



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. 8827		2. Name of Corporation Rivard Construction, Inc.			
3. Street Address Principal Business Office 2 Deerhill Drive		City Smithfield		State RI	Zip 02917
4. Business Phone No. 401-231-1211		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island EXCAVATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul G. Rivard			Vice President Name Paul G. Rivard		
Street Address 2 Deerhill Drive			Street Address 2 Deerhill Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Susan M. Rivard			Treasurer Name Paul G. Rivard		
Street Address 2 Deerhill Drive			Street Address 2 Deerhill Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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			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
100 NO PAR VALUE			100		NO Par

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



File Date	2-1-05
Check No.	1997
By:	Q
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: Paul G. Rivard Date: 1-30-05
Print or Type Name of Officer: Paul G. Rivard
Title of Officer: Pres-



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. 8827		2. Name of Corporation Rivard Construction, Inc.			
3. Street Address Principal Business Office 2 Deerhill Drive			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-231-1211		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island EXCAVATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul G Rivard			Vice President Name Paul G. Rivard		
Street Address 2 Deerhill Drive			Street Address 2 Deerhill Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Susan M. Rivard			Treasurer Name Paul G. Rivard		
Street Address 2 Deerhill Drive			Street Address 2 Deerhill Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
100 NO PAR VALUE			100		No Par

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



* 8 8 2 7 *

File Date	1-26-04
Check No.	1588
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
(Secretary) Susan M. Rivard
Print or Type Name of Officer
Secretary
Title of Officer
Date
1-20-04



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.

8827

2. Name of Corporation

Rivard Construction, Inc.

3. Street Address Principal Business Office

2 Deerhill Drive

4. Business Phone No.

401.231.1211

5. State of Incorporation

RHODE ISLAND

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

Single Family Home Construction

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

President Name

Paul G Rivard

Street Address

2 Deerhill Drive

City

Smithfield

State

RI

Zip

02917

Secretary Name

Susan M Rivard

Street Address

2 Deerhill Drive

City

Smithfield

State

RI

Zip

02917

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

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

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

ISSUED SHARES

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



* 8 8 2 7 *

File Date: 2/5/03

Check No.: 1163

By: SM

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.

Susan M Rivard 1-10-03
Signature of Officer Date
Secretary-Susan M Rivard
Print or Type Name of Officer
Secretary
Title of Officer

Form 630 1202



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. **8827** 2. Name of Corporation **Rivard Construction, Inc.**
3. Street Address Principal Business Office **20 LANTERN ROAD** City **SMITHFIELD** State **RI** Zip **02917**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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

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

President Name PAUL RIVARD Street Address 20 LANTERN ROAD City SMITHFIELD State RI Zip 02917	Vice President Name PAUL RIVARD Street Address 20 LANTERN ROAD City SMITHFIELD State RI Zip 02917
Secretary Name PAUL RIVARD Street Address 20 LANTERN ROAD City SMITHFIELD State RI Zip 02917	Treasurer Name PAUL RIVARD Street Address 20 LANTERN ROAD City SMITHFIELD State RI Zip 02917

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 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
100 NO PAR VALUE

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

ISSUED SHARES
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



* 8 8 2 7 *

File Date: 1-29-02
Check No.: 2397
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.

Paul G. Rivard 1/18/02
Signature of Officer Date
Paul G. Rivard
Print or Type Name of Officer
President
Title of Officer



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



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. **8827** 2. Name of Corporation **Rivard Construction, Inc.**

3. Street Address Principal Business Office

20 Lantern Road

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

City

Smithfield

State

RI

Zip

02917

6. SIC Code
34

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

Excavation

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

President Name

Paul Rivard

Street Address

20 Lantern Road

City

Smithfield

State

RI

Zip

02917

Secretary Name

Paul Rivard

Street Address

20 Lantern Road

City

Smithfield

State

RI

Zip

02917

Vice President Name

Paul Rivard

Street Address

20 Lantern Road

City

Smithfield

State

RI

Zip

02917

Treasurer Name

Paul Rivard

Street Address

20 Lantern Road

City

Smithfield

State

RI

Zip

02917

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

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

100 NO PAR

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

ISSUED SHARES

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



* 8 8 2 7 *

File Date: 2/16

Check No.: 2134

By: Paul Rivard

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.

Paul Rivard
Signature of Officer

23 JAN 01
Date

Paul Rivard
Print or Type Name of Officer

Pres.
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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **8827** 2. Name of Corporation **Rivard Construction, Inc.**
3. Street Address Principal Business Office **20 Lantern Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **(401)231-1211** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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

Excavation

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

President Name Paul Rivard Street Address 20 Lantern Road City Smithfield State RI Zip 02917 Secretary Name Paul Rivard Street Address 20 Lantern Road City Smithfield State RI Zip 02917	Vice President Name Paul Rivard Street Address 20 Lantern Road City Smithfield State RI Zip 02917 Treasurer Name Paul Rivard Street Address 20 Lantern Road City Smithfield State RI Zip 02917
--	---

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 NONE Street Address City _____ State _____ Zip _____	Director Name NONE Street Address City _____ State _____ Zip _____

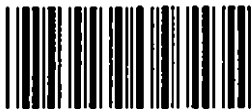
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

ISSUED SHARES
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



* 8 8 2 7 *

PAID

FEB 04 2000

SECY OF STATE

File Date: _____
Check No.: _____
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.

