No.

(401) 739-4574

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0018

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

Residential and Commercial Construction and all other lawful related purposes.

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

President Name

Thomas N. DiMeglio

Vice President Name

Thomas N. DiMeglio

Street Address

20 Loveday Street

Street Address

20 Loveday Street

City

Providence

State

RI

Zip

02908

City

Providence

State

RI

Zip

02908

Secretary Name

Thomas N. DiMeglio

Treasurer Name

Thomas N. DiMeglio

Street Address

Same

Street Address

Same

City

State

Zip

City

State

Zip

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

Director Name

Thomas N. DiMeglio

Director Name

Street Address

20 Loveday Street

Street Address

City

Providence

State

RI

Zip

02908

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 SHS COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO PAR VALUE

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



* 7 1 4 0 8 *

File Date: **4-1-98**

Check No.: **5831**

By: **1UP**

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.

Thomas N. DiMeglio **3-26-98**
Signature of Officer Date

Thomas N. DiMeglio

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



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. **71408** 2. Name of Corporation **A.V.A. CONSTRUCTION COMPANY, INC.**
3. Street Address Principal Business Office **20 Loveday Street** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **(401) 739-4574** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0018**

7. Brief Description of the Character of Business Conducted in Rhode Island
Residential and Commercial Construction and all other lawful related purposes.

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

President Name Thomas N. DiMeglio Street Address 20 Loveday Street City Providence State RI Zip 02908	Vice President Name Thomas N. DiMeglio Street Address 20 Loveday Street City Providence State RI Zip 02908
Secretary Name Thomas N. DiMeglio Street Address Same City _____ State _____ Zip _____	Treasurer Name Thomas N. DiMeglio Street Address Same City _____ State _____ Zip _____

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

Director Name Thomas N. DiMeglio Street Address 20 Loveday Street City Providence State RI Zip 02908	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
100 SHS COMM NO PAR VALUE	100 SHS COMMON NO PAR COMMON

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



* 7 1 4 0 8 *

File Date: **5/15/97**
Check No.: **3442**
By: **GMA**
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.

Thomas N. DiMeglio 4-10-97
Signature of Officer Date
Thomas N. DiMeglio
Print or Type Name of Officer
President
Title of Officer

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. 71408		2. NAME OF CORPORATION A.V.A. CONSTRUCTION COMPANY, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 20 Loveday Street		CITY Providence	STATE RI
4. BUSINESS PHONE NO. (401) 739-4574		5. STATE OF INCORPORATION RHODE ISLAND	ZIP CODE 02908
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Residential and Commercial Construction and all other lawful related purposes.			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Thomas N. DiMeglio		VICE PRESIDENT NAME Thomas N. DiMeglio	
STREET ADDRESS 20 Loveday Street		STREET ADDRESS 20 Loveday Street	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02908		ZIP CODE 02908	
SECRETARY NAME Thomas N. DiMeglio		TREASURER NAME Thomas N. DiMeglio	
STREET ADDRESS Same		STREET ADDRESS Same	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Thomas N. DiMeglio		DIRECTOR NAME	
STREET ADDRESS 20 Loveday Street		STREET ADDRESS	
CITY Providence	STATE RI	CITY	STATE
ZIP CODE 02908		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES		ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
100 SHS COMM NO PAR VALUE		100 SHS COMMON NO PAR COMMON	

This report must be SIGNED IN INK by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

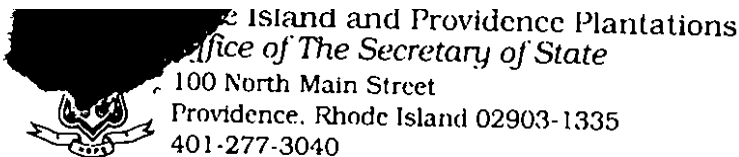
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Thomas N. DiMeglio
Signature of Officer

President - Thomas N. DiMeglio
Print or Type Name of Officer

File Date: 6/20/96
Check No: 3189
By: CC
For Secretary of State Use Only

Title of Officer
Date 6-20-96



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: 0071408

Annual Report for the year: 1995

Name of Corporation: A. V. A. CONSTRUCTION COMPANY, INC.

Business entity organized under the laws of the State of: Rhode Island

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):

20 Loveday Street

Providence, Rhode Island 02908

Brief statement of the character of business conducted in Rhode Island:
Residential and Commercial Construction
and all other lawful related purposes.

Phone: (401) 739-4574

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Thomas N. DiMeglio	20 Loveday Street	Providence, Rhode Island	02908
VICE PRESIDENT	Thomas N. DiMeglio	20 Loveday Street	Providence, Rhode Island	02908
SECRETARY	Thomas N. DiMeglio	20 Loveday Street	Providence, Rhode Island	02908
TREASURER	Thomas N. DiMeglio	20 Loveday Street	Providence, Rhode Island	02908

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Thomas N. DiMeglio	20 Loveday Street	Providence, Rhode Island	02908

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
1000	Common No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	Common No Par Value

Date June 16, 1995

By: Thomas N. DiMeglio

Thomas N. DiMeglio

PRESIDENT

TITLE OF OFFICER SIGNING

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.

Arthur D. Parise
799 Warwick Avenue
Warwick, Rhode Island 02888

PAID
KID 2871
JUN 22 1995

SECY OF STATE

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

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

Corporate ID: 0071408 Annual Report for the year: 1994

Name of Business Entity: A.V.A. CONSTRUCTION COMPANY, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: 050471050

For foreign entity, address and telephone number of principal office:

Phone: (401) 521-4448

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

20 Loveday Street
Providence, Rhode Island 02908

Phone: (401) 739-4574

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:

Thomas N. Dimeglio, President

20 Loveday Street

Providence, Rhode Island 02908

Brief statement of the character of business conducted in Rhode Island:

Residential and Commercial Construction
and all other lawful related purposes.

Date of Organization: February 18, 1993

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Thomas N. Dimeglio</u>	<u>20 Loveday Street</u>	<u>Providence, Rhode Island</u>	<u>02908</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	<u>Thomas N. Dimeglio</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	<u>Thomas N. Dimeglio</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Thomas N. Dimeglio</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Thomas N. Dimeglio</u>	<u>20 Loveday Street</u>	<u>Providence, Rhode Island</u>	<u>02908</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100,000

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR No Par Value

Date 3-15-94

FILED

JAN 17 1995

By Thomas N. Dimeglio

By Thomas N. Dimeglio

Thomas N. Dimeglio

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 1994

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

ARTHUR D. PARISE
799 WARWICK AVENUE
WARWICK RI 02888