# 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

Form 630 12/01

<b>PROFIT CORP</b>	<b>ORATION ANN</b>	UAL REPOR	T FOR THE YEAR	2005	
Filing Period: January	1 - March 1 🏓 🗡 Filing	Fee: \$50.00	·····		
(FORM MUST BE TYPED IN 1. Corporate ID_No.	l BLACK)  2. Name of Co	Morahan			
71408	AVA CONST	RUCTION COMPA	INY, INC.		
3. Street Address Principa 20 LOVEDAY STREE	I Business Office		City PROVIDENCE	State	Zip
4. Business Phone No.		5. State of inco		RI	02908 6. SIC Code
(401) 521-0605  7. Brief Description of the	Character of Business Conduc	RI ted in Rhode Island			18
Construction					
	ESSES OF THE OFFICE	RS ("X" BOX FO	R 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	<i>Zip</i> 02904	City	State	Zip
Secretary Name	N	02904	Treasurer Name		
Street Address			Street Address		
City	- State	Zip	City	State	Zip
9. NAMES AND ADDRI	ESSES OF THE DIRECTO	)BS (*** 80 × 50	0.4774000000	<b>L</b>	
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umber of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Senes	Par Value
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ns report must be signer	o in ink by either the Pres	sident, Vice President	, Secretary, Assistant Secreta	ary, Treasurer, Receiver or Trust	00
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			Under penalty of oe	rjury, I declare and affirm that I i	nave examined
<del></del>			11.15	3 and accompanies asked to	AAC EXBITIIIEU
File Date	116/00		this report including	any accompanying schedules a	and statements,
File Dale	16/05		and that all stateme	ants contained herein are true an	and statements, d correct.
File Dale	16/05		and that all stateme	any accompanying schedules and schedules and the schedules and the schedules and the schedules are true are true and the schedules are true are true are true and the schedules are true are tru	d correct.
	16/05 5259 DA		and that all stateme  Signature of Officer  THOMAS DI MEG	nts contained herein are true an	ond statements, of correct.  08/12/2005  Date

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

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)	Filing Fee: \$50.00			
1. Corporate ID No.	2. Name of Corpo	oration			
71408	A.V.A. COI	ISTRUCTION COMPANY	INC		
3. Street Address Principal Business	Office		City	State	
20 Lovedayy	Shreete	<u></u>	Providence	<b>I</b>	Zíp
4. Business Phone No. 5. State of Incorporat			on The Item	LR.T	6. SIC Code
521-0605 PHODE ISLA		RHODE ISLAN	un ·		
Brief Description of the Character RESIDENTIAL AND CO	of Business Conducte	od to Dhada tetai			18
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			Vice President Name		The state of the s
Thomas Di M	<u>eglio</u>				
ireei Address			Street Address		
<u>92 Texas Av</u>					
•	State	Zip	City	State	Zip
PROVIDENCE	. <u>l</u> R.I	1.02904	•••••		
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THORIZED SHARES		, u.	ISSUED SHARES	DUX PUK ATTACI	HMENT) [
mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Ban Value

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

100

ile Date	3-27-04
heck No	4847
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FOR	SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I had including any accompanying schedules and statements contained herein are true and correct.	ave examined this report, s, and that all statements
Shows Willish	1/15/04
Signature of Officer	Date
Print or Type Name of Officer	<u> </u>
PRESIDENT	
Title of Officer	

Class/Series

Common

Par Value

no par

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 PRIN	ITED IN BLACKI	-			INSTRUCTIO
1. Corporate ID No.	2. Name of Corporati	on			
71408	A.V.A. CONS	TRUCTION COMPANY, IN	NC.		
3. Street Address Principal Busines  2 2 L 5 S  4. Business Phone No.  5 2 1	rome Phy 5:	5. State of Incorporation RHODE ISLAND	Promosuce	State R Z	21p 01908 6. SIC Code 18
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8. NAMES AND ADDRES	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTACE	HMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
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Street Address			Street Address	,,,,	•
JO LOUER	047 ST	•			
City  Promotor Name  Secretary Name	RZ	02908	City	State	Zip
Secretary Name SAAF		• •	Treasurer Name	• •• •	* - 1 - 1 - 1 - 1
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name  The mas is street Address  20 Lour City Productor Name			Director Name	BEFORE USING ATTA	CHMENTS
20 600	047 5	· 🖵	Street Address		
Propose us	"A.I.	02508	City	State	Zip {
Director Name			Director Name		e territoria de la composición de la c
itreet Address			Street Address		
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nis report must be signe	<b>d in ink</b> by either	the President. Vice Pr	esident, Secretary, Assista	- •	
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						100
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FOR SECRETARY						

