

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

2005

(FORM MUST BE TYPED OR PRINT	ED IN BLACK)				
1 Corporate II) No.	2. Name of Corporation			· · -	
8827	Rivard Construct	ion, Inc.			
3. Street Address Principal Business Of	Tice D		City . A C . I	Stair	ZIP 7017
2 Deernill	NIV VC	I control	Smith Sield	\ \ \ \ \ \	021/
1. Business Phone No.	1211	5. State of Incorporation			6. SIC Gode
7. Brief Description of the Chameter of	Durtum Constructed to B	RHODE ISLAND	<u>-</u>		34
7. Brief Description of the Chamcter of EXCAVATION	monta comment of Re	жини			
8. NAMES AND ADDRESSES (OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) TILL IN SPACE	CES BEFORE USING AT	TACHMENTS
President Name		,	Vice President Name	D : /	
Paul G. Ri	rard		Paul 6.9	rivard	
Street Address Cerhill	Drive		Sirrer Address 2 Perhi	11 Wrive	
City	State	Zip	ano I D I	State	Zip O
Smithtield	$\mathbb{L} \mathcal{K} \mathcal{L}$	10291/	JMI Thtield	IRL	029//
Secretary Na USQN	M. Riv	rard	Treasurer Name	RIVAID	
Street Address Deerh	11/20 niv	<u>.</u>	2 Deerhi	11 Drive	
Snithfeld	SinicRI	82917	Smirhfield	State	02917
9. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SP.	ACES BEFORE USING	TTACHMENTS
Director Name			Director Name		
IU b	ne		None		
Street Address			Street Address		
City [.]	State	Zip	City	State	Zip
]		1	
Director Name			Director Name		
Street Address	<u> </u>	· -	Street Address		
			, oreer mares		
Gily	State	<i>г.</i> ф	Ciņ	State	Zip
				1	
10. SHARES AUTHORIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	(vr) []
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
100 NO PAR VALUE	_		100		NO Par
This report must be si	gned in ink by cithe	r the President, Vice Pr	esident, Secretary, Assistant S	ecretary, Treasurer, Reco	eiver or Trustee
	16161 18116 11611 1661 166				



File Date	2-1-05
Check No.	1997
By::	Q.
F	OR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare and affirm that I neluding any accompanying schedules and statems	•
ontained herein are true and correct	
gand of Quart	1-30-05
ignature of Officer	A Date
Paul G. Kira	rd
rint of Type Name of Officer	
PNS-	
Title of Officer	E- (30.D- 126)3



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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 8827 Rivard Construction_Inc. Principal Business Office G. SIC Code 5. State of Incorporation RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island EXCAVATION in fill in spaces before using attachments 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Street Ada PACES BEFORE USING ATTACHMENT Director Name Street Address Street Address Ζίρ State City State Zφ City Director Name Director Name Street Address Street Address State ZIp City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 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
Check No
By:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affir including any accompanying schedules and	
contained herein are true and correct.	10 / 20 44
Signature of Officer	Date 1
, , ,	USONM RIVOR
Print or Type Name of Officer	
Title of Officer	
	Form 630 Rev. 12/03

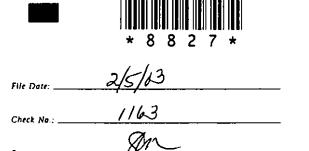
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSERCETIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 8827 Rivard Construction, Inc. 3. Street Address Principal Business Office City State Zip Rhode Island 02917 2 Deerhill Drive Smithfield 4 Rusiness Phone No. S. State of incorporation 6. SIC Code 401.231.1211 RHODE ISLAND 34 7. Brief Description of the Character of Business Conducted in Rhode Island Single Family Home Construction FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Paul G Rivard Paul G Rivard Street Address Street Address 2 Deerhill Drive 2 Deerhill Drive 02917 Smithfield Smithfield RI Secretary Name Treasurer Name Paul G Rivard Susan M Rivard Street Address Street Address 2 Deerhill Drive 2 Deerhill Drive City City State State 02917 02917 Smitfield RT Smithfield RIFILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name None None Street Address Street Address City State Zip City Director Name Director Name Street Address Street Address City City 210 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Class/Series Number of Shares Class/Series Number of Shares 100 NO PAR VALUE 100 NO PAR VALUE

