



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. 63710		2. Name of Corporation SOUTH COUNTY CONCRETE FOUNDATIONS, INC.			
3. Street Address Principal Business Office 133 OLD TOWER HILL ROAD			City WAKEFIELD	State RI	Zip 02879
4. Business Phone No. 4017890217		5. State of Incorporation RHODE ISLAND		6. SIC Code 455	
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTION OF FOUNDATIONS AND BUILDINGS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William R. Owens			Vice President Name		
Street Address 5 Orchard Avenue			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name William R. Owens			Treasurer Name William R. Owens		
Street Address 5 Orchard Avenue			Street Address 5 Orchard Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William R. Owens			Director Name		
Street Address 5 Orchard Avenue			Street Address		
City Wakefield	State RI	Zip 02879	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"/> AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
100 COMM NO PAR VALUE			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



6 3 7 1 0

63710 DBC 01/19/05 12:01:09 PM

File Date 2-3-05

Check No. 27170

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] 1/19/05
Signature of Officer Date
For William R. Owens
Print or Type Name of Officer
Pres.
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. 63710		2. Name of Corporation SOUTH COUNTY CONCRETE FOUNDATIONS, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-0217		5. State of Incorporation RHODE ISLAND			6. SIC Code 455
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTION OF FOUNDATIONS AND BUILDINGS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William R. Owens			Vice President Name		
Street Address 5 Orchard Avenue			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name William R. Owens			Treasurer Name William R. Owens		
Street Address 5 Orchard Avenue			Street Address 5 Orchard Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William R. Owens			Director Name		
Street Address 5 Orchard Avenue			Street Address		
City Wakefield	State RI	Zip 02879	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



* 6 3 7 1 0 *

File Date 1-20-04

Check No. 26465

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] 1/15/04
Signature of Officer Date

William R. Owens

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 OR PRINTED IN BLACK)

1. Corporate ID No. **63710** 2. Name of Corporation **SOUTH COUNTY CONCRETE FOUNDATIONS, INC.**
3. Street Address Principal Business Office **133 Old Tower Hill Road** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **789-0217** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **455**
7. Brief Description of the Character of Business Conducted in Rhode Island

General Construction of foundations and buildings

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

President Name	Vice President Name
William R. Owens	
Street Address	Street Address
5 Orchard Avenue	
City State Zip	City State Zip
Wakefield RI 02879	
Secretary Name	Treasurer Name
William R. Owens	William R. Owens
Street Address	Street Address
5 Orchard Avenue	5 Orchard Avenue
City State Zip	City State Zip
Wakefield RI 02879	Wakefield RI 02879

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

Director Name	Director Name
William R. Owens	
Street Address	Street Address
5 Orchard Avenue	
City State Zip	City State Zip
Wakefield RI 02879	

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
42		Common	No Par

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



* 6 3 7 1 0 *

File Date: 2/24/03
Check No.: 5294
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: 2/14/03
Print or Type Name of Officer: William R. Owens
Title of Officer: Pres



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. **63710** 2. Name of Corporation **SOUTH COUNTY CONCRETE FOUNDATIONS, INC.**
3. Street Address Principal Business Office **133 Old Tower Hill Road** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **789-0217** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **455**
7. Brief Description of the Character of Business Conducted in Rhode Island

General Construction of foundations and buildings

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

President Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Vice President Name Street Address City State Zip
Secretary Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Treasurer Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879

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

Director Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Director Name Street Address City State Zip
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
	42		

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



* 6 3 7 1 0 *

File Date: 3-1-02
Check No.: 5158
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] 2/4/02
Signature of Officer Date
William R. Owens
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. 63710		2. Name of Corporation SOUTH COUNTY CONCRETE FOUNDATIONS, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-0217		5. State of Incorporation Rhode Island			6. SIC Code 0455
7. Brief Description of the Character of Business Conducted in Rhode Island General construction of foundations and buildings					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William R. Owens			Vice President Name		
Street Address 5 Orchard Avenue			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name William R. Owens			Treasurer Name William R. Owens		
Street Address 5 Orchard Avenue			Street Address 5 Orchard Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William R. Owens			Director Name		
Street Address 5 Orchard Avenue			Street Address		
City Wakefield,	State RI	Zip 02879	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 100	Class/Series Common	Par Value No Par	Number of Shares 42	Class/Series Common	Par Value No Par

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

File Date: 10-10-01

Check No.: 24566

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.

William R. Owens 10/9/01
Signature of Officer Date
President William R. Owens
Print or Type Name of Officer
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. **63710** 2. Name of Corporation **SOUTH COUNTY CONCRETE FOUNDATIONS, INC.**
3. Street Address Principal Business Office City State Zip
133 Old Tower Hill Road Wakefield RI 02879
4. Business Phone No. 789-0217 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **455**
7. Brief Description of the Character of Business Conducted in Rhode Island

General Construction of foundations and buildings

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

President Name William R. Owens Street Address 5 Orchard Avenue City State Zip Wakefield RI 02879	Vice President Name Street Address City State Zip
Secretary Name William R. Owens Street Address 5 Orchard Avenue City State Zip Wakefield RI 02879	Treasurer Name William R. Owens Street Address 5 Orchard Avenue City State Zip Wakefield RI 02879

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

Director Name William R. Owens Street Address 5 Orchard Avenue City State Zip Wakefield, RI 02879	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

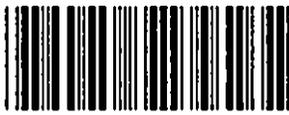
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100 SHS COM NO PAR VAL		

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

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

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



* 6 3 7 1 0 *

File Date: 2/15/00
Check No.: 3913
By: DJM

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: 2/16/00
William R. Owens
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. 63710 2. Name of Corporation SOUTH COUNTY CONCRETE FOUNDATIONS, INC.
3. Street Address Principal Business Office 133 Old Tower Hill Road City Wakefield State RI Zip 02879
4. Business Phone No. 789-0217 5. State of Incorporation Rhode Island 6. SIC Code 0455

7. Brief Description of the Character of Business Conducted in Rhode Island
General Construction of foundations and buildings

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

President Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Vice President Name Street Address City State Zip
Secretary Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Treasurer Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879

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

Director Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
100 SHS COM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
42	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: March 17, 1999
Check No.: 3419
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] 3/10/99
Signature of Officer Date
William R. Owens
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. **63710** 2. Name of Corporation **SOUTH COUNTY CONCRETE FOUNDATIONS, INC.**
3. Street Address Principal Business Office **133 Old Tower Hill Road** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **789-0217** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0455**

7. Brief Description of the Character of Business Conducted in Rhode Island
General construction of foundations and buildings

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

President Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879 Secretary Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Vice President Name Street Address City State Zip Treasurer Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879
--	---

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

Director Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Director Name Street Address City State Zip
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 SHS COM NO PAR VAL		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	42	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: 1-20-98
Check No.: 9500
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.

William R. Owens 1/14/98
Signature of Officer Date
William R. Owens
Print or Type Name of Officer
President
Title of Officer



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. 63710
2. Name of Corporation SOUTH COUNTY CONCRETE FOUNDATIONS, INC.
3. Street Address Principal Business Office 133 Old Tower Hill Road
City Wakefield State RI Zip 02879
4. Business Phone No. 789-0217
5. State of Incorporation RI
6. SIC Code 0455

7. Brief Description of the Character of Business Conducted in Rhode Island
General construction of foundations and buildings

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

President Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879 Secretary Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Vice President Name Street Address City State Zip Treasurer Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879
--	--

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

Director Name William R. Owens Street Address 5 Orchard Avenue City Wakefield State RI Zip 02879	Director Name Street Address City State Zip
--	---

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
100	Common	No Par Val	42	Common	No Par Val

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

File Date: 7/15/97
Check No.: 2197
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: 7/4/97
William R. Owens
Print or Type Name of Officer
President
Title of Officer



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

Corporate ID: **0063710** Annual Report for the year: **1995**

Name of Corporation: **SOUTH COUNTY CONCRETE FOUNDATIONS, INC.**

Business entity organized under the laws of the State of: **Rhode Island** 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):
133 Old Tower Hill Road
Wakefield, RI 02879
 Phone: (401) **789-0217**

Brief statement of the character of business conducted in Rhode Island:
General Construction of foundations and buildings

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT William R. Owens	5 Orchard Avenue, Wakefield, RI	02879	
VICE PRESIDENT John F. Brearley, Jr.	501D Rosehill Road, Peace Dale, RI	02883	
SECRETARY John F. Brearley, Jr.	Same as above		
TREASURER John F. Brearley, Jr.	Same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
William R. Owens	Same as above		
John F. Brearley, Jr.	Same as above		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
100	Common	100	Common

Date **February 19**, 19 **95**

By: *William R. Owens*
William R. Owens Pres.
 PRINT OR TYPE NAME OF OFFICER SIGNING
 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.

STEPHEN E. KENYON
144 OLD TOWER HILL ROAD
WAKEFIELD RI 02879

PAID
JUN 13 1995
SECY OF STATE 1010 1501

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. 63710		2. NAME OF CORPORATION SOUTH COUNTY CONCRETE FOUNDATIONS, INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 133 Old Tower Hill Road		CITY Wakefield	STATE RI	ZIP CODE 02879
4. BUSINESS PHONE NO. (401) 789-0217		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 0455
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND General Construction of foundations and buildings				

8. NAMES AND ADDRESSES OF THE OFFICERS				
PRESIDENT NAME William R. Owens			VICE PRESIDENT NAME	
STREET ADDRESS 5 Orchard Avenue			STREET ADDRESS	
CITY Wakefield	STATE RI	ZIP CODE 02879	CITY	STATE RI
SECRETARY NAME William R. Owens			TREASURER NAME William R. Owens	
STREET ADDRESS 5 Orchard Avenue			STREET ADDRESS 5 Orchard Avenue	
CITY Wakefield	STATE RI	ZIP CODE 02879	CITY Wakefield	STATE RI