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 State
- TIPMS D. MTULI
Print or Type Name of Officer
Title of Officer
5 Form 630 12/02

1. Carparate ID No.

100 COMM NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

71408

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 Fec: \$50.00
(FORM MUST BE TYPED IN BLACK)		

2. Name of Corporation

PLEASE INSTRUC	READ
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71408	A.V.A. CO	NSTRUCTION COMPANY	INC		
3. Street Address Principal Busi	ness Office	A CONTROL OF THE PARTY	, iivo. City		
20 Loveday	Street		Providence	State	Zip
4. Business Phone No.		5. State of Incorporation		RI	02908
(401) 521-06	05	RHODE ISLAN			6. SIC Code
7. Brief Description of the Char.	acter of Business Conducted	in Rhode Island	10		18
Residential 8. NAMES AND ADDR President Name	and commerc	ial construct; FICERS ("X" BOX FOR ATT)	ion and all other ACHMENT) FILLIN SPACES B Vice President Name	lawful re EFORE USING AT	lated purposes.
Thomas N. Di I			Thomas N. Di	Meglio	
20 Loveday St	reet		20 Tourden o		
City	State	Zip	20 Loveday Si	creet	71.
Providence Secretary Name	RI	02908	Providence	RI	zię 02908
Thomas N. Di Street Address 20 Loveday St			Thomas N. Di		
City		·	. 20 Loveday S	treet	
Providence	State	Zip	City	State	Zip
9. NAMES AND ADDRI	RI ESSES OF THE DIR	02908 ECTORS (*X* BOX FOR AT	Providence TACHMENT) FILLIN SPACES	RI BEFORE USING A	02908 TTACHMENTS
Thomas N. Di	Meglio		Director Name		
20 Loveday St	reet		Street Address		
Providence	State RI	<sup>гір</sup> 02908	City	State	Zip
Director Name	•	* * ***	Director Name	•	
Street Address			Street Address		
City	State	Zip	. City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*x* box for atta	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	(TN
Number of Shares	Class/Series	Par Value	ISSUE / SHARES		

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

Number of Shares

100



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.

Class/Series

Common

Par Value

No par value

Thomas N. Di Meglio Print or Type Name of Officer

Title of Officer	
<b>♦</b> 5	Form 630 1211

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

4. Business Phone No.

2. Name of Corporation

71408

A.V.A. CONSTRUCTION COMPANY, INC.

3. Street Address Principal Business Office 20 Loveday Street

5. State of Incorporation

Providence

State RI Zip

02908

6. SIC Code 18

(401) 739-4574

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 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name

President Name

Thomas N. DiMeglio Street Address

20 Loveday Street

Providence Secretary Name

ŘΙ

02908

1 Au Thomas N. DiMeglio Street Address

20 Loveday Street

Providence RI Zip 02908

Treasurer Name

Street Address

Thomas N. DiMeglio Street Address

20 Loveday Street

Zio

02908

City

State

Zip

Providence RI

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

Thomas N. DiMeglio

20 Loveday Street

Zip

Street Address

State

ZIP

Providence Director Name

RI

02908

Director Name

Street Address

Street Address

100 COMM NO PAR VALUE

City

State

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

AUTHORIZED SHARES

Number of Shares

Class/Series

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



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 statemAts contained herein are true and correct.