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



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Print of Type Name of Officer

Title of Officer

Form 630 12/02

Under penalty of perjury, I declare and affirm that I have examined

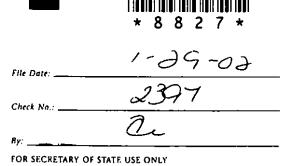
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INSTRUCTIONS

Filing Perioa: January					(1881
FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corpor	ation			•
8827	Rivard Cor	struction, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
20 LANTERN ROAD		5. State of Incorporation RHODE ISLAND	SMITHFIELD	RI	02917 6. SIC Code 34
7. Brief Description of the Character EXCAVATION	of Business Conducted	in Rhode Island			
8. NAMES AND ADDRESS President Name	SES OF THE OFF	FICERS ("X" BOX FOR ATTACK	IMENT) FILL IN SPACES BI Vice President Name	EFORE USING A	ATTACHMENTS
PAUL RIVARD			PAUL RIVARD		
Street Address 20 LANTERN ROAD			Street Address 20 LANTERN ROAD		
City	State	Zip	City	State	Zip
SMITHFIELD	RI	02917	SMITHFIELD	R	I 02917
Secretary Name PAUL RIVARD		•	Treasurer Name PAUL RIVARD		
Street Address			Street Address		
20 LANTERN ROAD			20 LANTERN ROAD		
City	State	Zip	City	State	7.1p
SMITHFIELD	RI	02917	SMITHFIELD	R	I ° 02917
9. NAMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING	G ATTACHMENTS
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		****	Director Name	••	
NONE			NONE		
Street Address			Street Address		
Sireei Muuress			Jireer Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	O ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*x	" BOX FOR ATTAC	HMENT) .
AUTHORIZED SHARES		.	ZHAHR CEURZI	a	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	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 af	firm that I have examined
this report, including any accompanying	schedules and statements, and
than all statements contained herein are t	rue and correct.
Gan D. (Livan	1/18/02
Signature of Officer	p Date
Paul G. RIVArd	·
Print or Type Name of Officer	
Tresident	
Title of Officer	·
- A	C /30 13/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

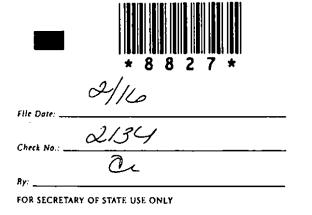
STOP

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation Rivard Construction, Inc. 8827 3. Street Address Principal Business Office City State Zip RΙ 02917 Smithfield 20 Lantern Road 5. State of Incorporation RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Paul Rivard Paul Rivard Street Address Street Address 20 Lantern Road 20 Lantern Road City City ZIp State Zip State 02917 02917 RI Smithfield RI Smithfield Treasurer Name Secretary Name Paul Rivard Paul Rivard Street Address Street Address 20 Lantern Road 20 Lantern Road 02917 02917 RI Smithfield Smithfield 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE NONE Street Address Street Address City City State Zip State Zip Director Name **Director Name** NONE NONE Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES

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

Number of Shares

100



Class/Series

Par Value

Number of Shares

100 NO PAR

	• • • •	lare and affirm that I have examined impanying schedules and statements, and
	that all statements contained h	nerein are true and correct.
	Signature of Officer	Date
!	Print or Type Name of Officer	
i ,	Title of Officer	

Class/Series

NO PAR VALUE

Par Value

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 TYPE	ED IN BLA	(CK)
-------------------	-----------	------

1. Corporate ID No.

2. Name of Corporation

	0021	Kivard Cons	truction, inc.			
. Street A	Address Principal Business Of	Ace		Clry	State	Zip
	20 Lanterr	n Road		Smithfield	RI	02917
. Busines	is Phone No.		5. State of Incorporation			6. SIC Code
	(401)231-12	211	RHODE ISLAND			34
. Brief Di	escription of the Character of		ode Island			
	Excavation					
3. NAM		S OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEI	FORE USING ATTACHM	ENTS
resident .				Vice President Name		
	Paul Rivard			Paul Rivard		
treet Add				Street Address		
	20 Lantern R	load		20 Lantern Road		
lity		State	Zip	City	State	Zip
	Smithfield	RI	02917	Smithfield	RI	02917
ecretary			00511	Treasurer Name	***	000.7
	Paul Rivard			Paul Rivard		
itreet Add	lress .			Street Address		
	20 Lantern R	≀oad		20 Lantern Road		
City		State	Zip	City	State	Zip
	Smithfield	RI	02917	Smithfield	RI	02917
. NAM	es and addresse	S OF THE DIRECT	CORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES F	SEFORE USING ATTACH	MENTS
Director N	lame			Director Name		
	NONE			NONE		
itreet Add	tress			Street Address		
City		State	Zip	City	State	Zip
Director N	lame			Director Name		
	NONE			NONE		
treet Add	lress			* Street Address		
City		State	Zip	City	State	Zíp
10. SH/	ARES AUTHORIZED	("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
AUTHORIZ	STANKES CES			ISSUED SHARES		
Number o	f 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

