



**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. 82608 2. Name of Corporation PERRY'S CONSTRUCTION, INC.  
3. Street Address Principal Business Office 2 LARSON COURT City BRISTOL State RI Zip 02809  
4. Business Phone No. 4012530473 5. State of Incorporation RHODE ISLAND 6. SIC Code 34  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TO BUILD, REPAIR AND REMODEL HOMES, BUILDINGS AND OFFICES.

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

<i>President Name</i> SCOTT A. PERRY			<i>Vice President Name</i> SCOTT A. PERRY		
<i>Street Address</i> 2 LARSON COURT			<i>Street Address</i> 2 LARSON COURT		
<i>City</i> BRISTOL	<i>State</i> RI	<i>Zip</i> 02809	<i>City</i> BRISTOL	<i>State</i> RI	<i>Zip</i> 02809
<i>Secretary Name</i> SCOTT A. PERRY			<i>Treasurer Name</i> SCOTT A. PERRY		
<i>Street Address</i> 2 LARSON COURT			<i>Street Address</i> 2 LARSON COURT		
<i>City</i> BRISTOL	<i>State</i> RI	<i>Zip</i> 02809	<i>City</i> BRISTOL	<i>State</i> RI	<i>Zip</i> 02809

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

<i>Director Name</i> SCOTT A. PERRY			<i>Director Name</i>		
<i>Street Address</i> 2 LARSON COURT			<i>Street Address</i>		
<i>City</i> BRISTOL	<i>State</i> RI	<i>Zip</i> 02809	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Director Name</i>			<i>Director Name</i>		
<i>Street Address</i>			<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

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

AUTHORIZED SHARES		
<i>Number of Shares</i>	<i>Class/Series</i>	<i>Par Value</i>
1,000	COMM	NO PAR VALUE

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

ISSUED SHARES		
<i>Number of Shares</i>	<i>Class/Series</i>	<i>Par Value</i>
200	COMMON	NO PAR

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



8 2 6 0 8

\*82608 DBC 01/04/05 09:06:52 AM\*

File Date 1-14-05

Check No 3558

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] 1-14-05  
Signature of Officer Date  
SCOTT A. PERRY  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82608  
2. Name of Corporation PERRY'S CONSTRUCTION, INC.  
3. Street Address Principal Business Office 2 LARSON COURT  
City BRISTOL State RI Zip 02809  
4. Business Phone No. 4012530473  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 34

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO BUILD, REPAIR AND REMODEL HOMES, BUILDINGS AND OFFICES.

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

President Name SCOTT A. PERRY			Vice President Name SCOTT A. PERRY		
Street Address 2 LARSON COURT			Street Address 2 LARSON COURT		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name SCOTT A. PERRY			Treasurer Name SCOTT A. PERRY		
Street Address 2 LARSON COURT			Street Address 2 LARSON COURT		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809

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

Director Name SCOTT A. PERRY			Director Name		
Street Address 2 LARSON COURT			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE

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

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

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



8 2 6 0 8

\*82608 DBC 12/30/03 11:43:22 AM\*  
File Date 1-22-04  
Check No. 3191  
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] 1-12-04  
Signature of Officer Date  
SCOTT A. PERRY  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82608		2. Name of Corporation PERRY'S CONSTRUCTION, INC.	
3. Street Address Principal Business Office 2 LARSON COURT		City BRISTOL	State RI
4. Business Phone No. (401) 253-0473		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 34	

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO BUILD, REPAIR AND REMODEL HOMES, BUILDINGS AND OFFICES.

