

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. 2. Name of Corporation 101013 Cleri Construction Corp. 3. Street Address Principal Business Office State Zip 105 PECK HILL ROAD JOHNSTON RI 02919 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4016477660 RHODE ISLAND 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Näme Vice President Name Vincent A. Cleri . Carl J. Cleri Street Address Street Address 49 Midvale Avenue · 105 Peck Hill Road Cin State City Zip State Zip Cranston RI 02920 Johnston RI 02919 Secretary Name Treasurer Name Same as above Same as above Street Address Street Address City State Zρ 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 Zıp State Zip ·City Director Name Director Name Street Address Street Address City State .Cin Ziρ State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES Number of Shares Par Value Number of Shares Class/Series Class/Sertes 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

101013	DBC 01/07/05 03:39:22 PM
File Date	2-10-08
Check No	4956
Ву:	KB
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affir this report, including any accompanying sci and that all statements contained herein are	hedules and statements,
Cal Oli	2.915
Signature of Officer	Date
Print or Type Name of Officer	
Print or Type Name of Officer	
U PRES	
Title of Officer	Form 630 12/01



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

Form 630 Rev. 12/03

2005

401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 101013 Cleri Construction Corp. 3 Street Address Principal Business Office 105 PEC 1. Business Phone No 5. State of Incorporation 6. SIC Code 885 RHODE ISLAND Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTION. ☐ FILL IN SPACES BEFORE USING ATTACHMENT 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name VinCen Sirect Address Street Address Street Address Sireei Address CayState Zip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Νοιν NOUE Street Address Zip City Sinte Zip • State City Director Name Director Name Sinci Address Sinvet Address City Zip 7.ip City State State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES NONE ISSUED SHARES 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 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.Cler Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Title of Officer



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 (FORM MUST BE TYPED OR 1		iling Fee: \$50.00			
1. Curporate ID No.	2. Name of Corpor				
101013 3. Street Address Principal Bush	ness Office	Construction	CIIV	State	Zip 4 0 4 0
105 Peck	Hill hoa		Johnston	J RI	02919
4. Business Phone No. 401- 647-	7660	5. State of Incorporation RhodE			6. SIC Code 8 8 5
7. Brief Description of the Char EXCAVG-ING 8. NAMES AND ADDRES	/ Constru	d in Rhode Island 2+1010 ERS: ("X" BOX FOR A	TTACHMENT)	SPACES BEFORE USIN	NG ATTACHMENTS
President Name VINCENT A	· Cleri		Carl J.	Cleri SR	,
103 Pec.K.	Hill Ruc	ad	Sirce Address 105 Peci	K Hill Ru	od
Johnston	siale RJ	21p 029/9	Johnston	U SIAIC AI	^{z10} 02919
Secretary Name NONE Street Address			Treasurer Name NO IVE Sircei Address		
Спу	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name NO DE Street Address	SSES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) [] FILL Director Name NOWE Street Address	IN SPACES BEFORE US	SING ATTACHMENTS
City	State	Zip	City	State	Zip
Director Name	J		Director Name		
Sireet Address			Sireci Address	<u></u>	<u></u>
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ		ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
This report mus	t be signed in ink by	either the President, Vi	ce President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Trustee
<i>y</i> .	26.04	,	including any acc		that I have examined this reportatements, and that all statements
File Date	26.04 1732	_	Signature of Officer VINCENT Print or Type Nam.	A. Cleri	Date
FOR SECRETARY (OF STATE USE ONLY		President Title of Officer)t	

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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	<u>2003</u>
Filing Period: January 1-March 1 •	Filing Fee: \$50.00	