100



File Date: _

SEC'Y OF STATE

FOR SECRETARY OF STATE USE ONLY

100 NO PAR

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

NO PAR VALUE

that all statements contain	ned herein are true ar	nd correct.
Caul Rward	(Gras.)	1/24/00
Signature of Officer	•	Date
Paul Rivard		





Print or Type Name 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

STOP PTE AND READ

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 8827 Rivard Construction, Inc. 3. Street Address Principal Business Office 214 Wind Mindmill State of Incorporation 6. SIC Code **RHODE ISLAND** 34 <u>421 - 3918</u> family 0 t, Que hones 8: NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Pau Street Address City Pai ろひらるや Street Address Street Address City City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [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 Clty State City State Zip Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZZO SHARES ESUED SHARES Par Value Number of Shares Number of Shares Class/Series **100 NO PAR** 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.

Gal Rivard	Jan.	1 99
Signature of Officer	Date	
Print or Type Name of Officer	Date	
Print or Type Name of Officer	Date	
Check No.:	Date	D



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BL . Corporate ID No.	2. Name of Corpora	tion — - ———		·	
. Street Address Principal Husines	s Office Rivard Cons	struction, Inc.	City	State	Zip
214 Windmill St Business Phone No.		S. State of Incorporation	Providence	RI	02904 6. SIC Code
. Brief Description of the Charact	on of Business Conducted I	BHODE ISLA	AND -		0034
Building and Ren	contion Posid	ontial			
BUITCHING AND ADDRE			FACHMENT) Vice President Name	- · · - ·	
Paul Rivard			Paul Rivard Street Address		. +
214 Windmill Str	reet State	7.1p	214 Windmill S	treet State	Z(p
Providence creating Name	RI.	02904	Providence Treasurer Name	RI	02904
Paul Rivard treet Address 21.4 Minabill Chr	····		Paul Rivard Street Address 214 Windmill S	treet	
214 Windmill Str	State	710	City	Statë	Zip -
Providence	RI	zip 02904	Providence	RI	02904
. NAMES AND ADDRE				•	• •
irector Name			Director Name		•
Paul Rivard			None Street Address		
214 Windmill Str	reet				
City	State	Zip	City	State	Zip
Providence Director Name	RI	02904	Director Name	•• • • • • • • • • • • • • • • • • • • •	
NONE street Address			None Street Address		
City	State	Zip	City	: State	Zip
O. SHARES AUTHORIZ UTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHME	NT) , (
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR			, 100	No Par	No Par

	* 8 8 2	7 *
File Date:	17/98	
Check No.:	167	
Ву:	THE	
FOR SECRETARY OF	STATE USE ONLY	

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa-	nying schedules and statements, and
that all statements contained herei-	n are true and correct.
Carl Rivard	31 Occ 97