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

President Name SCOTT A. PERRY			Vice President Name SCOTT A. PERRY		
Street Address 2 LARSON COURT			Street Address 2 LARSON COURT		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name SCOTT A. PERRY			Treasurer Name SCOTT A. PERRY		
Street Address 2 LARSON COURT			Street Address 2 LARSON COURT		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809

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

Director Name SCOTT A. PERRY			Director Name		
Street Address 2 LARSON COURT			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE	

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

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

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



8 2 6 0 8

File Date 2/3/03  
Check No. 2688  
By: SMU  
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 1-28-03  
SCOTT A. PERRY  
Print or Type Name of Officer  
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. **82608** 2. Name of Corporation **PERRY'S CONSTRUCTION, INC.**

3. Street Address Principal Business Office **2 LARSON COURT** City **BRISTOL** State **RI** Zip **02809**  
4. Business Phone No. **(401) 253-0473** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO BUILD, REPAIR AND REMODEL HOMES, BUILDINGS AND OFFICES.**

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

President Name <b>SCOTT A. PERRY</b>	Vice President Name <b>SCOTT A. PERRY</b>
Street Address <b>2 LARSON COURT</b>	Street Address <b>2 LARSON COURT</b>
City <b>BRISTOL</b> State <b>RI</b> Zip <b>02809</b>	City <b>BRISTOL</b> State <b>RI</b> Zip <b>02809</b>
Secretary Name <b>SCOTT A. PERRY</b>	Treasurer Name <b>SCOTT A. PERRY</b>
Street Address <b>2 LARSON COURT</b>	Street Address <b>2 LARSON COURT</b>
City <b>BRISTOL</b> State <b>RI</b> Zip <b>02809</b>	City <b>BRISTOL</b> State <b>RI</b> Zip <b>02809</b>

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

Director Name <b>SCOTT A. PERRY</b>	Director Name
Street Address <b>2 LARSON COURT</b>	Street Address
City <b>BRISTOL</b> State <b>RI</b> Zip <b>02809</b>	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  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 COMMON NO PAR**

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



\* 8 2 6 0 8 \*

File Date: 2-1-02

Check No.: 2265

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 1-23-02

**SCOTT A. PERRY**  
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. **82608** 2. Name of Corporation **PERRY'S CONSTRUCTION, INC.**  
3. Street Address Principal Business Office **2 LARSON COURT** City **BRISTOL** State **RI** Zip **02809**  
4. Business Phone No. **401-253-0473** 5. State of Incorporation **RHODE ISLAND** 6. SIC **34**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO BUILD, REPAIR & REMODEL HOMES, BUILDINGS & OFFICES.**

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

President Name <b>SCOTT A. PERRY</b>	Vice President Name <b>SCOTT A. PERRY</b>
Street Address <b>2 LARSON COURT</b>	Street Address <b>SAME AS ABOVE</b>
City <b>BRISTOL</b> State <b>RI</b> Zip <b>02809</b>	City <b>SAME AS ABOVE</b> State <b>RI</b> Zip <b>02809</b>
Secretary Name <b>SCOTT A. PERRY</b>	Treasurer Name <b>SCOTT A. PERRY</b>
Street Address <b>SAME AS ABOVE</b>	Street Address <b>SAME AS ABOVE</b>
City <b>BRISTOL</b> State <b>RI</b> Zip <b>02809</b>	City <b>SAME AS ABOVE</b> State <b>RI</b> Zip <b>02809</b>

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

Director Name <b>SCOTT A. PERRY</b>	Director Name <b>SCOTT A. PERRY</b>
Street Address <b>SAME AS ABOVE</b>	Street Address <b>SAME AS ABOVE</b>
City <b>BRISTOL</b> State <b>RI</b> Zip <b>02809</b>	City <b>BRISTOL</b> State <b>RI</b> Zip <b>02809</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR COMMON**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 SHARES COMMON NO PAR**

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



\* 8 2 6 0 8 \*

File Date: 1/19  
Check No.: 1842  
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 1/14/01

**SCOTT A. PERRY**

Print or Type Name of Officer

**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. **82608** 2. Name of Corporation **PERRY'S CONSTRUCTION, INC.**  
3. Street Address Principal Business Office **2 LARSON COURT** City **BRISTOL** State **RI** Zip **02809**  
4. Business Phone No. **401-253-0473** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO BUILD, REPAIR & REMODEL HOMES, BUILDINGS & OFFICES.**

