



**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. 121813		2. Name of Corporation Mandeville Construction, Inc.	
3. Street Address Principal Business Office 72 FERRIER STREET		City NORTH SMITHFIELD	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	6. SIC Code 34

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

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [ ] FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name LUCIEN MANDEVILLE		Vice President Name BARBARA MANDEVILLE			
Street Address 72 FERRIER STREET		Street Address 72 FERRIER STREET			
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [ ] FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name LUCIEN MANDEVILLE		Director Name			
Street Address 72 FERRIER STREET		Street Address			
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Director Name BARBARA MANDEVILLE		Director Name			
Street Address 72 FERRIER STREET		Street Address			
City NORTH SMITHFIELD	State RI	Zip 02896	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
600	NO PAR VALUE		100	COMMON	0

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



1 2 1 8 1 3

\*121813 DBC 09/06/05 11:54:07 AM\*

File Date 9/13/05

Check No. 6226

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] 9/9/05  
Signature of Officer Date

LUCIEN MANDEVILLE  
Print or Type Name of Officer

PRESIDENT  
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 - March 1 • Filing Fee: \$50.00

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1. Corporate ID No. 121813  
2. Name of Corporation: Mandeville Construction, Inc.  
3. Street Address Principal Business Office: 72 FERRIER STREET  
City: NORTH SMITHFIELD State: RI Zip: 02896  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation: RHODE ISLAND  
6. SIC Code: 0234  
7. Brief Description of the Character of Business Conducted in Rhode Island: RESIDENTIAL CONSTRUCTION

8. Name and Address of President: LUCIEN MANDEVILLE, 72 FERRIER STREET, NORTH SMITHFIELD, RI 02896  
9. Name and Address of Vice President: BARBARA MANDEVILLE, 72 FERRIER STREET, NORTH SMITHFIELD, RI 02896  
10. Name and Address of Secretary: \_\_\_\_\_  
11. Name and Address of Treasurer: \_\_\_\_\_

12. Name and Address of Director: LUCIEN MANDEVILLE, 72 FERRIER STREET, NORTH SMITHFIELD, RI 02896  
13. Name and Address of Director: BARBARA MANDEVILLE, 72 FERRIER STREET, NORTH SMITHFIELD, RI 02896

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		100	COMMON	0

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



121813.DBC FILED 104 03 12 56 PM  
MAR 01 2004  
BY: BMA 22430 GMA  
FOR SECRETARY OF STATE USE ONLY

RECEIVED  
SECRETARY OF STATE

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: Barbara Mandeville  
Date: 2/24/04  
Print or Type Name of Officer: Barbara Mandeville  
Title of Officer: Vice President, Secretary



**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. 121813 2. Name of Corporation Mandeville Construction, Inc.  
3. Street Address Principal Business Office 72 Ferrier Street City North Smithfield State RI Zip 02896  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation Rhode Island 6. SIC Code \_\_\_\_\_

7. Brief Description of the Character of Business Conducted in Rhode Island  
residential, framing & additions, decks etc.  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Lucien M. Mandeville</u> Street Address <u>72 Ferrier Street</u> City <u>North Smithfield</u> State <u>RI</u> Zip <u>02896</u> Secretary Name <u>Barbara A. Mandeville</u> Street Address <u>72 Ferrier Street</u> City <u>North Smithfield</u> State <u>RI</u> Zip <u>02896</u> Treasurer Name	Vice President Name <u>Barbara A. Mandeville</u> Street Address <u>72 Ferrier Street</u> City <u>North Smithfield</u> State <u>RI</u> Zip <u>02896</u> Street Address  City <u>North Smithfield</u> State <u>RI</u> Zip <u>02896</u>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Lucien M. Mandeville</u> Street Address <u>72 Ferrier Street</u> City <u>North Smithfield</u> State <u>RI</u> Zip <u>02896</u> Director Name <u>Barbara Mandeville</u> Street Address <u>72 Ferrier Street</u> City <u>North Smithfield</u> State <u>RI</u> Zip <u>02896</u>	Director Name  Street Address  City <u>North Smithfield</u> State <u>RI</u> Zip <u>02896</u>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares      Class/Series      Par Value <u>600</u> <u>NO PAR VALUE</u> <u>0</u>	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares      Class/Series <u>100</u> <u>Common</u>
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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
MAR 28 1 26 PM '03

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.

Lucien M. Mandeville 03/13/03  
Signature of Officer      Date  
Lucien M. Mandeville  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

File Date: **FILED**  
MAR 28 2003  
Check No.: BV COA 315914  
By: \_\_\_\_\_  
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