Signature of Officer

Print or Type Name of Officer

Title of Officer

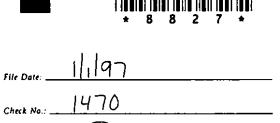


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

AND PROVIDENCE PLANTATIONS Office of the Secretary of State
•
•

PROFIT COR Filing Period: Janua FORM MUST BE TYPED IN B	ry 1-March 1 •		REPORT 1997		PLIAM READ INSTRUCTIONS HEFORE COMPILING THIS FORM
1. Corporate ID No. 8827	2. Name of Corpora	onstruction, Inc.	· ·	•	
3. Street Address Principal Busing 214 Windmil 1. Business Phone No. (401) 421 7. Brief Description of the Charac	LL ST. -3918	5. State of incorporation RHODE ISL		State R.I.	Zip O2904 6. SIC Code 0034
B. NAMES AND ADDRI	Faclor of esses of the off	New I tamily FICERS (*X* BOX FOR AT)		L Rivard	
City	State	Zip	City	State	Zip 1)
Secretary Name SUS 2H Street Address	Rivard	<u> </u>	Treasurer Name Par	L Rivard	
City	State	Zip) 1	City	State	Zip \1
9. NAMES AND ADDR. Director Name Street Address	ESSES OF THE DIF		Director Name	V/A	None
City	State	Zip	City	State	ZIp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares	ZED AND ISSUED Class/Series	(*X* BOX FOR ATTACHMEN	SSUED SHARPS Number of Shares	Class/Seiles	Par Value
100 NO PAR			none		• •
		. 	<u></u>	· · · · · ·	·

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 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.

Can Rivard	(Pres.)	26	Occ. 9
gnature of Officer		Date	

PROFIT CORPORATION ANNUAL REPORT

1996



State of Khode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

		PLEASE TYPE OR	PRINT IN BLACK INK.		
CORPORATE IO NO.	2. NAME OF CORPORATION				
8827 Street address principal business	Rivard	Construction,	Inc.	ESTATE	1 20 000
			lui' .		ZIP COO€
214 Wird,	nill ST.	5. STATE OF INCORPORATION	Providence	R.t.	03904
351 - 50		RHODE I	SLAND		6.50.000€
	OF BUSINESS COMOUCTED IN RHODE IS	LAIO			10037
	He Family		+ Additions. ESSES OF THE OF WICE PRESIDENT NAME Paul Riv	· · -	
NUTE I MODINETZZ			STREET ADDRESS		
OFFINIAME DING	STATE	02904	an / (STATE	ZIP C010€
SUZN R	ivard		TREASURER NAME	Rivard	
REET ADDRESS			STREET ADDRESS		<u> </u>
/)	STATE	2P C00E	i yi	STATE	ZIP C000E
RECTOR NAME REET ADORESS	9 . N A N	AES AND ADDR	DIRECTOR NAME	RECTORS	
Υ	STATE	23º CODE	an	STATE	72P COOFE
SECTOR NAME			4 DIRECTOR NAME		
-			:		
ÉET ADORÉSS			STREET ADDRESS		
¥	STATE	ZIP COOE	ary	STATE	ZIP COOE
÷	10. SH	ARES AUTHOR	IZED AND ISSUED		
~	AUTHORIZED SHARES	-		ISSUED SHARES	• • • • •
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 NO PAF	₹		-		
			······································		
				<u></u>	1
	This	report must be SIC	SNED IN INK by either the	9	
Pre			stant Secretary, Treasurer,		e 🌉
			l ladar assalis sel	novimos I desless ====	n Minus Abad I bassa a sa
Pre	esident, Vice Preside	ent, Secretary, Assis	Under penalty of	Receiver or Truster perjury, I declare and any accompanying sch	affirm that I have ex

File Date: Check No: For Secretary of State Use Only

all statements contained herein are true and correct.