Signature of Officer

Thomas N. DiMeglio Print or Type Name of Officer

President

Title of Officer

Farm K20 12400

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

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riting Perioa: January	'I-March I •	Filing Fee: \$50.00			1775HT 11077
(FORM MUST BE TYPED IN BLA	CK				Total His
1. Corporate ID No.	2. Name of Corporal	ilon			
71408	A.V.A. CO	STRUCTION COMPAN	Y, INC.		
3. Street Address Principal Business			City	State	Zip
20 Loveday :	Street	S. State of Incorporation	Providence	RI	0908
(401) $739-4$ 7. Brief Description of the Character		RHODE ISLAND			6. SIC Code 18
Residential and 8. NAMES AND ADDRES President Name			and all other (MENT) FILL IN SPACES I  Vice President Name	lawful relat BEFORE USING ATTAC	ed purposes.
Thomas N. D. Street Address	i Meglio		Thomas N. I	Di Meglio	
20 Loveday S	Street State	Zip	20 Loveday	Street	Zip
Providence Secretary Name	RI	. 02908	Providence	RI	02908
Thomas N. Di	Meglio		Thomas N. Di	Meglio	
Same			Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES  Director Name	BEFORE USING ATTA	ACHMENTS
Thomas N. Di	Meglio				
Street Address			Street Address		
20 Loveday S	treet				
City	State	Zip	City	State	Zip
Providence	RI	02908			•
Director Name			Director Name		
Street Address		·	Street Address		
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10. SHARES AUTHORIZED	("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
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	7-14-00	_
Check No.:	4129	
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FOR SECRETAI	RY 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 M. D. Maplis 2-2-ce

Thomas N. Di Meglio

President
Title of Officer



FOR SECRETARY OF STATE USE ONLY

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 BLA	CK)				T. Macco Mar.
1. Corporate ID No. <b>71408</b>	2. Name of Carpai	NSTRUCTION COM	PANY INC		
3. Street Address Principal Business			City	en en en en	·
20 Loveday Street			Providence	State	21p 02908
4. Business Phone No.	• .	5. State of Incorporati	1	_ 1 "."	6. SIC Code
(401) 739-4574		RHODE ISL			18
7. Brief Description of the Character	of Business Conducted	in Rhode Island	· · · - · -	•	
			all other lawful re		
8. NAMES AND ADDRESS	ES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) (FILL IN SPACES	BEFORE USING ATT	ACHMENTS
President Name Thomas N. DiMegli			Vice President Name		
itreet Address	0		Thomas N. Di t	Meelio	
20 Lovedav Street			Street Address		·
in Loveday Street		_;	20 Loveday St	reet	
Providence	State   RI	zı <sub>p</sub> 02908	City	State	Zip
ecretary Name			Providence	RI	02908
Thomas N. Di Meel	io		Treasurer Name Thomas N. Di	Moolio	
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20 Loveday Street					
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<b>₹</b> (	1 % U 8	ਜ	Under penalty of per	Jury, I declare and affir	rm that I have examined
. 07	2 00		this report, including	any accompanying sc	hedules and statements, and
lle Date: (0 - d')	1-49		that all statements co	ontained herein are tru	e and correct.
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<i>QQ</i> .	$\lambda X$		Standard of Officer	11. 3.19.11.6	1-10-7

Thomas N. Di Meglio

Print or Type Name of Officer

President



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

STOP PERSONAL DISSIPATIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 71408 A.V.A. CONSTRUCTION COMPANY, INC. 3. Street Address Principal Business Office City State Zip 20 Loveday Street Providence RI 02908 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND (401) 739-4574 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 Vice President Name Thomas N. DiMeglio Thomas N. DiMeglio Street Address Street Address 20 Loveday Street 20 Loveday Street City State City State Providence Zip RI 02908 Providence RI 02908 Secretary Name Treasurer Name Thomas N. DiMeglio Thomas N. DiMeglio Street Address Street Address ∵Same Same City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Thomas N. DiMeglio Street Address Street Address 20 Loveday Street City State Zip City State Zip Providence RΙ 02908 Director Name Street Address Street Address City State Cliv State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Serles Par Value Number of Shares Class/Series Par Value

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:	4.198
Check No.:	5831
Ву:	1(P
FOR SECRETAR	LY OF STATE USE ONLY

100 SHS COMM NO PAR VALUE

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 M. J. J. J. J. 3-26-9 & Signature of Officer