STOP PLEASE READ INSTRUCTIONS	
INSTRUCTIONS	

1. Corporate ID No.	2. Name of Corporation				
101013	Cleri Construct	ion Corp.			
3. Street Address Principal Business		•	City	State	ZIp
105 PECK HIL 4. Business Phone No.	L ZD	5. State of Incorporation	JOHNSTON	RI	02919 6. SIC Code
401 - 647 - 766 7. Brief Description of the Character					885
EXCAVATING 8. NAMES AND ADDRES President Name			Vice President Name	ORE USING ATTACHMI	ENTS
Street Address	A. CLER.	/	Street Address	CLERI SR.	
VINCENT Street Address 49 MINVAC City CRANSTUN	E AVE Siate RI	02920	105 PECK HI City JOHNSTON	LC (ZI) State IZI	z1p 02919
Secretary Name			Treasurer Name		
NONE Street Address			NONE Street Address		
City	State	ZIp	Cliv	State	Zip
9. NAMES AND ADDRES	SES OF THE DIREC	TORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B Director Name	EFORE USING ATTACH	MENTS
NONE Street Address			NON 5 Street Address		
City	State	_ Zip	City	State	Zip
Director Name	,	• • •	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	нмент)	11. SHARES ISSUED (*x*)	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Por 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

♦

	* 1 0 1 0 1 3 *
ile Date:	FILED
Theck No.:	JAN 1 0 2003
y:	By CAN 101013

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjuty, I declare and a	ffirm that i have examined
this report, including any accompanying	schedules and statements, an
that all statements contained herein are	true and correct.
Umcat 11 Ch	1/8/03
Signature of Officer	Date
VINCENT A. CLERI'	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	5 (20 (20)

Ferm 630 12/02

Edward S. Inman, III. Secretary of State · Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

	,				Thornson and
FORM MUST BE TYPED IN BL	ACK)				
. Corporate ID No.	2. Name of Corpora	ition			
101013	Clerl Consti	ruction Corp.			
. Street Address Principal Busines	= :		City	State	Zip
105 Peck	Hill Road		Johnston	RI	02919-4510
. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 64		RHODE ISLAND			885
7. Brief Description of the Charact Construc		in Rhode Island			
R. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPAC Vice President Name	ES BEFORE USING ATTAC	CHMENTS
	Vincent a	A. Cleri	Carl J.	Cleri	
itreet Address	49 Midva	le Avenue	Street Address 105 Peck	: Hill Road	
cuy Cranato r	State	^{Zip} 02920	City Johnston	State	^{Zip} 02919
Sccretary Name	Carl J.	Cleri	Treasurer Name Vincent	A. Cleri	•
Street Address			Street Address		
	same		same		
2ity	State	Zip	City	State	Zip
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR AT)	TACHMENT) FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		• • •
Sticet Address			Street Address		
- City	State	Zip	Gity	State	Zip
IO. SHARES AUTHORIZ	ED (*x* box for ati	CACHMENT)	11. SHARES ISSUEI	D (*x" box for attachmen	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
800 NO FAR VALUE	common	πο	200	common	no

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

5



Ella Davi	3.12-02		
File Date:			
Check No.:	2578		
	2		
Ву:			
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

that an statements con	nameu	nerent are true an	id correct.		
Carl		Cleu	3	/	02
Signature of Officer	_		Date		
CARL	J	CLERI			
Print or Type Name of Offic	er				

Title of Officer

Form 610 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)	

1. Corporate ID No. 101013	2. Name of Corporation Cleri Cons	truction Corp	•	<u>-</u>	•
3. Street Address Principal Business Offic			City	State	Zip
105 Peck Hill Roa	ad		Johnston	RI	02919
4. Business Phone No.		5. State of Incorporati	on A M D		6. SI 885
401 647-7660 7. Brief Description of the Character of B	usiness Conducted in F				
Excavation/Constru	ction			_	
8. NAMES AND ADDRESSES President Name	OF THE OFFIC	ERS ("X" BOX FOR AT	FACHMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTAC	HMENTS
Vincent A. Cleri			Carl J. Cl	eri	
Street Address			Street Address		
49 Midvale Ave			105 Peck H	ill Road	
City	State	Zip	City	State	Zip
Cranston	RI	02920	Johnston	RI	02919
Secretary Name			Treasurer Name	•	
none	<u> </u>		non	e	
Street Address			Street Address	••	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES	OF THE DIREC	TORS (*X* BOX FOR .	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATTA	CHMENTS
Director Name	one		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 (*) AUTHORIZED SHARES	'X° BOX FOR ATTAC	HMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 NO 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 *
2/1/20%
/ 93/
OF STATE USE ONLY

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

PET ASI ENSTRUC	RIAD OP
TANK!	

