



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. 112910		2. Name of Corporation S & L Construction, Inc.	
3. Street Address Principal Business Office 1130 Ten Rod Road, E-207		City North Kingstown	State RI
4. Business Phone No. 401-885-3950		5. State of Incorporation Rhode Island	6. SIC Code 5553

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

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

President Name Steven Moran			Vice President Name N/A		
Street Address P.O. Box 58			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Lynn F. Moran			Treasurer Name Lynn F. Moran		
Street Address P.O. Box 58			Street Address P.O. Box 58		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852

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

Director Name N/A			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) 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
8,000	No Par Value		200	Common	None

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



File Date 1-21-05
Check No. 667
By: S.C.
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 1/13/05
Print or Type Name of Officer Steven Moran
Title of Officer President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *112910*		2. Name of Corporation S & L Construction, Inc.		
3. Street Address Principal Business Office 1130 TEN ROD ROAD, E207		City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. (401) 885-3950		5. State of Incorporation RHODE ISLAND		6. SIC Code 59

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

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

President Name Steven Moran			Vice President Name N/A		
Street Address P.O. Box 58			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Lynn F. Moran			Treasurer Name Lynn F. Moran		
Street Address P.O. Box 58			Street Address P.O. Box 58		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852

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

Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
8,000 NO PAR VALUE			200	Common	None

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



112910 DBC2/19/033:35:40 PM

File Date 2/11/04

Check No. 0186

By OP

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] 2/15/04
Signature of Officer Date

Steven Moran
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. *112910*		2. Name of Corporation S & L Construction, Inc.			
3. Street Address Principal Business Office 1130 TEN ROD ROAD, E207			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. (401) 885-3950		5. State of Incorporation RHODE ISLAND			6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island General Construction Contracting					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Steve Moran			Vice President Name N/A		
Street Address P.O. Box 58			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Lynn F. Moran			Treasurer Name Lynn F. Moran		
Street Address P.O. Box 58			Street Address P.O. Box 58		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
8,000	NO PAR VALUE		200	Common	None

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



* 1 1 2 9 1 0 *

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.

112910 DBC2/19/033:35:40 PM
File Date 3-17-03
Check No. 3567
By: AMK
FOR SECRETARY OF STATE USE ONLY

Steve Moran 2-27-03
Signature of Officer Date
Steve Moran
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. **112910** 2. Name of Corporation **S & L Construction, Inc.**
3. Street Address Principal Business Office **1130 Ten Rod Road, E207** City **North Kingstown** State **Rhode Island** Zip **02852**
4. Business Phone No. **401-885-3950** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **59**

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

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

President Name Steve Moran	Vice President Name N/A
Street Address P.O. Box 58	Street Address
City State Zip N. Kingstown RI 02852	City State Zip
Secretary Name Lynn F. Moran	Treasurer Name Lynn F. Moran
Street Address P.O. Box 58	Street Address P.O. Box 58
City State Zip N. Kingstown RI 02852	City State Zip N. Kingstown RI 02852

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

Director Name N/A	Director Name N/A
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
8,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common None

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



File Date: 1-28-02
Check No.: 1504
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: 01/23/02
Steve Moran
Print or Type Name of Officer
President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **112910** 2. Name of Corporation **S & L Construction, Inc.**
 3. Street Address Principal Business Office **1130 Ten Rod Road, E207** City **North Kingstown** State **Rhode Island** Zip **02852**
 4. Business Phone No. **401-885-3950** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0059**

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

General Construction Contracting

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

President Name Steve Moran	Vice President Name N/A
Street Address P.O. Box 58	Street Address
City N. Kingstown State RI Zip 02852	City State Zip
Secretary Name Lynn F. Moran	Treasurer Name Lynn F. Moran
Street Address P.O. Box 58	Street Address P.O. Box 58
City N. Kingstown State RI Zip 02852	City N. Kingstown State RI Zip 02852

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

Director Name N/A	Director Name N/A
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
8,000 NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
200 Common None

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



* 1 1 2 9 1 0 *

File Date: 4/2/2001
 Check No.: 3400

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 Date

Steve Moran
 Print or Type Name of Officer
President
 Title of Officer