COMMON

NO PAR VALUE

Thomas N. DiMeglio

Print or Type Name of Officer

President Title of Officer



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

#### PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

71408

e of Corporation .A. CONSTRUCTION COMPANY, INC. 3. Street Address Principal Business Office State Zip 20 Loveday Street Providence R 7 02908 1. Business Phone No. (401) 739-4574 1 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 Vice President Name Thomas N. DiMeglio Thomas N. DiMeglio Street Address : Street Address 20 Loveday Street 20 Loveday Street State City Providence 02908 Providence 02908 RΙ Secretary Name Treasurer Name Thomas N. DiMeglio Thomas N. DiMeglio Street Address Street Address Same Same . City State 210 City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Thomas N. DiMeglio Street Address Street Address 20 Loveday Street State City Providence 02908 Director Name Director Name Street Address Street Address State Zip City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Number of Shares Class/Series 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



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 Print or Type Name of Officer

President

Title of Officer

#### THUTH CURPURATION **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

000000 177 m 140		PLEASE TYPE 0	R PRINT IN BLACK INK.			
CORPORATE ID NO.	2. NAME OF CORPORATH	)H			···	
71408	A.V.	A. CONSTRUCTION	COMPANY, INC.			
. STREET ADDRESS PRINCIPAL BUSINESS	OFFICE		στ <del>γ</del>	STATE	ZIP CODE	
20 Loveday St	reet		Providence	RI	02908	
		5. STATE OF INCORPORATION			6. SIC CODE	
(401) 739–457	4	RHODE	ISLAND			
BRIEF DESCRIPTION OF THE CHARACTER	OF BUSINESS COMOUCTED IN RIN	DE ISLAND		· · · · · · · · · · · · · · · · · · ·	0018	
Residential a	nd Connercial Co	nstruction and all o	ther lawful related pur	poses.		
ESIDENT NAME	8 . N	AMES AND ADD	RESSES OF THE O	FICERS	<del></del>	
Thomas N. DiM	lantia		VICE PRESIDENT NAME		<del></del>	
REET ADDRESS	egilo		Thomas N. DiMeglio	)		
			STREET ADDRESS	<del></del>		
20 Loveday St			. 20 Loveday Street			
Providence	STATE	ZIP CODE	άπν	STATE	ZIP CODE	
Providence ORETARY NAME	RI	02908	Providence	RI	02908	
	•		TREASURER NAME			
Thomas N. DiM	egl10		Thomas N. DiMeglio	i e		
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	9 . N	AMES AND ADDE	ESSES OF THE DI	RECTORS	<del></del>	
ECTOR NAME			DIRECTOR HAME		<del></del>	
Thomas N. DiMe	eglio		1			
REST ADDRESS			STREET ADDRESS	<del></del>		
20 Loveday Sti						
	STATE	ZIP CODE	CTY	STATE	ZIP CODE	
Providence	RI	02908				
ECTOR NAME	<del></del>		DIRECTOR HAME			
			ii			
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	Th	is report must be SIG	INED IN INK by either the	۵		
Drog	sident Vice President	doot Coomaton &		_		

sident, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

)	examined	th

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

President - Thomas A. Dimeglio Print or Type Name of Officer

For Secretary of State Use Only

File Date:

Check No:

Title of Officer

# Island and Providence Plantations fice of The Secretary of State 100 North Main Street Providence. Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

