



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 OR PRINTED IN BLACK)

1. Corporate ID No. 99123		2. Name of Corporation ABCO ENTERPRISES INC.			
3. Street Address Principal Business Office 41 SYLVIA AVENUE			City NORTH PROV.	State RHODE IS.	Zip 02911
4. Business Phone No. 401-353-3124		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE INSTALLATION OF UNDERGROUND UTILITIES, RENTAL OF TRUCKS AND HEAVY EQUIPMENT, BACKHOE SERVICE, EXCAVATION, SEWER CONNECTION AND WATER LINES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DIANE SPAZIANO			Vice President Name COSIMO SPAZIANO		
Street Address 41 SYLVIA AVENUE			Street Address 41 SYLVIA AVENUE		
City NORTH PROV.	State RHODE IS.	Zip 02911	City NORTH PROV.	State RHODE IS.	Zip 02911
Secretary Name DANTE SPAZIANO			Treasurer Name DIANE SPAZIANO		
Street Address 41 SYLVIA AVENUE			Street Address 41 SYLVIA AVENUE		
City NORTH PROV.	State RHODE IS.	Zip 02911	City NORTH PROV.	State RHODE ISLAND	Zip 02911
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 NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	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) <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
2,000 COMM NO PAR VALUE			2,000	COMM	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	<b>FILED</b>
Check No.	<b>FEB 08 2005</b>
By:	<b>By 5105 GSN</b>
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 Diane Spaziano Date 2/6/05  
Print or Type Name of Officer DIANE SPAZIANO  
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. 99123		2. Name of Corporation ABCO ENTERPRISES INC.			
3. Street Address Principal Business Office 41 SYLVIA AVENUE			City NORTH PROV.	State RHODE IS.	Zip 02911
4. Business Phone No. 401-353-3124		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE INSTALLATION OF UNDERGROUND UTILITIES, RENTAL OF TRUCKS AND HEAVY EQUIPMENT, BACKHOE SERVICE, EXCAVATION, SEWER CONNECTION AND WATER LINES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DIANE SPAZIANO			Vice President Name COSIMO SPAZIANO		
Street Address 41 SYLVIA AVENUE			Street Address 41 SYLVIA AVENUE		
City NORTH PROV.	State RHODE IS.	Zip 02911	City NORTH PROV.	State RHODE IS.	Zip 02911
Secretary Name DANTE SPAZIANO			Treasurer Name DIANE SPAZIANO		
Street Address 41 SYLVIA AVENUE			Street Address 41 SYLVIA AVENUE		
City NORTH PROV.	State RHODE IS.	Zip 02911	City NORTH PROV.	State RHODE IS.	Zip 02911
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 NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	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) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			2,000	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 9 1 2 3 \*

File Date 1-13-04  
Check No. 4811  
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] 1/9/04  
Signature of Officer Date  
DIANE SPAZIANO  
Print or Type Name of Officer  
[Signature]  
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

99123

ABCO ENTERPRISES INC.

3. Street Address Principal Business Office

41 SYLVIA AVENUE

City

NORTH PROV.

State

RHODE ISLAND

Zip

02911

4. Business Phone No.

401-353-3124

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

WATER LINE, BACKHOE SERVICE, EQUIPMENT RENTAL

SEWER LINE, UNDERGROUND UTILITY CONTRACTOR, EXCAVATING ETC.

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

President Name

DIANE SPAZIANO

Vice President Name

DIANE SPAZIANO

Street Address

41 SYLVIA AVENUE

City NORTH PROV. State R.I. Zip 02911

Street Address

41 SYLVIA AVEUE

City NORTH PROV. State R.I. Zip 02911

Secretary Name

DIANE SPAZIANO

Treasurer Name

DIANE SPAZIANO

Street Address

41 SYLVIA AVENUE

City NORTH PROV. State R.I. Zip 02911

Street Address

41 SYLVIA AVENUE

City NORTH PROV. State R.I. Zip 02911

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

NONE

Street Address

NONE

City NONE State NONE Zip NONE

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

2,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

2,000 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 9 1 2 3 \*

File Date: 1.21.03

Check No.: 4500

By: LP

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 DIANE L. SPAZIANO Date 1/19/03

Print or Type Name of Officer DIANE L. SPAZIANO

Title of Officer PRES.



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.

99123

2. Name of Corporation

ABCO ENTERPRISES INC.

3. Street Address Principal Business Office

41 SYLVIA AVENUE

4. Business Phone No.

401-354-8393

5. State of Incorporation

RHODE ISLAND

City

NO. PROVIDENCE,

State

RHODE IS.

Zip

02911

6. SIC Code

0

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

WATER LINE, BACKHOE SERVICE, UNDERGROUND UTILITY

CONTRACTOR, RENTAL OF EQUIPMENT, SEWER LINE EXCAVATING ETC.