Signature of Officer

Print or Type Name of Officer

Title of Officer

hode Island and Providence Plantations

Office of The Secretary of State

On North Main Street

Trovidence, Rhode Island 02903-1335

401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	Annua	al Report for the ye	1999	5	
Name of Corporation: Fivand Construct	ion. Tha	a report for the ye	.a	· · · · · · · · · · · · · · · · · · ·	
Business entity organized under the laws of the State of:R	, Bi	usiness Entity is (che Business Corpor Professional Ser	eck one): ation (See RIGL Charies Corporation (Se	apter 7-1.1) e RIGL Chapter 7	-5.1)
	Br		character of business		
Phone: ()		· · · · · · · · · · · · · · · · · · ·			
Address and telephone of the principal office of business entity in Rhod Island (Provide street address - Not P.O. Box): 214 Wind All ST. Previdence RI	с <u>(</u>	omes and	wIractor of additions,	single	Family_
Phone: (401) 351 - 5091					
THE NAME	on THE ON				
PRESIDENT 1	S OF THE OF	FICERS ARE:	CITY/STATE		ZIP CODE
Paul Rivard a	STREET ADDRESS	IL ST.	\sim	!.I	VOPCO SIP CODE
))	2,		58		1,
SECRETARY	STREET ADDRESS	<u> </u>	CHY/STATE	_	ZIP CODE
TREASURER TIVEY	2))\		11
Rasurer Rivard	STREET ADDRESS		CITY/STATE		ZIPCODE
	S OF THE DIR	ECTORS ARE:	 _		
NAME	STREET ADDRESS	BOTORS HRE.	CTTY/STATE		ZIP CODE
NAME	STREET ADDRESS		CITY/STATE		ZIP CODE
NAME	STREET ADDRESS		CITY/STATE		ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUME	BER OF SHARES ISS	UED AND OUTSTAN	IDING (Rider may I	oe attached)
Number of Shares + Class / Series + APPV 100 NPV G.D.R.	Numb	er of Shares	Class / Series		
Date Doomly 21st 19 95	By: Paul	G.Rivar	ا ا	Call	Diff !
Form 31 1/95	PRINT OR TYPE NAME		President		
DESIGNATED REGISTER			DDAACTES.		-
PLEASE NOTE: If the registered office and/or registered agent indic					

•

PAUL G. RIVARD 214 WINDMILL STREET PROVIDENCE RI 02904 FILED

FEB 0.7 1995

1/053

Filing Fee \$50.00 Payable to Secretary of State

建筑建设的企业的企业的企业的企业的企业的

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

Providence, Rhode Island 02903-1335 401-277-3040

	0008627		Annual Report for the yea	199 <u>4</u>	1
Corporate ID:				struction, Inc.	_
Name of Business Enti	ity:	· <u>·</u> ·	10000		
Business Intity organized	under the laws of the State of: Reaction Number:05-04332 and telephone number of princi	hode Island 48	[] Profession [] Limited Li	Corporation (See RIGL Chapter al Service Corporation (See RIG ability Company (See RIGL 7-g address of contact person to we be directed:	GI. Chapter 7-5.1) 16) vhom
			214 Windmil	1 St	
			Prov., RI	02908	
	the principal office of business (dress - Not P.O. Box):			character of business conducted	—(P)D——
Providence,	RI 02908		_ <u>General con</u>	struction Business	9
			Date of Organization:	september 18. to do business in Rhode Island	(if foreign entity):
Phone: (401) 35	1-5091		Date of Quantication	to do business in the	
		THE NAMES OF 1	HE OFFICERS ARE:	CITY/STATE:	ZIP CODE
CRIEF EXECUTIVE OFFICE	R OR RESIDENT (Check One)	STREET AL	DDRESS		
Paul C.	Rivard FROR LAVICE PRESIDENT (Check the	214 Windmill St	DOKESS	Ce. RI 02908	SIE CODE
Paul G.	Rivard	214 Windmill St	· <u> </u>	ce, RI 02908	ZIP CODE
Susan M.		214 Windmill St	Providenc	ce, RI 02908	ZIP CODE
CHIEF FINANCIAL OFFICE	R OR TREASURER (Check One)	STREET A 214 Windmill St		ce, RI <u>02908</u>	
Paul G.	-,-,		HE DIRECTORS ARE	:	ZIP CODE
NAME		STREET A		CITY/STATE	Zii Caria
NAME		STREET	ODRESS	CITY/STATE	XIS CODE
NAME.		STREET	ADDRESS	CITY/STATE	ZIR CODE
NUMBER OF SHAR	ES AUTHORIZED (If Applicat	ble)	NUMBER OF SHARE	S ISSUED AND OUTSTANDE	NG (If Applicable)
NUMBER	100		NUMBER		
CLASS	Common		CLASS		3
SERIES			SERIES	APR 1 . YO	:94 :94
PAR VALUE OR WITHOUT PAR	NPV		PAR VALUE OR WITHOUT PAR	31/1/4/14	(
			\bigcirc \land \bigcirc	\cap	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID. (1008	827		Annual Report for the y	ear 1992
First: The name of	the corporation is	iyarq	l Construc	tion, Inc
Second: It is incorp	orated under the laws of	Rhod	de Island	,
THIRD: Character of	business, briefly stated,	is Gen	eral Const	ructionbusin
FOURTH: It foreign o	corporation, address of it	s principal of	fice	
FIFTH: Business add	ress in Rhode Island	914W. 4	indmi22S	t, Providenc
SIXTH: Names and a	ddresses of its directors		Address (including numl	(Attach rider if necessary) ser, street, zip code)
	Director	•••••		
	Director	• • • • • • • • • • • • • • • • • • • •		
	Director			
Paul G Pira	Presiden	i 2/4	Windmill	St HOV, RIOS,
Paul G. Riv	A.I.A	sident 2/4	_	t,P/04,RI,0290
SusanMZ	////////////////////////////////////	y 0/4/	Windmill St	Yrox XI 0290
Paul GRI	VOYO Treasure	er 214	Windmill	StProxPIOS
	of Shares authorized:			Par Value or statement that
No. of Shares	Class Aarm		Series PAID	shares are without par value
/000	Comp	7/0/[Series FA 10 SECTY OF STATE	NPV
Eighth: Number of	Shares issued:		OFSTATE	Par Value or statement that
No. of Shares	Class		Series	shares are without par value
0 307	2.0	0.	1 6 25	†
Dated Aug. 30Th	19	(Name of Con	poration)	
		ر 2هBy	ul de lu	rand
(Report must be s	gned by an officer)	Title	resident)	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0008827	Α	nnual Rep	ort for th	ie year	13:	<u>97</u>
First: The name of t	the corporation is	Б	iwandC	lonstr	uctic	na _r Inc	
Second: It is incorpo	orated under the laws ofRh	ode]	[sland				•••••
. THIRD: Character of	business, briefly stated, is			· · · · · · · · · · · · · · · · · · ·			
	General Constru	ction	Busine	ess		, ,	
FOURTH: If foreign co	orporation, address of its princi						
FIFTH: Business addr	ess in Rhode Island					•••••	
	214 Windmill St. P	rov.	, R.I.	02908			•••••
SIXTH: Names and ac	ddresses of its directors and offi	icers:	Addres	is (including	number, st	(Attach ride reet, zip code)	er if necessary)
	Director			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
	Director	•••••	•••••	•	• • • • • • • • • • • • • • • • • • • •		•••••
•••••	Director						
Paul G. Riverd	President .	214 V	/indmil	l St.	Prov	., R.I.	02908
	Vice President	17	••	11	**	††	11
Susan M. Rivard		17	17	FT		ff	tr
Paul G. Rivard	Treasurer	**	11	tt		†1	11
SEVENTH: Number o	f Shares authorized:			,,,,	. •	Par Value or statement shares are wit	that
No. of Shares	Class		Series J	à 19	235	par value	
1000	Common	d & F1	ica Fig	,		NPV	
EIGHTH: Number of	Shares issued:	FOH FOH	NUHO Scries	·		Par Value or statement shares are wit	that
No. of Shares	Class	11	Series			par value	
Dated January: 23		ivard e of Corpo	l Consti	ructio	n, Ir	1 C .	••••
e * -	Rv.	Can		rard)	··········	***************************************