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

Corporate ID:	007 1408		Annual Report fo	r the year:1995		
Name of Com-	ation.			· · · · · · · · · · · · · · · · · · ·		
•	ation;anized under the laws of the Sta	A. V.	A. CONSTRUCTION O			
For foreign entity of	address and telephone number of	te of: Niode Island	Business Entity	y is (check one):		
———	address and rerephone number o	r principal office:	[XX] Business	Corporation (See RIGL Chapter 7	-1.1)	
			[ ] Professio	nal Service Corporation (See RIGI	. Chapter 7-5	.1)
Phone: ( )			Brief statement Residential	of the character of business condu- and Commercial Construct i	icted in Rhod	e Island:
Address and telepho	one of the principal office of bus	siness entity in Rhode	and all other	er lawful related purposes	<u></u>	-
Island (Provide stre	et address - Not P.O. Box):		<del></del> •			<del></del>
	20 Loveday Street Providence, Rhode Is	1- 4 02000				
	Trovidence, Mode is	land 02908				
Phone: ( 401 )	739-4574					
		THE NAMES OF	THE OFFICERS A	Dr.		
PRESIDENT		STREET /	ADDRESS	CITY/STATE		
	Thomas N. DiMeglio	20 Láv	edau Stroot	<del>-</del>		ZIP CODE
VICE PRESIDENT		STREET	eday Street	Providence, Rhode Island	02908	ZIP CODE
SECRETARY	Thomas N. DiMeglio	20 Love	eday Street	Providence Photo Y-1	02000	ZIPCODE
SECRETARY		STREET A	eday Street	Providence, Rhode Island	02908	ZIP CODE
TREASURER	Thomas N. DiMeglio	20 Love	eday Street	Providence Phode Jels-	02000	zar (.cape
TREASURER		STREET A	eday Street DDRESS	Providence, Rhode Island	02908	ZJP CODE
<del></del>	Thomas N. DiMeglio	20 Love	iday Street	Providence, Rhode Island	0200p	751 ((1)).
NAME		THE NAMES OF T	HE DIRECTORS A	RE:	02906	<del>-</del>
	-	STREET A	DORESS	CITY/STATE	<del></del>	ZIP CODE
NAME	Thomas N. DiMeglio		day Street	Providence, Rhode Island	02908	
		STREET A	DDRHSS	CITY/STATE	02300	ZIP CODE
NAME	<del></del>					
		STREET A	DDRESS	CHY/STATE		ZIP CODE
NUMBER OF SHARI	ES AUTHORIZED (Rider may be	attached)	NUMBER OF SHAR	ES ISSUED AND OUTSTANDING (I	Rider may be a	——— ttached)
Number of Shares	Class / Series		Number of Shares	Class / Series		
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Date _ June	2 /G,	- <del></del>	Thomas 1	"). Meolio		
			s N. DiMeglio			· <del></del> -
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Arthur D. Parise 799 Warwick Avenue Warwick, Riode Island 02888

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SEC'Y OF STATE

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CORP Jan. 1 March 1 1

100 North Main Street Providence, Rhode Island 02903-1335 401 277-3040

Corporate ID:0071408	Annual Report for the year: 1394
Name of Business Entity:	A.V.A. CONSTRUCTION COMPANY, INC.
Business entity organized under the laws of the State of Rhode Islan Federal Taxpayer Identification Number V 050 47 / 050 For foreign entity, address and telephone number of principal office.	
	Name, title and mailing address of contact person to whom communications may be directed:  Thomas N. Dimeglio, President  20 Loveday Street
Phone: (40) 3 521 - 4448  Address and telephone of the principal office of business entity in Rhode	Providence, Rhode Island 02908
Island (Provide street address - Not P.O. Box):	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	Date of Organization to do business in Rhode Island (if foreign entity):
THE NAMES (	OF THE OFFICERS ARE:
Thomas N. Dimedlio	Loveday Street Providence, Rhode Island 02908
Thomas N. Dimeglio	Same  EET ADDRESS  CHANTATE  ZIPCODE  Same  EET ADDRESS  CHANTATE  ZIPCODE
<del></del>	FIT ADDRESS CONSTATE ZIPCODE Same
NAME THE NAMES O	F THE DIRECTORS ARE: LET ADDRESS CUTYSTATE 2P CODE
Thomas N. Dimeglio 20 Lor	veday Street Providence, Rhode Island 02908 DETADORESS OTYSTATE 70FC00E
NAME. STRI	EET ADDRESS CITYATATE ZEPCODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (I: Applicable)
NUMBER 1000 rop	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR NO Par Value	PAR VALUE OR WITHOUT PAR No Par Value
JAN 1 7 1995 Pro	Comas N. Dimeglio TOR THE SAME DE OFFICER SIGNING esident EOF CHECER S.C. VING
	SIDENT AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the Corporation has changed its registered office and/s	of registered or resident agent. Form 9 or Form LLC 2 must be 61.51