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

President Name

DIANE SPAZIANO

Vice President Name

DIANE SPAZIANO

Street Address

41 SYLVIA AVENUE

Street Address

41 SYLVIA AVENUE

City

State

Zip

NO. PROVIDENCE RHODE IS. 02911

City

State

Zip

NO. PROVIDENCE RHODE IS. 02911

Secretary Name

DIANE SPAZIANO

Treasurer Name

DIANE SPAZIANO

Street Address

Street Address

41 SYLVIA AVENUE

41 SYLVIA AVENUE

City

State

Zip

NO. PROVIDENCE RHODE IS. 02911

City

State

Zip

NO. PROVIDENCE RHODE IS. 02911

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

NONE

NONE

City

State

Zip

NONE NONE NONE

Director Name

Director Name

NONE NONE NONE

Street Address

Street Address

NONE NONE NONE

City

State

Zip

NONE NONE NONE

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

2,000

COMMON

NO PAR VALUE

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



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File Date: 1-15-02

Check No.: 4301

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] 1/10/2002  
Signature of Officer Date

DIANE SPAZIANO

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



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. **99123** 2. Name of Corporation **ABCO ENTERPRISES INC.**

3. Street Address Principal Business Office  
**41 SYLVIA AVENUE**

City State Zip  
**NORTH PROV. RHODE IS. 02911**

4. Business Phone No.  
**401-353-3124**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**3889**

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

**DRAIN LAYING, EXCAVATION, WATER, SEWER, AND EQUIPT. RENTAL FOR THIS WORK.**

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

President Name

**DIANE SPAZIANO**

Vice President Name

**DIANE SPAZIANO**

Street Address

**41 SYLVIA AVENUE**

Street Address

**41 SYLVIA AVENUE**

City State Zip  
**NORTH PROV. RHODE IS. 02911**

City State Zip  
**NORTH PROV. RHODE IS. 02911**

Secretary Name

**DIANE SPAZIANO**

Treasurer Name

**DIANE SPAZIANO**

Street Address

**41 SYLVIA AVENUE**

Street Address

**41 SYLVIA AVENUE**

City State Zip  
**NORTH PROV. RHODE IS. 02911**

City State Zip  
**NORTH PROV. RHODE IS. 02911**

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

**NONE**

Street Address

**NONE**

City State Zip  
**NONE NONE NONE**

City State Zip  
**NONE NONE NONE**

Director Name

**NONE**

Director Name

**NONE**

Street Address

**NONE**

Street Address

**NONE**

City State Zip  
**NONE NONE NONE**

City State Zip  
**NONE NONE NONE**

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

AUTHORIZED SHARES **2,000 COMM NO PAR VALUE**  
Number of Shares **2,000** Class/Series **COMM.** Par Value **NO PAR VALUE**  
**2,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares **2,000** Class/Series **COMM** Par Value **NO PAR VALUE**

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



\* 9 9 1 2 3 \*

File Date: 1/25/00

Check No.: 3319

By: GA

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.

DIANE SPAZIANO 1/31/00  
Signature of Officer Date

**DIANE SPAZIANO/ PRESIDENT**

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 **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99123** 2. Name of Corporation **ABCO ENTERPRISES INC.**

3. Street Address Principal Business Office

**41 SYLVIA AVENUE**

4. Business Phone No.

**401-353-3124**

City

**NO. PROVIDENCE**

State

**R.I.**

Zip

**02911**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**3889**

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

**CONST. (underground utilities) water, sewer, etc. Truck and equipt. rental**

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

President Name

**DIANE SPAZIANO**

Vice President Name

**SAME**

Street Address

**41 SYLVIA AVENUE**

Street Address

**SAME**

City State Zip  
**NO. PROV. R.I. 02911**

City State Zip  
**SAME SAME SAME**

Secretary Name

**SAME AS ABOVE**

Treasurer Name

**SAME AS ABOVE**

Street Address

**SAME AS ABOVE**

Street Address

**SAME AS ABOVE**

City State Zip  
**SAME SAME SAME SAME SAME SAME**

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

**NONE**

Street Address

**NONE**

City State Zip  
**NONE NONE NONE**

City State Zip  
**NONE NONE NONE**

Director Name

**NONE**

Director Name

**NONE**

Street Address

**NONE**

Street Address

**NONE**

City State Zip  
**NONE NONE NONE**

City State Zip  
**NONE NONE NONE**

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

AUTHORIZED SHARES

Number of Shares **2000** Class/Series **COMM** Par Value **NO PAR**

**2,000 COMM NO PAR VALUE**

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

ISSUED SHARES

Number of Shares **NONE** Class/Series **NONE** Par Value **NONE**

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



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File Date: **Jan 26, 99**

Check No.: **2126**

By: **JD**

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.

**Diane Spaziano** **1/23/99**  
Signature of Officer Date

**DIANE SPAZIANO**  
Print or Type Name of Officer

**PRES. V/P SEC. TRES.**

Title of Officer