



**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. 91310		2. Name of Corporation NOTORANTONIO BROS. INC.			
3. Street Address Principal Business Office 1202 HARTFORD PIKE			City Scituate	State RI	Zip 02857
4. Business Phone No. 401-647-5322		5. State of Incorporation RHODE ISLAND		6. SIC Code 18	
7. Brief Description of the Character of Business Conducted in Rhode Island BUILDING, WRECKING, RIGGING AND SALVAGE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name 1202 HARTFORD PIKE			Vice President Name WILLIAM NOTORANTONIO		
Street Address Louis NOTORANTONIO SR.			Street Address 1194 HARTFORD PIKE		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Joseph NOTORANTONIO			Treasurer Name MATTHEW NOTORANTONIO		
Street Address 1194 HARTFORD PIKE			Street Address 1194 HARTFORD PIKE		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Louis NOTORANTONIO SR.			Director Name WILLIAM NOTORANTONIO		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name Joseph NOTORANTONIO			Director Name MATTHEW NOTORANTONIO		
Street Address Same as above			Street Address Same as above		
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 1000 Common NO par			ISSUED SHARES 0		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		0			

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



**FILED**

File Date MAR 09 2005  
By Te  
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.

Louis Notorantonio SR. 1/18/05  
Signature of Officer Date  
Louis NOTORANTONIO, JR.  
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 OR PRINTED IN BLACK)

1. Corporate ID No. 18131		2. Name of Corporation NOTARANTONIO BROS., INC.			
3. Street Address Principal Business Office Rear 1703 Mineral Spring Ave.			City North Providence	State R.I.	Zip 02904
4. Business Phone No. 353-9246		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE- RENTAL AND LEASING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Notarantonio			Vice President Name James Notarantonio		
Street Address 451 Smithfield Rd			Street Address 81 Orient Ave.		
City N/Prov	State R.I.	Zip 02904	City Jamestown	State R.I.	Zip 02853
Secretary Name Joseph A. Notarantonio			Treasurer Name Ann Maggiasco		
Street Address 451 Smithfield Rd.			Street Address 186 Old River Rd Unit 3		
City N. Prov	State R.I.	Zip 02904	City Lincoln	State R.I.	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph A. Notarantonio			Director Name James Notarantonio		
Street Address 451 Smithfield Rd			Street Address 81 Orient Ave.		
City N. Prov	State R.I.	Zip 02904	City Jamestown	State R.I.	Zip 02853
Director Name Ann Maggiasco			Director Name		
Street Address 186 Old River Rd Unit 3			Street Address		
City Lincoln	State R.I.	Zip 02865	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
1,000 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



\* 1 8 1 3 1 \*

File Date 2-5-04  
Check No. 100522  
By: OK  
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.

Joseph A. Notarantonio 1-13-04  
Signature of Officer Date  
Joseph A. Notarantonio  
Print or Type Name of Officer  
Secretary  
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 OR PRINTED IN BLACK)

1. Corporate ID No. 91310		2. Name of Corporation NOTORANTONIO BROS. INC.			
3. Street Address Principal Business Office 1202 HARTFORD PIKE			City Scituate	State RI	Zip 02857
4. Business Phone No. 401-647-5322		5. State of Incorporation RHODE ISLAND			6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island BUILDING, WRECKING, RIGGING AND SALVAGE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis NOTORANTONIO JR.			Vice President Name William NOTORANTONIO		
Street Address 1202 HARTFORD PIKE			Street Address 1194 HARTFORD PIKE		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Joseph NOTORANTONIO			Treasurer Name MATTHEW NOTORANTONIO		
Street Address 1194 HARTFORD PIKE			Street Address 1194 HARTFORD PIKE		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Louis NOTORANTONIO JR.			Director Name William NOTORANTONIO		
Street Address Same as above			Street Address Same as above		
City Same as above	State RI	Zip 02857	City Same as above	State RI	Zip 02857
Director Name Joseph NOTORANTONIO			Director Name MATTHEW NOTORANTONIO		
Street Address Same as above			Street Address Same as above		
City Same as above	State RI	Zip 02857	City Same as above	State RI	Zip 02857
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
1,000 COMM NO PAR VALUE			0		

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



\* 9 1 3 1 0 \*

File Date 1-12-04  
Check No. 4117  
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  
Louis NOTORANTONIO JR. Date 1/7/04  
Print or Type Name of Officer  
1/7/04  
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. **91310**  
2. Name of Corporation **NOTORANTONIO BROS. INC.**  
3. Street Address Principal Business Office  
**1202 HARTFORD PIKE**  
4. Business Phone No. **401-647-5322**  
5. State of Incorporation **RHODE ISLAND**

City **Scituate** State **RI** Zip **02857**  
City **Scituate** State **RI** Zip **02857**  
6. SIC Code **18**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**const - demo**