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0008827	A	nnual Rep	ort for tl	ne year.	1.9	91
First: The nam	e of the corporation is	Ri	.vandCa	metru	ction	,Inc.,.	•••••••••••••••••••••••••••••••••••••••
SECOND: It is in	corporated under the laws of						•••••
THIRD: Characte	er of business, briefly stated, is.						
	General Con						
Fourth: If fore	ign corporation, address of its p	orincipal offi	ce				
FIFTH: Business	address in Rhode Island				······································		
	214 Windmill S	t., Prov	idence,	R.I.	029	08	••••••••
SIXTH: Names a	nd addresses of its directors and						der if necessary)
	Director	***********	•••••••	••••••	······································	••••••	•••••••••••••
	Director		••••••		•••••		•••••••••
	Director	******			• • • • • • • • • • • • • • • • • • • •		••••
Paul Rivard	President	214 W	/indmill	St.	Prov.	, R . I .	02908
11 11	Vice Presid	**	91	••	••	40	••
Susan M. Rivard		.,	••	••			
Paul Rivard	~	11	11			 !†	tr
***************************************		,,	***************	*******	• • • • • • • • • • • • • • • • • • • •		•••••••••••
SEVENTH: Numb	per of Shares authorized:					Par Valu or statement shares are wi	t that
No. of Shares	Class		Scries			par valu	
1.000	Common					NPV	
Еіднтн: Numbe	er of Shares issued:		Series SEC	FFRZ	A10 8 10-	Par Valu or statement shares are w	t that
No. of Shares	Class		Series OFC	Je.	1991 State	par valu	.e
Dated February 1	9 19 .91	Rivar (Name of Gorpon By a	d Const	ructi	on, I	nc.	
(Report must	he signed by an officer)	Title Pr	esident		ı		

