



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

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. 101013 | | 2. Name of Corporation Cleri Construction Corp. | | | |
| 3. Street Address Principal Business Office 105 PECK HILL ROAD | | | City JOHNSTON | State RI | Zip 02919 |
| 4. Business Phone No. 4016477660 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 885 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTION. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Vincent A. Cleri | | | Vice President Name Carl J. Cleri | | |
| Street Address 49 Midvale Avenue | | | Street Address 105 Peck Hill Road | | |
| City Cranston | State RI | Zip 02920 | City Johnston | State RI | Zip 02919 |
| Secretary Name Same as above | | | Treasurer Name Same as above | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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 |
| 800 NO PAR VALUE | | | 200 | common | NPV |
| | | | | | |

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



1 0 1 0 1 3

101013 DBC 01/07/05 03:39:22 PM

File Date 2-10-05

Check No. 4956

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 2-9-05

Print or Type Name of Officer CARL CLERI

Title of Officer U PRES



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 02908-1335
401.222.3040

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. 101013 | | 2. Name of Corporation Cleri Construction Corp. | | | |
| 3. Street Address Principal Business Office 105 Peck Hill Road | | City Johnston | | State RI | Zip 02919 |
| 4. Business Phone No. 401-647-7660 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 885 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTION. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Vincent A. Cleri | | | Vice President Name Carl J. Cleri Sr. | | |
| Street Address 103 Peck Hill Road | | | Street Address 105 Peck Hill Road | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Secretary Name NONE | | | Treasurer Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name NONE | | | Director Name NONE | | |
| 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) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES NONE | | | ISSUED SHARES NONE | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 800 NO PAR VALUE | | | | | |
| | | | | | |

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



| | |
|---------------------------------|--------|
| File Date | 2.4.05 |
| Check No. | 4949 |
| By: | 2 |
| 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: Vincent A. Cleri
Date: 2/3/05
Print or Type Name of Officer: Vincent A. Cleri
Title of Officer: President



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

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. <u>101013</u> | | 2. Name of Corporation <u>Cleri Construction Corp.</u> | | | |
| 3. Street Address Principal Business Office <u>105 Peck Hill Road</u> | | | City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> |
| 4. Business Phone No. <u>401-647-7660</u> | | 5. State of Incorporation <u>Rhode Island</u> | | | 6. SIC Code <u>885</u> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island <u>Excavating / Construction</u> | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name <u>Vincent A. Cleri</u> | | | Vice President Name <u>Carl J. Cleri SR.</u> | | |
| Street Address <u>103 Peck Hill Road</u> | | | Street Address <u>105 Peck Hill Road</u> | | |
| City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> | City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> |
| Secretary Name <u>NONE</u> | | | Treasurer Name <u>NONE</u> | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name <u>NONE</u> | | | Director Name <u>NONE</u> | | |
| 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) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES <u>NONE</u> | | | ISSUED SHARES <u>NONE</u> | | |
| Number of Shares | Class/Series | 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

| | |
|---------------------------------|----------------|
| File Date | <u>8-26-04</u> |
| Check No. | <u>4732</u> |
| By: | <u>Q</u> |
| 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.

Vincent A. Cleri 8/24/04
Signature of Officer Date
Vincent A. Cleri
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

101013

Cleri Construction Corp.

3. Street Address Principal Business Office

105 PECK HILL RD

4. Business Phone No.

401-647-7660

5. State of Incorporation

RHODE ISLAND

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

EXCAVATING / CONSTRUCTION

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

VINCENT A. CLERI

Street Address

49 MIDVALE AVE

City

CRASTON

State

RI

Zip

02920

Secretary Name

NONE

Street Address

City

State

Zip

Vice President Name

CARL J CLERI SR.

Street Address

105 PECK HILL RD

City

JOHNSTON

State

RI

Zip

02919

Treasurer Name

NONE

Street Address

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

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

800 NO PAR VALUE

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

ISSUED SHARES

NONE

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



* 1 0 1 0 1 3 *

File Date: **FILED**

Check No.: **JAN 10 2003**

By: **By COA 101013**

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.

Vincent A. Cleri 1/8/03
Signature of Officer Date

VINCENT A. CLERI
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

101013 Cleri Construction Corp.

3. Street Address Principal Business Office

105 Peck Hill Road

City

Johnston

State

RI

Zip

02919-4510

4. Business Phone No.

(401) 647-7063

5. State of Incorporation

RHODE ISLAND

6. SIC Code

885

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

Construction

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

President Name

Vincent A. Cleri

Vice President Name

Carl J. Cleri

Street Address

49 Midvale Avenue

Street Address

105 Peck Hill Road

City

Cranston

State

RI

Zip

02920

City

Johnston

State

RI

Zip

02919

Secretary Name

Carl J. Cleri

Treasurer Name

Vincent A. Cleri

Street Address

same

Street Address

same

City

State

Zip

City

State

Zip

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

800 NO PAR VALUE

common

no

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

common

no

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



* 1 0 1 0 1 3 *

File Date: 3.12.02

Check No.: 2578

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.

Carl J Cleri 3 1 02
Signature of Officer Date

CARL J CLERI
Print or Type Name of Officer

V PRES
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



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. **101013** 2. Name of Corporation **Cleri Construction Corp.**

3. Street Address Principal Business Office
105 Peck Hill Road

City **Johnston** State **RI** Zip **02919**

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. SIC Code
885

401 647-7660

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

Excavation/Construction

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

President Name

Vincent A. Cleri

Vice President Name

Carl J. Cleri

Street Address

49 Midvale Ave

Street Address

105 Peck Hill Road

City **Cranston** State **RI** Zip **02920**

City **Johnston** State **RI** Zip **02919**

Secretary Name

none

Treasurer Name

none

Street Address

Street Address

City State Zip City State Zip

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

Director Name

none

Director Name

none

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

800 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

none

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



* 1 0 1 0 1 3 *

File Date: 2/7/2001

Check No.: 1931

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.

Vincent A. Cleri 2/5/01
Signature of Officer Date

VINCENT A. CLERI
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101013** 2. Name of Corporation **Cleri Construction Corp.**
3. Street Address Principal Business Office
105 PECK HILL RD
4. Business Phone No. **401-647-7660** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **JOHNSTON** State **RI** Zip **02919**
6. SIC Code **885**

CONSTRUCTION

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

President Name **VINCENT A CLERI**
Street Address **49 MIDVALE AVE**
City **CRANSTON** State **RI** Zip **02920**
Secretary Name

Vice President Name **CARL J CLERI**
Street Address **105 PECKHILL RD**
City **JOHNSTON** State **RI** Zip **02919**
Treasurer Name

Street Address

Street Address

City State Zip

City State Zip

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

Director Name **NONE**
Street Address
City State Zip

Director Name **NONE**
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

800 NO PAR VALUE

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

ISSUED SHARES **NONE**
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



* 1 0 1 0 1 3 *

File Date: **2/2/00**

Check No.: **1468**

By: **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.

Vincent A Cleri **1/22/2000**
Signature of Officer Date

VINCENT A CLERI
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 05-0499349-101013 2. Name of Corporation Cleri Construction Corp.

3. Street Address Principal Business Office
105 Peck Hill Road

City Johnston State RI

Zip 02919-4510

4. Business Phone No.
(401)647-7063

5. State of Incorporation
RI

6. SIC Code
0885

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

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

President Name

Vincent A. Cleri

Street Address

49 Midvale Avenue

City Cranston State RI Zip 02920

Secretary Name

Carl J. Cleri

Street Address

Same as above

City _____ State _____ Zip _____

Vice President Name

Carl J. Cleri

Street Address

105 Peck Hill Road

City Johnston State RI

Zip 02919

Treasurer Name

Vincent A. Cleri

Street Address

Same as above

City _____ State _____ Zip _____

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

Director Name

Street Address

City _____ State _____ Zip _____

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 |
|------------------|---------------|-----------|
| <u>800</u> | <u>common</u> | <u>no</u> |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|---------------|-----------|
| <u>200</u> | <u>common</u> | <u>no</u> |

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

File Date: 7-13-99

Check No.: 1160

By: AMK

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.

Vincent A. Cleri 7/10/99
Signature of Officer Date

Vincent A. Cleri
Print or Type Name of Officer

President

Title of Officer