



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. 97520		2. Name of Corporation LAMEIRO CONSTRUCTION & PLASTERING CO., INC.			
3. Street Address Principal Business Office 2 WEST STREET			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. (401) 286-1818		5. State of Incorporation RHODE ISLAND			6. SIC Code 299
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM CONSTRUCTION CONTRACT WORK WITH EMPHASIS ON PLASTERING AND REMODELING WORK AS WELL AS OTHER CONSTRUCTION SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE LAMEIRO		Vice President Name JOSE LAMEIRO			
Street Address 2 WEST STREET		Street Address 2 WEST STREET			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name JOSE LAMEIRO		Treasurer Name JOSE LAMEIRO			
Street Address 2 WEST STREET		Street Address 2 WEST STREET			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSE LAMEIRO		Director Name			
Street Address 2 WEST STREET		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	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
500 COMM NO PAR VALUE			100 SHARES	COMMON	NO PAR

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



PAID
CHK# 1053

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.

97520 DBC 06/27/05 01:24/04 PM

File Date 9/23/05

Check No. 1053

By: JMD

FOR SECRETARY OF STATE USE ONLY

Jose Lameiro 8/31/05
Signature of Officer Date

JOSE LAMEIRO
Print or Type Name of Officer

PRESIDENT
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 IN BLACK)

1. Corporate ID No. 97520
 2. Name of Corporation LAMEIRO CONSTRUCTION & PLASTERING CO., INC.
 3. Street Address Principal Business Office 2 WEST STREET
 City EAST PROVIDENCE State RI Zip 02914
 4. Business Phone No. (401) 286-1818
 5. State of Incorporation RHODE ISLAND
 6. SIC Code 299

7. Brief Description of the Character of Business Conducted in Rhode Island
 TO PERFORM CONSTRUCTION CONTRACT WORK WITH EMPHASIS ON PLASTERING AND REMODELING WORK AS WELL AS OTHER CONSTRUCTION SERVICES.

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

President Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914	Vice President Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914
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Secretary Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914	Treasurer Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914
--	--

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

Director Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914	Director Name NONE Street Address NONE City NONE State NONE Zip NONE
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	COMM NO	PAR VALUE

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

Number of Shares	Class/Series	Par Value
100	SHARES COMMON	NO PAR VALUE

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

PAID
PK # 3093



97520 DBC 07/01/04 10:54:01 AM

File Date 6/18/04

Check No. 3093

By: KMC

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] 6/18/04
 Signature of Officer Date
JOSE LAMEIRO
 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. **97520** 2. Name of Corporation **LAMEIRO CONSTRUCTION & PLASTERING CO., INC.**
3. Street Address Principal Business Office **2 West Street** City **East Providence** State **RI** Zip **02914**
4. Business Phone No. **(401) 434-5929** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**

7. Brief Description of the Character of Business Conducted in Rhode Island
Plastering & Remodeling Contractor

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

President Name **Jose Lameiro** Vice President Name **Jose Lameiro**
Street Address **2 West Street** Street Address **2 West Street**
City **East Providence** State **RI** Zip **02914** City **East Providence** State **RI** Zip **02914**
Secretary Name **Jose Lameiro** Treasurer Name **Jose Lameiro**
Street Address **2 West Street** Street Address **2 West Street**
City **East Providence** State **RI** Zip **02914** City **East Providence** State **RI** Zip **02914**

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

Director Name **Jose Lameiro** Director Name **NONE**
Street Address **2 West Street** Street Address **NONE**
City **East Providence** State **RI** Zip **02914** City **NONE** State **NONE** Zip **NONE**
Director Name **NONE** Director Name **NONE**
Street Address **NONE** Street Address **NONE**
City **NONE** State **NONE** Zip **NONE** City **NONE** State **NONE** Zip **NONE**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Shares COMMON No Par Value

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



* 9 7 5 2 0 *

PAID
CR # 2588

File Date: **2-6-03**
2588
Check No.: _____
By: **OL**

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 **Jose Lameiro** Date **3/3/03**
Print or Type Name of Officer **JOSE LAMEIRO**
Title of Officer **PRESIDENT**



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. **97520** 2. Name of Corporation **LAMEIRO CONSTRUCTION & PLASTERING CO., INC.**
3. Street Address Principal Business Office **2 WEST STREET** City **EAST PROVIDENCE** State **RI** Zip **02914**
4. Business Phone No. **(401) 434-5929** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**

7. Brief Description of the Character of Business Conducted in Rhode Island
PLASTERING & REMODELING CONTRACTOR

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

President Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914	Vice President Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914
Secretary Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914	Treasurer Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914

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

Director Name JOSE LAMEIRO Street Address 2 WEST STREET City EAST PROVIDENCE State RI Zip 02914	Director Name NONE Street Address _____ City _____ State _____ Zip _____
Director Name NONE Street Address _____ City _____ State _____ Zip _____	Director Name NONE Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE