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

President Name <b>SCOTT A. PERRY</b>	Vice President Name <b>SCOTT A. PERRY</b>
Street Address <b>2 LARSON COURT</b>	Street Address <b>SAME AS ABOVE</b>
City State Zip <b>BRISTOL RI 02809</b>	City State Zip <b>SAME AS ABOVE</b>
Secretary Name <b>SCOTT A. PERRY</b>	Treasurer Name <b>SCOTT A. PERRY</b>
Street Address <b>SAME AS ABOVE</b>	Street Address <b>SAME AS ABOVE</b>
City State Zip <b>SAME AS ABOVE</b>	City State Zip <b>SAME AS ABOVE</b>

**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
<b>1,000 SHS NO PAR COMMON</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>200 SHARES</b>	<b>COMMON</b>	<b>NO PAR</b>

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



\* 8 2 6 0 8 \*

File Date: 1/20/00  
Check No.: 1462  
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] Date 1-7-2000  
Signature of Officer  
**SCOTT A. PERRY**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**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. <b>82608</b>		2. Name of Corporation <b>PERRY'S CONSTRUCTION, INC.</b>	
3. Street Address Principal Business Office <b>2 LARSON COURT</b>		City <b>BRISTOL</b>	State <b>RI</b>
4. Business Phone No. <b>401-253-0473</b>		Zip <b>02809</b>	6. SIC Code <b>34</b>
5. State of Incorporation <b>RHODE ISLAND</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO BUILD, REPAIR &amp; RMODEL HOMES, BUILDINGS &amp; OFFICES.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>SCOTT A. PERRY</b>		Vice President Name <b>SCOTT A. PERRY</b>	
Street Address <b>2 LARSON COURT</b>		Street Address <b>SAME</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>02809</b>	Zip <b>02809</b>
Secretary Name <b>SCOTT A. PERRY</b>		Treasurer Name <b>SCOTT A. PERRY</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City <b>SAME</b>	State <b>RI</b>	City <b>SAME</b>	Zip <b>02809</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>SCOTT A. PERRY</b>		Director Name <b>SCOTT A. PERRY</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City <b>SAME</b>	State <b>RI</b>	City <b>SAME</b>	Zip <b>02809</b>
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000 SHS NO PAR COMMON</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>200 SHARES</b>	<b>COMMON</b>	<b>NO PAR</b>	

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



\* 8 2 6 0 8 \*

File Date: March 1999

Check No.: 1128

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: 3/30/99

**SCOTT A. PERRY**  
Print or Type Name of Officer

**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. **82608** 2. Name of Corporation **PERRY'S CONSTRUCTION, INC.**  
3. Street Address Principal Business Office **2 Larson Court** City **Bristol** State **RI** Zip **02809**  
4. Business Phone No. **401-253-0473** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**  
7. Brief Description of the Character of Business Conducted in Rhode Island **To build, repair & remodel homes, buildings & offices.**

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

President Name <b>Scott A. Perry</b>	Vice President Name <b>Scott A. Perry</b>
Street Address <b>2 Larson Court</b>	Street Address <b>Same</b>
City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	City <b>Same</b> State <b>RI</b> Zip <b>02809</b>
Secretary Name <b>Scott A. Perry</b>	Treasurer Name <b>Scott A. Perry</b>
Street Address <b>Same</b>	Street Address <b>Same</b>
City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	City <b>Same</b> State <b>RI</b> Zip <b>02809</b>

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

Director Name <b>Scott A. Perry</b>	Director Name
Street Address <b>Same</b>	Street Address
City <b>Bristol</b> State <b>RI</b> Zip <b>02809</b>	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  
**1,000 SHS NO PAR COMMON**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 shares 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  
Check No.: 3791  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: 5/18/98  
Print or Type Name of Officer: **Scott a. Perry**  
Title of Officer: **President**