(FORM MUST BE TYPED IN	I BLACK)				`
1. Corporate ID No.	2. Name of	Corporation			
101013 3. Street Address Principal But		Construction Corp.	City	State	ZIp
105 PCCK 1. Business Phone No.		5. State of Incorporation	JoHNSTon	ISI	O2919 6. SIC Code
HO1 - 647-7. 7. Brief Description of the Cha	660 Defacter of Business Con	RHODE ISLAN ducted in Rhode Island	D		885
ConsTRUCTION 8. NAMES AND ADD President Name		OFFICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACI	ES BEFORE USING ATTA	CHMENTS
VINCENT Street Address	A CLER	<i>;</i>	CARL J		
49 MID VA		Zip	105 ACKHIC	State	Zip
CRIANSTON, Secretary Name	<i>R.I</i>	02920	JOHNSTON, Treasurer Name	R.I	02919
Street Address		·	Street Address	-	
City	State	Zip	Clty	State	Zip
9. NAMES AND ADD	RESSES OF THE	E DIRECTORS ("X" BOX FOR ATT	FACHMENT) FILL IN SPA	ACES BEFORE USING AT	TACHMENTS
NU Street Address	ne		Street Address	NE	
City	State	. Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOI	RIZED ("X" BOX F	OR ATTACHMENT)		D (°X° BOX FOR ATTACHMEI ND)18_	NT)
Number of Shares	Class/Serie:	s Par Value	Number of Shares	M/IC_ Class/Series	Par Value
The state of a series	G 50/ 50/ 10	- ,	,	- ····	

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:	* 1 0 1 0 1 3 * 2/2/00
Check No.:	14608
Ву:	Cu
COD SCORTAR	Y OF STATE USE ONLY

Under penalty	of perjury, I declare and a	ffirm that I have examined
this report, inc	luding any accompanying	schedules and statements, and
that all stateme	ents contained herein are	true and correct.
11.	1 1 11	

Signature of Officer	1/2 /	120/200
Signature of Officer	*******	Date!
1/1000000	2 11-0.	

VINCENT A CLERI
Print or Type Name of Officer

Print or Type Name of Officer

Plass' DEAS' T

110 12006



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

STOP PIT SERIAD INSTRUCTIONS

FORM MUST BE TYPED IN BLA	CK)				
. Corporate ID No.	2. Name of Corporat	ion			
05-0499349 10/0/2	3 Cleri Co	enstruction Cor	р.		
. Street Address Principal Business			City	State	Zip
105 Peck Hill Road	d		Johnston	RI	02919-4510
I. Business Phone No.		5. State of Incorporati	oπ		6. SIC Code
(401)647-7063		RI			0885
. Brief Description of the Character	of Business Conducted in	s Rhode Island			
Construction					
B. NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" BOX FOR AT	FACHMENT)		•
President Name			Vice President Name		
Vincent A. Cleri			Carl J. Cleri		
Street Address			Street Address		
49 Midvale Avenue			105 Peck Hill R	oad	
Sity	State	Zip	City	State	Zip
Cranston	RI	02920	Johnston	RI	02919
Secretary Name			Treasurer Name	•	
Carl J. Cleri			Vincent A. Cler	i	
Street Address			Street Address		
Same as above			Same as above		
City	State	Zip	City	State	Zip
		CTORS (ATT - O		
9. NAMES AND ADDRES	SES OF THE DIRI	ECTORS ("X" BOX FOR	ATTACHMENT) Director Name		
Director Name					
Street Address			Street Address		
Shell Marily					
City	State	Zip	City .	State	Zip
 ,	_	•			
Director Name			Director Name		
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
200		20	200	common	no
800	common	no	200	COlmion	

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

Title of Officer

	7-13-99	
File Date:	1//2/)	
Check No.:	AMK	
B):	Y OF STATE USE ONLY	_

Under penalty of perjury, I declare an this report, including any accompany	
that all statements contained herein	are true and correct.
Curlet ACL	7/10/79
Signature of Officer	Date /
Vincent A. Cleri	
Print or Type Name of Officer	
President	