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

President Name **Louis E. NOTORANTONIO JR.**  
Street Address **1202 HARTFORD PIKE**  
City **Scituate** State **RI** Zip **02857**  
Secretary Name **Joseph P. NOTORANTONIO**  
Street Address **1194 HARTFORD PIKE**  
City **Scituate** State **RI** Zip **02857**

Vice President Name **William J. NOTORANTONIO**  
Street Address **1194 HARTFORD PIKE**  
City **Scituate** State **RI** Zip **02857**  
Treasurer Name **MATTHEW A. NOTORANTONIO**  
Street Address **1194 HARTFORD PIKE**  
City **Scituate** State **RI** Zip **02857**

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

Director Name **Louis E. NOTORANTONIO JR.**  
Street Address **SAME AS ABOVE**  
City **Scituate** State **RI** Zip **02857**  
Director Name **William J. NOTORANTONIO**  
Street Address **SAME AS ABOVE**  
City **Scituate** State **RI** Zip **02857**

Director Name **William NOTORANTONIO**  
Street Address **SAME AS ABOVE**  
City **Scituate** State **RI** Zip **02857**  
Director Name **MATTHEW NOTORANTONIO**  
Street Address **SAME AS ABOVE**  
City **Scituate** State **RI** Zip **02857**

**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 **1000**  
Number of Shares Class/Series Par Value  
**1000**

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



\* 9 1 3 1 0 \*

File Date: 1-24-02  
Check No.: 3004  
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] 20 Jan '02  
Signature of Officer Date  
**Louis NOTORANTONIO JR.**  
Print or Type Name of Officer

PRES.  
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. 91310 2. Name of Corporation NOTORANTONIO BROS. INC.  
3. Street Address Principal Business Office 1202 Hartford PK City Schate State RI Zip 02857  
4. Business Phone No. 647-5322 5. State of Incorporation RI 6. SIC Code \_\_\_\_\_  
7. Brief Description of the Character of Business Conducted in Rhode Island const - demo

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

President Name <u>Louis E. Notorantonio Jr.</u>	Vice President Name <u>William Notorantonio</u>
Street Address <u>1202 Hartford PK</u>	Street Address <u>5 Corcoran Drive 1194 Hartford PK</u>
City <u>Schate</u> State <u>RI</u> Zip <u>02857</u>	City <u>Schate</u> State <u>RI</u> Zip <u>02857</u>
Secretary Name <u>Joseph P. Notorantonio</u>	Treasurer Name <u>MATTHEW NOTORANTONIO</u>
Street Address <u>1194 Hartford PK</u>	Street Address <u>1194 Hartford PK</u>
City <u>Schate</u> State <u>RI</u> Zip <u>02857</u>	City <u>Schate</u> State <u>RI</u> Zip <u>02857</u>

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

Director Name <u>Louis E. Notorantonio Jr.</u>	Director Name <u>William Notorantonio</u>
Street Address <u>same</u>	Street Address <u>same</u>
City <u>same</u> State <u>RI</u> Zip _____	City <u>same</u> State <u>RI</u> Zip _____
Director Name <u>Joseph P. Notorantonio</u>	Director Name <u>Matthew Notorantonio</u>
Street Address <u>same</u>	Street Address <u>same</u>
City <u>same</u> State <u>RI</u> Zip _____	City <u>same</u> State <u>RI</u> Zip _____

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES  
Number of Shares 1000 Class/Series no par value common

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ISSUED SHARES  
Number of Shares 1000 Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

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

File Date: 1/29  
Check No.: 2419  
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] Jan 24 '01  
Signature of Officer Date  
Louis Notorantonio Jr.  
Print or Type Name of Officer  
[Signature]  
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. 91310 2. Name of Corporation NOTORANTONIO BROS. INC  
3. Street Address Principal Business Office 1202 HARTFORD PIKE City Scituate State RI Zip 02857  
4. Business Phone No. 401-647-5322 5. State of Incorporation R.I. 6. SIC Code \_\_\_\_\_  
7. Brief Description of the Character of Business Conducted in Rhode Island  
CONS + DEMO

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

<p>President Name <u>Louis NOTORANTONIO JR</u> Street Address <u>1202 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u></p> <p>Secretary Name <u>Joseph P. NOTORANTONIO</u> Street Address <u>1194 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u></p>	<p>Vice President Name <u>William NOTORANTONIO</u> Street Address <u>5 CARVE DRIVE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u></p> <p>Treasurer Name <u>MATTHEW NOTORANTONIO</u> Street Address <u><del>5 CARVE DRIVE</del> 1194 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u></p>
--	--

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

<p>Director Name <u>Louis NOTORANTONIO JR</u> Street Address <u>1202 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u></p> <p>Director Name <u>Joseph NOTORANTONIO</u> Street Address <u>1194 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u></p>	<p>Director Name <u>William NOTORANTONIO</u> Street Address <u>5 CARVE DRIVE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u></p> <p>Director Name <u>MATTHEW NOTORANTONIO</u> Street Address <u>1194 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u></p>
---	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>1000</u>	<u>SHS NO PAR</u>	<u>COMMON</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>0</u>		

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

**FILED**

File Date: FEB 08 2000

Check No.: By CC 1854

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.

