

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) L Corporate ID No 2. San& of Corporation ABCO ENTERPRISES INC. 99123 3. Street Address Principal Business Office 02911 41 SYLVIA AVENUE NORTH PROV. RHODE IS. 1 Business Phone No. 6. SIC Code 5 State of Incorporation 401-353-3124 0 RHODE ISLAND 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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name DIANE SPAZIANO COSIMO SPAZIANO Street Address Street Address 41 SYLVIA AVENUE 41 SYLVIA AVENUE 02911 02911 NORTH PROV. RHODE IS. RHODE IS. NORTH PROV. Secretary Name Treasurer Name DIANE SPAZIANO DANTE SPAZIANO Street Address Street Address SYLVIA AVENUE 41 SYLVIA AVENUE RHODE ISLAND 02911 02911 NORTH PROV. RHODE IS NORTH PROVIDENCES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE NONE Street Address Street Address NONE NONE State NONE NONE NONE NONE NONE NONE Director Name Director Name NONE NONE Street Address Street Address NONE NONE Z.ip Z.ip NONE NONE NONE NONE NONE NONE 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Number of Shares Class Series Par Value 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 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.



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

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FOR SECRETARY OF STATE USE ONLY

March 1 • Filing		T FOR THE YEAR	2004	<u>. </u>
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ABCO ENTERP	RISES INC.			
Office		City	State	Zip
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	5. State of Incorporation	•		6. SIG Code
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		Treasurer Name		
0		DIANE SPAZIA	VO	
		Street Address	· · · · · · · · · · · · · · · · · · ·	
UE		41 SYLVIA AVE	NUE	
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Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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signed in ink by eith	er the President, Vice	President, Secretary, Assistant	Secretary, Treasurer, Ro	ecciver or Trustee
]	including any accompa	nying schedules and stater	
	March I Filing INTED IN BLACK) 2. Name of Corporation ABCO ENTERP Office UE 24 r of Business Conducted in It NSTALLATION OF UND IN, SEWER CONNECTI S OF THE OFFICERS: ANO VENUE State RHODE IS. Sof THE DIRECTOR NONE NONE NONE NONE NONE Class/Series LUE	March 1 • Filing Fee: \$50.00 INTED IN BLACK) 2. Name of Corporation ABCO ENTERPRISES INC. 24 RHODE ISLAN 10 of Husiness Conducted in Rhode Island IN STALLATION OF UNDERGROUND UTILITIE IN SEWER CONNECTION AND WATER LINE IN SEWER CONNECTION AND WATER LINE IS OF THE OFFICERS: ("X" BOX FOR AT ANO VENUE State RHODE IS. 02911 COULE State NONE NONE	ABCO ENTERPRISES INC.	MATCH I * Filing Fee: \$50.00 NATED IN BLACK) 2. Name of Corporation ABCO ENTERPRISES INC. Office UE S. State of Incorporation 24 RHODE IS. 24 RHODE IS. 24 RHODE IS. 24 RHODE IS. 25 State of Incorporation 24 RHODE IS. 25 RHODE IS. 26 NORTH PROV. RHODE IS. NORTH PROV. State RHODE IS. NORTH PROV. State RHODE IS. State ON SPAZIANO Street Additives 41 SYLVIA AVENUE Street Additives AND DIANE SPAZIANO Street Additives 41 SYLVIA AVENUE Street Additives AND DIANE SPAZIANO Street Additives AND NORTH PROV. RHODE IS. OPPOSITE ONE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT TO STATE OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT

Print or Type Name of Officer

Title of Officer

Fonn 610

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2003

NO PAR VALUE

			ANNUAL RE	PORTFORTHE	YEAR _ 2000	PLEASE READ, INSTRUCTIONS
FORM MUST BE T	TED OR PRINT	ED IN BLACK)				1. 3
1. Corporate ID No.		2. Name of Corporati	ón			
99123		ABCO ENTER	RPRISES INC.			
3. Street Address Pri	ncipal Business	Office		City	State	ZIp
41 SYLVI 4. Business Phone N		E	5. State of Incorporation	NORTH PROV.	RHODĒ ISLĀ	ND 02911 6. SIC Code
401-35 7. Brief Description		of Business Conducted in	RHODE ISLAND	D LINE, BACKHOE SE	RVICE, EQUIPM	0 ENT RENTAL
SEWER L 8. NAMES AN President Name	INE, UN D ADDRES	DERGROUND T SES OF THE OFFICE		ACTOR, EXCAVATIN		
Street Address	DIANE	SPAZIANO		DINNE SPA Street Address	ZIANO	
A1 S NORTH I	SYLVIA .	AVENUE R.I.	^{Zip} 02911	41 SYLVIA AVI NORTH PROV.	EUE State R.I.	^{zip} 02911
Secretary Name				Treasurer Name	•	
DIANE Street Address	SPAZIA	NO		Street Addiess SPAZ	IANO	
41 S	ZLVIA A	VENUE		41 SYLVIA A	/ENUE	
NORTH	PROV.	State R.I.	02911	City NORTH PROV.	State R.I.	^{zip} 02911
9. NAMES AN Director Name	_	SES OF THE DIRE	CTORS ("X" BOX FOR AT	Director Name	S BEFORE USING ATTA	CHMENTS
	NONE			NOI	N.E.	
Street Address	NONE			Street Address	NONE	
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Street Address				Street Address	-	
	NONE			NON		7 1
NONE		State NONE	NONE	NONE	NONE	NONE
10. SHARES A		D (*x* box for atta	CHMENT)	11. SHARES ISSUED (* ESSUED STARES	X" BOX FOR ATTACHMENT.)
Number of Shares		Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

2,000

	* 9 9 1 2 3 *
File Date:	1.71.03
Check No.: _	4500 LD
By:FOR SECRET	TARY OF STATE USE ONLY

2,000 COMM NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and <u>50'AZJANO</u> Type Name of Officer Title of Officer Form 630 12/02 **-€**\$

COMMON

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1	•	Filing Fee: \$50.0	0
(FORM MUST BE TYPED IN BLACK)			

•	 	****	•	٠.	****	,,,	

1. Corporate ID No.

2. Name of Corporation

99123

ABCO ENTERPRISES INC.

3. Street Address Principal Business Office

41 SYLVIA AVENUE 4. Business Phone No.

5. State of Incorporation

State

02911

Zip

401-354-8393

RHODE ISLAND

NO.PROVIDENCE,

RHODE IS.

7. Brief Description of the Character of Business Conducted in Rhode Island WATER LINE, BACKHOE SERVICE, UNDERGROUND UTILITY SEWER LINE EXCAVATING ETC CONTRACTOR, RENTAL OF EQUITMENT,

City

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

President Name

Street Address

Secretary Name

Street Address

City

DIANE SPAZIANO

Vice President Name

DIANE SPAZIANO

41 SYLVIA AVENUE

City

Street Address

41 SYLVIA AVENUE

Zip

NO. PROVIDENCE

DIANE SPAZIANO

RHODE IS.

02911

NO.PROVIDENCE

RHODE IS.

02911

Treasurer Name

DIANE SPAZIANO

SYLVIA AVENUE

41 SYLVIA AVENUE City

NONE

Zip RHODE IS.

02911

NO. PROVIDENCE :

NONE

NONE

02911

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

Director Name

Street Address

Airestur Name

Street Address

AUTHORIZED SHARES Number of Shares

City

NONE

NONE

NONE

NONE

Street Address

CUF

6 12

5. ...

20

Little to Nove

Zip

NONE

NONE

NONE

Class/Series

State

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

NONE

NONE

NONE

Par Value

NONE Street Address

NONE

NONE

NONE

City

State

Zip

NONE NONE 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

NONE

ISSUED SHARES

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





FOR SECRETARY OF STATE USE ONLY



Under penalty of perfury, 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 Print or Type Name of Officer

PRESIDENT

Title of Officer < > 5

Form 630 12:01

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)		

Cornerate	ID No.	

99123

2. Name of Corporation

ABCO ENTERPRISES INC.

3. Street Address Principal Business Office

41 SYLVIA AVENUE

5. State of Incorporation

NORTH PROV.

RHODE IS.

02911

4. Business Phone No.

6. SIC Code

401-353-3124

RHODE ISLAND

3889

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

DRAIN LAYING, EXCAVATION, WATER, SEWER, AND EQUIPT. RENTAL FOR THIS WORK. **FILL IN SPACES BEFORE USING ATTACHMENTS** 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Street Address

DIANE SPAZIANO

DIANE SPAZIANO

41 SYLVIA AVENUE

Street Address

Vice President Name

City

41 SYLVIA AVENUE

Cin

City

NORTH PROV.

02911 RHODE IS.

NORTH PROV.

RHODE IS.

02911

Secretary Name

DIANE SPAZIANO

Treasurer Name Street Address

DIANE SPAZIANO

41 SYLVIA AVENUE

Street Address

41 SYLVIA AVENUE

City

NORTH PROV.

02911 RHODE IS.

NORTH PROV.

RHODE IS.

02911

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

Director Name

City

NONE

NONE Street Address

Street Address

NONE

MONE

City

NONE

NONE

HONE

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Zie YOUR

Director Name

Street Address

AUTHORIZED SHARES

City

NONE

NONE

2,000 2,000 COMM NO PAR VALUE Director Name

City

NONE

Street Address

NONE

NONE

COMM

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

NONE 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

State NONE

2,000 COMM NO..PAR VALUE

NONE

NONE ---

NONE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

2,000

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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that all statements contained herein are true and correct.

DIANE SPAZIANO/ PRESIDENT Print or Type Name of Officer

21 Title of Officer



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 BLA	ick)		<u> </u>			//	
1. Corporate ID No 9:	9123	2. Name of Corporation ABCO ENTERP	RISES INC.					
3. Street Address P	rincipal Business	Office		City	State		Zip	
4. Rusiness Phone 401 – 35	3-3124	NUE r of Business Conducted in Rhad	5. State of incorporation RHODE ISLAND e Island	NO. PROVID	DENCE R	.1.	02911 6. SIC Code 3889	,
President Name	under ND ADDRES E SPAZI	ground utilit SES OF THE OFFICER ANO	ies) water, s S (*x* BOX FOR ATTACHM	Sewer, etc. (ENT) FILL IN SP Vice President Name SAME	ACES BEFORE USIN	equipt. GATTACHME	rental NTS	-
Street Address				Street Address	-			1
City :	YLVIA A	State	Zip	City SAME	E State SAM	ır	zip SAME	<u>.</u> .
NO. PRO Secretary Name SA Street Address	IV. IME AS A	R.I. BOVE	02911	SAME Treasurer Name SAME AS Street Address	S ABOVE			 1
		DOUE	•	_ SAME AS	S ABOVE			
City S#	ME	ABOVE State SAME	SAME	City SAME	State SAN SPACES BEFORE US		ZIP SAME	
9. NAMES A	ND ADDRES	SSES OF THE DIRECTO	JK2 (-X, ROX FOR ALLYC	Director Name	one	ning AllActi	***************************************	- · · · · ·
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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:	Jan 26,99
Check No.:	20126
By:	TY 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 Day

DIANE SPATJANO
Print or Type Name of Officer

PRES. V/P SEC. TRES.

Title of Officer