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

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

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



* 9 7 5 2 0 *

.. CKF1466

File Date: 5-23-02
Check No.: 1466
By: AMF

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 5/14/02
JOSE LAMEIRO

Print or Type Name of Officer

PRESIDENT

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. **97520** 2. Name of Corporation **LAMEIRO CONSTRUCTION & PLASTERING CO., INC.**
3. Street Address Principal Business Office City State Zip
2 WEST STREET **EAST PROVIDENCE** **R. I.** **02914**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 434-5929 **RHODE ISLAND** **299**

7. Brief Description of the Character of Business Conducted in Rhode Island
PLASTERING AND REMODELING CONTRACTOR

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

<p>President Name JOSE LAMEIRO Street Address 2 WEST STREET City State Zip EAST PROVIDENCE R. I. 02914</p>	<p>Vice President Name JOSE LAMEIRO Street Address 2 WEST STREET City State Zip EAST PROVIDENCE R. I. 02914</p>
<p>Secretary Name JOSE LAMEIRO Street Address 2 WEST STREET City State Zip EAST PROVIDENCE R. I. 02914</p>	<p>Treasurer Name JOSE LAMEIRO Street Address 2 WEST STREET City State Zip EAST PROVIDENCE R. I. 02914</p>

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

<p>Director Name JOSE LAMEIRO Street Address 2 WEST STREET City State Zip EAST PROVIDENCE R. I. 02914</p>	<p>Director Name (NONE) Street Address _____ City State Zip</p>
<p>Director Name (NONE) Street Address _____ City State Zip</p>	<p>Director Name (NONE) Street Address _____ City State Zip</p>

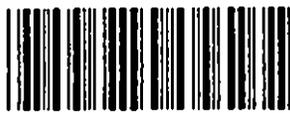
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	500	COMM	NO PAR VALUE

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

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

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



* 9 7 5 2 0 *

CR# 1247

File Date: FILED

Check No.: JUN 27 2001

By: By CC1247

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.

Jose Lameiro 4/28/01
Signature of Officer Date

JOSE LAMEIRO

Print or Type Name of Officer

PRESIDENT

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. **97520** 2. Name of Corporation **LAMEIRO CONSTRUCTION & PLASTERING CO., INC.**
3. Street Address Principal Business Office **2 WEST STREET** City **EAST PROVIDENCE** State **RI** Zip **02914**
4. Business Phone No. **(401) 434-5929** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**

7. Brief Description of the Character of Business Conducted in Rhode Island
PLASTERING AND REMODELING CONTRACTOR

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

President Name JOSE LAMEIRO	Vice President Name JOSE LAMEIRO
Street Address 2 WEST STREET	Street Address 2 WEST STREET
City State Zip EAST PROVIDENCE RI 02914	City State Zip EAST PROVIDENCE RI 02914
Secretary Name JOSE LAMEIRO	Treasurer Name JOSE LAMEIRO
Street Address 2 WEST STREET	Street Address 2 WEST STREET
City State Zip EAST PROVIDENCE RI 02914	City State Zip EAST PROVIDENCE RI 02914

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

Director Name JOSE LAMEIRO	Director Name NONE
Street Address 2 WEST STREET	Street Address NONE
City State Zip EAST PROVIDENCE RI 02914	City State Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City State Zip NONE	City State Zip NONE

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	500 COMM	NO PAR VALUE	

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

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

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



* 9 7 5 2 0 *

CR# 1914

File Date: **PAID** *1/21/2000*
Check No.: **JAN 21 2000**
By: **SEC'Y OF STATE**
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.

Jose Lameiro **1-20-00**
Signature of Officer Date
JOSE LAMEIRO
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. **97520** 2. Name of Corporation **LAMEIRO CONSTRUCTION & PLASTERING CO., INC.**
3. Street Address Principal Business Office City State Zip
2 WEST STREET EAST PROVIDENCE R.I. 02914
4. Business Phone No. (401) 438-5929 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0299**

7. Brief Description of the Character of Business Conducted in Rhode Island
PLASTERING AND REMODELING CONTRACTOR

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

President Name JOSE LAMEIRO	Vice President Name JOSE LAMEIRO
Street Address 2 WEST STREET	Street Address 2 WEST STREET
City State Zip EAST PROVIDENCE R.I. 02914	City State Zip EAST PROVIDENCE R.I. 02914
Secretary Name JOSE LAMEIRO	Treasurer Name JOSE LAMEIRO
Street Address 2 WEST STREET	Street Address 2 WEST STREET
City State Zip EAST PROVIDENCE R.I. 02914	City State Zip EAST PROVIDENCE R.I. 02914

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

Director Name JOSE LAMEIRO	Director Name NONE
Street Address 2 WEST STREET	Street Address NONE
City State Zip EAST PROVIDENCE R.I. 02914	City State Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City State Zip NONE	City State Zip NONE

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

AUTHORIZED SHARES	Class/Series	Par Value
500 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100 SHARES	COMMON	NO PAR VALUE

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



* 9 7 5 2 0 *

File Date: Jan 19, 99

Check No.: 1631

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature]
CK #1631

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] Date 1/15/99

JOSE LAMEIRO

Print or Type Name of Officer

PRESIDENT

Title of Officer