Louis Notorantonio Feb 8, 2000  
Signature of Officer Date

LOUIS NOTORANTONIO  
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>91310</b>		2. Name of Corporation <b>NOTORANTONIO BROS. INC.</b>			
3. Street Address Principal Business Office <b>1194 Hartford Pike</b>			City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
4. Business Phone No. <b>401-647-5122</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>18</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island					

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

President Name <b>Louis NOTORANTONIO JR.</b>			Vice President Name <b>William NOTORANTONIO</b>		
Street Address <b>1200 HARTFORD PIKE</b>			Street Address <b>5 CARVE DRIVE</b>		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Joseph P. NOTORANTONIO</b>			Treasurer Name <b>MATTHEW A. NOTORANTONIO</b>		
Street Address <b>1194 HARTFORD PIKE</b>			Street Address <b>1194 HARTFORD PIKE</b>		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>

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

Director Name <b>Louis E. NOTORANTONIO JR.</b>			Director Name <b>Wm. NOTORANTONIO</b>		
Street Address <b>1202 Hartford Pike</b>			Street Address <b>5 CARVE DRIVE</b>		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Director Name <b>Joseph P. NOTORANTONIO</b>			Director Name <b>MATTHEW NOTORANTONIO</b>		
Street Address <b>1194 HARTFORD PIKE</b>			Street Address <b>1194 HARTFORD PIKE</b>		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>

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

Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>NO PAR COMMON</b>	

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

Number of Shares	Class/Series	Par Value
<b>0</b>		

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



\* 9 1 3 1 0 \*

File Date: 3/25/99

Check No.: 1310

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: 22 Mar '99

Print or Type Name of Officer: Louis NOTORANTONIO JR.

Title of Officer: President

**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. **91310** 2. Name of Corporation **NOTORANTONIO BROS. INC.**  
3. Street Address Principal Business Office **1202 Hartford Pike** City **Scituate** State **RI** Zip **02857**  
4. Business Phone No. **401-647-5859** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0018**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**General Const - Demolition**

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

President Name <b>Louis E. Notorantonio Jr.</b>	Vice President Name <b>William Notorantonio</b>
Street Address <b>1202 Hartford Pike</b>	Street Address <b>5 CARVE DRIVE</b>
City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>	City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>
Secretary Name <b>Joseph P. Notorantonio</b>	Treasurer Name <b>Matthew Notorantonio</b>
Street Address <b>1194 Hartford Pike</b>	Street Address <b>1194 Hartford Pike</b>
City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>	City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>

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

Director Name <b>Louis E. Notorantonio</b>	Director Name <b>William Notorantonio</b>
Street Address <b>1202 Hartford Pike</b>	Street Address <b>5 CARVE DRIVE</b>
City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>	City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>
Director Name <b>Joseph Notorantonio</b>	Director Name <b>MATTHEW NOTORANTONIO</b>
Street Address <b>1194 Hartford Pike</b>	Street Address <b>1194 Hartford Pike</b>
City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>	City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 SHS NO PAR COMMON</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>- 0 -</b>		

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



File Date: 3/31/98  
Check No.: 182  
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: Louis E. Notorantonio Jr. Date: 3/31/98  
Print or Type Name of Officer: LOUIS E. NOTORANTONIO JR.  
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. 0091310 2. Name of Corporation NOTORANTONIO BROS INC.  
3. Street Address Principal Business Office 1202 HARTFORD PIKE City Scituate RI State RI Zip 02857  
4. Business Phone No. 401-647-5859 5. State of Incorporation RI 6. SIC Code \_\_\_\_\_  
7. Brief Description of the Character of Business Conducted in Rhode Island  
GENERAL CONST - DEMOLITION

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

President Name <u>LOUIS E. NOTORANTONIO JR.</u> Street Address <u>1202 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u>	Vice President Name <u>Wm NOTORANTONIO</u> Street Address <u>5 CARVE DRIVE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u>
Secretary Name <u>Joseph P. NOTORANTONIO</u> Street Address <u>1194 HARTFORD PIKE Scituate</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u>	Treasurer Name <u>MATTHEW NOTORANTONIO</u> Street Address <u>1194 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u>

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

Director Name <u>LOUIS E. NOTORANTONIO JR.</u> Street Address <u>1202 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u>	Director Name <u>William NOTORANTONIO</u> Street Address <u>5 CARVE DRIVE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u>
Director Name <u>Joseph NOTORANTONIO</u> Street Address <u>1194 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u>	Director Name <u>MATTHEW NOTORANTONIO</u> Street Address <u>1194 HARTFORD PIKE</u> City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u>

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
<u>1000</u>	<u>NO PAR</u>		<u>— 0 —</u>		

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

File Date: 8/12/97  
Check No.: 6941  
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.

Louis E. Notorantonio Jr. 12 Aug '97  
Signature of Officer Date  
Louis E. Notorantonio Jr.  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer