



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. 106113		2. Name of Corporation T. MIOZZI, INC.			
3. Street Address Principal Business Office 280 Dry Bridge Rd			City North Kingstown	State RI	Zip 02852
4. Business Phone No 401-294-3043		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE AND PERFORM ALL NECESSARY FUNCTIONS IN THE PAVING AND TRUCKING INDUSTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas Miozzi			Vice President Name Thomas Miozzi		
Street Address 66 Steamboat Ave			Street Address 66 Steamboat Ave		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Thomas Miozzi			Treasurer Name Thomas Miozzi		
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 <u>None</u>			ISSUED SHARES <u>None</u>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	<u>None</u>			

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



File Date 1-27-05
Check No. 1365
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 1-3-05
Thomas Miozzi
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 106113		2. Name of Corporation T. MIOZZI, INC.			
3. Street Address Principal Business Office 280 Dry Bridge Rd.			City No. Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-3043		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE AND PERFORM ALL NECESSARY FUNCTIONS IN THE PAVING AND TRUCKING INDUSTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas E. Miozzi			Vice President Name Thomas E. Miozzi		
Street Address 66 Steamboat Ave.			Street Address		
City No. Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Thomas E. Miozzi			Treasurer Name Thomas E. Miozzi		
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
1,000 NO PAR VALUE			0		NO PAR

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



FILED FEB 17 2004

File Date FEB 17 2004
Check No. By M 20545
By: 600
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 2/13/04
Print or Type Name of Officer Thomas E. Miozzi
Title of Officer President



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. 106113
2. Name of Corporation T. MIOZZI, INC.

3. Street Address Principal Business Office
260 Dry Bridge rd.

City No. Kingstown State RI

Zip 02852
6. SIC Code 0

4. Business Phone No. 401-294-3043
5. State of Incorporation RHODE ISLAND

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

Asphalt Paving / Concrete Ready mix Manufacturing

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

President Name Thomas E Miozzi
Street Address 66 Steamboat Ave

Vice President Name Thomas E Miozzi
Street Address

City No. Kingstown State RI Zip 02852

City State Zip

Secretary Name Thomas E Miozzi
Street Address

Treasurer Name Thomas E Miozzi
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
Street Address
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
NONE	NONE	NONE

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



* 1 0 6 1 1 3 *

2-11-03

File Date: _____

2033

Check No.: _____

UP

By: _____

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 _____ Date 1-21-03

Thomas E Miozzi

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. 106113
2. Name of Corporation T. MIOZZI, INC.
3. Street Address Principal Business Office
260 Daybridge rd.
4. Business Phone No. 401-294-3043
5. State of Incorporation RHODE ISLAND
7. Brief Description of the Character of Business Conducted in Rhode Island

No. Kingstown RI 02852
6. SIC Code 0

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

President Name Thomas E Miozzi
Street Address 35 mill pond rd.
City Exeter State RI Zip 02822
Secretary Name Thomas E Miozzi
Street Address 35 mill pond rd.
City Exeter State RI Zip 02822

Vice President Name Thomas E Miozzi
Street Address 35 mill pond rd.
City Exeter State RI Zip 02822
Treasurer Name Thomas E Miozzi
Street Address 35 mill pond rd.
City Exeter State RI Zip 02822

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
1,000 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 6 1 1 3 *

File Date: 1-10-02
Check No.: 24660
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 1-9-02
Print or Type Name of Officer Thomas E Miozzi
Title of Officer Pres Sec Tres All



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. 1-106/13 2. Name of Corporation T. Miozzi, Inc.
3. Street Address Principal Business Office P.O. Box 362, 35 Mill Pond Rd City Exeter State RI Zip 02822
4. Business Phone No. 401 294 3043 5. State of Incorporation Rhode Island 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Paving and Trucking Industry

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

President Name <u>Thomas E. Miozzi</u>	Vice President Name
Street Address <u>35 Mill Pond Rd,</u>	Street Address
City <u>Exeter</u> State <u>RI</u> Zip <u>02822</u>	City State Zip
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)

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	Class/Series	Par Value
<u>1000</u>		<u>no par value</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>1000</u>		<u>no par value</u>

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: **FILED**
Check No.: SEP 13 2001
By: By Co 1040
FOR SECRETARY OF STATE USE ONLY u

Signature of Officer [Signature] Date 9-13-01
Print or Type Name of Officer Thomas E. Miozzi
Title of Officer President

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. 106113 2. Name of Corporation T. MIOZZI, INC.

3. Street Address Principal Business Office P.O. Box 362 35 mill pond rd City Exeter State RI Zip 02822
4. Business Phone No. 401-294-3043 State of Incorporation RHODE ISLAND 6. SIC Code

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

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

President Name <u>THOMAS E MIOZZI</u>	Vice President Name <u>Thomas E Miozzi</u>
Street Address <u>P.O. Box 362-35 mill pond rd.</u>	Street Address <u>SAME</u>
City <u>Exeter</u> State <u>RI</u> Zip <u>02822</u>	City <u>SAME</u> State <u>RI</u> Zip <u>02822</u>
Secretary Name <u>JANE E. MIOZZI</u>	Treasurer Name <u>Thomas E Miozzi</u>
Street Address <u>P.O. Box 362 35 mill pond rd.</u>	Street Address <u>SAME</u>
City <u>Exeter</u> State <u>RI</u> Zip <u>02822</u>	City <u>SAME</u> State <u>RI</u> Zip <u>02822</u>

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

Director Name <u>Thomas E Miozzi</u>	Director Name
Street Address <u>P.O. Box 362 35 mill pond rd</u>	Street Address
City <u>Exeter</u> State <u>RI</u> Zip <u>02822</u>	City <u>X</u> State <u>X</u> Zip <u>X</u>
Director Name	Director Name
Street Address	Street Address
City <u>X</u> State <u>X</u> Zip <u>X</u>	City <u>X</u> State <u>X</u> Zip <u>X</u>

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>1,000</u>	<u>NO</u>	<u>PAR VALUE</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>0</u>		

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



* 1 0 6 1 1 3 *

File Date: 13/27/00
Check No.: 1448
By: EM

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.
Thomas E Miozzi 3-23-00
Signature of Officer Date
Thomas E Miozzi
Print or Type Name of Officer
President
Title of Officer