**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. <b>82608</b>		2. Name of Corporation <b>PERRY'S CONSTRUCTION, INC.</b>			
3. Street Address Principal Business Office <b>2 LARSON COURT</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>401-253-0473</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>0034</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO BUILD, REPAIR AND REMODEL HOMES, BUILDINGS AND OFFICES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>SCOTT A. PERRY</b>			Vice President Name <b>SCOTT A. PERRY</b>		
Street Address <b>2 LARSON COURT</b>			Street Address <b>SAME</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name <b>SCOTT A. PERRY</b>			Treasurer Name <b>SCOTT A. PERRY</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>SCOTT A. PERRY</b>			Director Name		
Street Address <b>SAME AS ABOVE</b>			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) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR COMMON</b>			<b>200 SHARES</b>	<b>COMMON</b>	<b>NO PAR</b>

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



\* 8 2 6 0 8 \*

File Date: 3.7.97  
Check No.: 3430  
By: WAP

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: 2-28-97  
**SCOTT A. PERRY**  
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. 82608		2. NAME OF CORPORATION PERRY'S CONSTRUCTION, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 661 Metacom Avenue		CITY Bristol	STATE RI
		ZIP CODE 02809	
4. BUSINESS PHONE NO. 401-253-0473		5. STATE OF INCORPORATION RHODE ISLAND	
6. SIC CODE 0034			
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To build, repair and remodel homes, buildings and offices.			

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME Scott A. Perry			VICE PRESIDENT NAME Scott A. Perry		
STREET ADDRESS 661 Metacom Avenue, #13			STREET ADDRESS Same		
CITY Bristol	STATE RI	ZIP CODE 02809	CITY	STATE	ZIP CODE
SECRETARY NAME Scott A. Perry			TREASURER NAME Scott A. Perry		
STREET ADDRESS Same			STREET ADDRESS Same		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME Scott A. Perry			DIRECTOR NAME		
STREET ADDRESS 661 Metacom Avenue, #13			STREET ADDRESS		
CITY Bristol	STATE RI	ZIP CODE 02809	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	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
1,000 SHS	NO PAR COMMON		200 Shs	Common	No Par

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: 1/23/96  
Check No.: 2944  
By: CP  
For Secretary of State Use Only

Signature of Officer: *Scott A. Perry*  
Print or Type Name of Officer: Scott A. Perry  
Title of Officer: President  
Date: 1-23-96 CP

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

Corporate ID: 82608 Annual Report for the year: 1995

Name of Corporation: PERRY'S CONSTRUCTION, INC.

Business entity organized under the laws of the State of: RI

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

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

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

TO BUILD, REPAIR AND REMODEL  
HOMES, BUILDINGS AND OFFICES.

Phone: ( )

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

661 METACOM AVENUE  
BRISTOL, RI 02809

Phone: (401) 253-0473

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>SCOTT A. PERRY</u>	<u>661 METACOM AVENUE, #13, BRISTOL, RI</u>	<u>02809</u>
VICE PRESIDENT	<u>JAMES J. SALZANO, JR.</u>	<u>41 AARRON AVENUE</u>	<u>BRISTOL, RI 02809</u>
SECRETARY	<u>JAMES J. SALZANO, JR.</u>	<u>SAME AS ABOVE</u>	
TREASURER	<u>SOTT A. PERRY</u>	<u>SAME AS ABOVE</u>	

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>SCOTT A PERRY</u>	<u>661 METACOM AVENUE, #13, BRISTOL, RI</u>		<u>02809</u>
<u>JAMES J. SALZANO, JR.</u>	<u>41 AARRON AVENUE,</u>	<u>BRISTOL, RI</u>	<u>02809</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares <u>1,000</u> Class / Series <u>COMMON</u>	Number of Shares <u>200</u> Class / Series <u>COMMON STOCK</u>

Date FEBRUARY 24, 19 95

By: [Signature]  
SCOTT A. PERRY  
 PRINT OUT THE NAME OF OFFICER SIGNING  
PRESIDENT  
 TITLE OF OFFICER SIGNING

Form 31 1/95

**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.

PAUL SILVA, ESQUIRE  
674 HOPE STREET  
BRISTOL, RI 02809

**FILED**

MAY 05 1995

By: [Signature]  
2660