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

PR	CORPORATIONS 100 NORTH MAII OVIDENCE, RHODE	N STREET	AT
Corporate ID 0008827	***********	Annual Report for th	ne year 1990
FIRST: The name of the corporation	is	ivand Constructio	n. Inc
SECOND: It is incorporated under the	e laws of	Rlode Islan	<u></u>
THIRD: Character of business, briefly	y stated, is	General Constr	nction
FOURTH: If foreign corporation, add	ress of its princi	pal office	
FIFTH: Business address in Rhode Is	(1))	Windmill 02904	ST.
SIXTH: Names and addresses of its d	irectors and office		(Attach rider if necessary)
	Director		
	Director	·····	······
···×··································	Director		
Coul D Quart	President	Minbriw rig	ST. Prov. R. I 02904
))	Vice President))	
Susan Rivard	Secretary))	
11	Treasurer	>1	
SEVENTH: Number of Shares authori	zed:		Par Value or statement that
No. of Shares Class		Series	shares are without par value
1000 PBV COM	MON		NPV
Еіднтн: Number of Shares issued:		PAID MAR 0 6 10	or statement that
No. of Shares Class	ı	SEC'Y. OF STA	shares are without par value
O Con	Mon	— · · · · · · · · · · · · · · · · · · ·	ATE NOV
Dated 3 - 1 - 19 S	•••••	ward Const. of Corporation)	Ine.
(Report must be signed by an officer)	By\ Title	Saul II blu President	and

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID			Annual Report for the year 1989					
			Rivard Construction, Inc.					
Second: It is	incorporated under	the laws of						
	acter of business, brie	•						
	oreign corporation, ac							
FIFTH: Busine	ess address in Rhode	Island					•	
N	es and addresses of its	Office	Ticers:	Addre	ss (including	number, stre	(Attach rider et, zip code)	if necessary)
					• • • • • • • • • • • • • • • • • • • •		••••••	

Paul Rivard		President	214	Windmil]	. St.,	Prov.	, R.I.	02908
			11	11	11	11	11	11
Susan M. Riv	ard	Secretary	214	Windmil:	l St.,	Prov.	, 0290	В
Paul Rivard		Treasurer	11	, n	11	11	11	
Seventh: Nu	imber of Shares authorises	orized:					Par Value	
No. of Shares	Class			Series			or statement that shares are without par value	
1000	Comm	non P	AID	- •			NPV	
		•	0819	189.				
Eighth: Nun	nber of Shares issued	SEC'Y.	OFS	STATE			Par Value or statement that	
No. of Shares	Class	SEO		Series			shares are without par value	JI.
Dated Telruan	3rd 19	.89 (Nai	Luran me grogor	I Conporation)	Incl.	in I	ne.	
(Report m	ust be signed by an office	r) Titl	e\	rearden	4	•••••		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

-		poration is Riv		v cT/on, IN C
		under the laws of	R. E General G	ONET DUCTION
Fourth:	If foreign corporate	ion, address of its pr	incipal office	
 Гігтн: Е	Business address in F	thode Island 214	WINDMILL ST	- Prov P. F 02908
	Names and addresse	s of its directors and Office		(Attach rider if necessary including number, street, zip code)
		Director		
•••••		Director		······
PAUL G	RIVARD	President	214 WINdmill	ST - Prov P. I 02901
/•	/1	Vice Preside	nt	4
SUSAN M	RIVARD	Secretary	'1	11
PAUL	G. RIVARE	Treasurer	t _k	
Seventh:	Number of Share	s authorized:		Par Value or statement that shares are without
No. of Share		Class	Series	par value
1000		ômmon P	AID	NDV
Еіднтн:	Number of Shares	1 A N	1 9 1000	Par Value or statement that
No. of Share	cs .	Class SEC'Y.	OF STATE enes	shares are without par value
Dated 13.2	Ja		RIVARD ONS	TRUCTION INC
(Ren	ort must be signed by a		y sand I	binary