9. NAMES AND ADDRESSES OF THE DIRECTORS				
DIRECTOR NAME William R. Owens			DIRECTOR NAME	
STREET ADDRESS 5 Orchard Avenue			STREET ADDRESS	
CITY Wakefield	STATE RI	ZIP CODE 02879	CITY	STATE
DIRECTOR NAME			DIRECTOR NAME	
STREET ADDRESS			STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY	STATE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS COM NO PAR VAL			42	Common	No Par Value

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: 2/21/96
Check No: 1392
By: CS -UP
For Secretary of State Use Only

Signature of Officer: *William R. Owens*
Print or Type Name of Officer: William R. Owens
Title of Officer: Pres.
Date: 2/17/96

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

Corporate ID: 0063710 Annual Report for the year: 1994

Name of Business Entity: SOUTH COUNTY CONCRETE FOUNDATIONS, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number _____

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

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
133 Old Tower Hill Road
Wakefield, RI 02879

Phone: 401 | 789-0217

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:

Stephen B. Kenyon, Esquire
133 Old Tower Hill Road
Wakefield, RI 02879

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

General Construction of
foundations and buildings

Date of Organization: March 22, 1991

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

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One):
NAME: William R. Owens STREET ADDRESS: 5 Orchard Avenue, Wakefield, RI CITY/STATE: 02879 ZIP CODE: _____

CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One):
NAME: John F. Brearley, Jr. STREET ADDRESS: 501D Rosehill Road, Peace Dale, RI CITY/STATE: 02883 ZIP CODE: _____

CLERK OF RECORDS OR SECRETARY (Check One):
NAME: John F. Brearley, Jr. STREET ADDRESS: 501D Rosehill Road, Peace Dale, RI CITY/STATE: 02883 ZIP CODE: _____

CHIEF FINANCIAL OFFICER OR TREASURER (Check One):
NAME: John F. Brearley, Jr. STREET ADDRESS: 501D Rosehill Road, Peace Dale, RI CITY/STATE: 02883 ZIP CODE: _____

THE NAMES OF THE DIRECTORS ARE:

NAME: William R. Owens STREET ADDRESS: 5 Orchard Avenue, Wakefield, RI CITY/STATE: 02879 ZIP CODE: _____

NAME: John F. Brearley, Jr. STREET ADDRESS: 501D Rosehill Road, Peace Dale, RI CITY/STATE: 02883 ZIP CODE: _____

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>100</u>	NUMBER	<u>100</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>	PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>

Date: Feb 15 1994
By: [Signature]
JOHN F. BREARLEY JR.
PRINT OR TYPE NAME OF OFFICER SIGNING
V.P. Sec. TRES
TITLE OF OFFICER SIGNING

Form 31 154
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.

STEPHEN B. KENYON
144 OLD TOWER HILL ROAD
WAKEFIELD RI 02879

FILED
FEB 16 1994
BREM 441516

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0063710 Annual Report for the year 1993

FIRST: The name of the corporation is SOUTH COUNTY CONCRETE FOUNDATIONS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General construction of foundations
and buildings

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 133 Old Tower Hill Road
Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
William R. Owens	Director	54 Orchard Ave., Wakefield, RI 02879
John F. Brearley, Jr.	Director	Same
	Director	
William R. Owens	President	54 Orchard Ave., Wakefield, RI 02879
John F. Brearley, Jr.	Vice President	Same
John F. Brearley, Jr.	Secretary	Same
John F. Brearley, Jr.	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
60	Common		No Par Value

Rec'd & Filed MAR 18 1993

*AMT #29
16308*

Dated February 25 19 93

SOUTH COUNTY CONCRETE FOUNDATIONS, INC.
(Name of Corporation)

By John F. Brearley, Jr.

Title Sec Tre

(Report must be signed by an officer)

Filing Fee \$50.00

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State of Rhode Island and Providence Plantations

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PROVIDENCE, RHODE ISLAND 02903

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<u>John F. Brearley, Jr.</u>	<u>Director</u>	<u>same</u>
	<u>Director</u>	
<u>William R. Owens</u>	<u>President</u>	<u>54 Orchard Ave., Wakefield, RI 02879</u>
<u>John F. Brearley, Jr.</u>	<u>Vice President</u>	
<u>John F. Brearley, Jr.</u>	<u>Secretary</u>	
<u>John F. Brearley, Jr.</u>	<u>Treasurer</u>	

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MAR 20 1992

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SECY OF STATE

Dated February 29, 19 92

SOUTH COUNTY CONCRETE FOUNDATIONS, INC.
(Name of Corporation)

By *John F. Brearley, Jr.*

Title *V.P. Sec. Sec*

(Report must be signed by an officer)