Paul Rivard (Gross) 1/24/00
Signature of Officer Date
Paul Rivard
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. 8827		2. Name of Corporation Rivard Construction, Inc.			
3. Street Address Principal Business Office 214 Windmill Street		City Providence	State R. I.	Zip 02904	
4. Business Phone No. 421-3918		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island Builder of One family homes					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Rivard			Vice President Name 1)		
Street Address 214 Windmill ST.			Street Address		
City Prov.	State R. I.	Zip 02904	City	State	Zip
Secretary Name Susan Rivard			Treasurer Name Paul Rivard		
Street Address			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			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)					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR			0		

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



* 8 8 2 7 *

File Date: **Jan 21 99**

Check No.: **1994**

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.

Paul Rivard Jan 1st 99
Signature of Officer Date

Paul Rivard
Print or Type Name 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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **8827** 2. Name of Corporation **Rivard Construction, Inc.**
3. Street Address Principal Business Office **214 Windmill Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. S. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island **Building and Renovation Residential**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name **Paul Rivard** Vice President Name **Paul Rivard**
Street Address **214 Windmill Street** Street Address **214 Windmill Street**
City **Providence** State **RI** Zip **02904** City **Providence** State **RI** Zip **02904**
Secretary Name **Paul Rivard** Treasurer Name **Paul Rivard**
Street Address **214 Windmill Street** Street Address **214 Windmill Street**
City **Providence** State **RI** Zip **02904** City **Providence** State **RI** Zip **02904**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name **Paul Rivard** Director Name **None**
Street Address **214 Windmill Street** Street Address
City **Providence** State **RI** Zip **02904** City State Zip
Director Name **NONE** Director Name
Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 No Par No Par

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



File Date: **1/7/98**
Check No.: **1670**
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.

Paul Rivard **31 Dec 99**
Signature of Officer Date
Paul Rivard
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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **8827** 2. Name of Corporation **Rivard Construction, Inc.**

3. Street Address Principal Business Office

214 Windmill St.

City

Providence

State

R.I.

Zip

02904

4. Business Phone No.

(401) 421-3918

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0034

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

General Contractor of New 1 family homes.

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

President Name **Paul Rivard**

Vice President Name

Paul Rivard

Street Address

Street Address

City State Zip

City State Zip

Secretary Name **Susan Rivard**

Treasurer Name

Paul Rivard

Street Address

Street Address

City State Zip

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **N/A NONE**

Director Name

N/A NONE

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

100 NO PAR

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



File Date: **11/1/97**

Check No.: **1470**

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.

Paul Rivard (Pres.) **26 Dec 96**
Signature of Officer Date

Paul Rivard
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode 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.

1. CORPORATE ID NO. 8827		2. NAME OF CORPORATION Rivard Construction, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 214 Windmill ST.			CITY Providence	STATE R.I.	ZIP CODE 02904
4. BUSINESS PHONE NO. 351-5091		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 0034
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Building One Family Dwellings + Additions.					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Paul Rivard			VICE PRESIDENT NAME Paul Rivard		
STREET ADDRESS 214 Windmill ST.			STREET ADDRESS "		
CITY Providence	STATE R.I.	ZIP CODE 02904	CITY "	STATE "	ZIP CODE "
SECRETARY NAME Susan Rivard			TREASURER NAME Paul Rivard		
STREET ADDRESS "			STREET ADDRESS "		
CITY "	STATE "	ZIP CODE "	CITY "	STATE "	ZIP CODE "
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME "			DIRECTOR NAME "		
STREET ADDRESS "			STREET ADDRESS "		
CITY "	STATE "	ZIP CODE "	CITY "	STATE "	ZIP CODE "
DIRECTOR NAME "			DIRECTOR NAME "		
STREET ADDRESS "			STREET ADDRESS "		
CITY "	STATE "	ZIP CODE "	CITY "	STATE "	ZIP CODE "
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
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.

File Date:

~~12/16/95~~ 1/1/96

Check No:

1206

By:

~~Paul Rivard~~ *CSR*

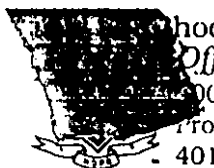
For Secretary of State Use Only

Signature of Officer

Paul Rivard
Print or Type Name of Officer

President
Title of Officer

12/16/95
Date



Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, 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: 0008827

Annual Report for the year: 1995

Name of Corporation: Rivard Construction, Inc.

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

214 Windmill St. Providence R.I. 02904

Phone: (401) 351-5091

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

General Contractor of single Family
Homes and additions.

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Paul Rivard</u>	<u>214 Windmill St.</u>	<u>Prov. R.I.</u>	<u>02904</u>
VICE PRESIDENT <u>))</u>	<u>))</u>	<u>))</u>	<u>))</u>
SECRETARY <u>Susan Rivard</u>	<u>))</u>	<u>))</u>	<u>))</u>
TREASURER <u>Paul Rivard</u>	<u>))</u>	<u>))</u>	<u>))</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME:	STREET ADDRESS	CITY/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)

Number of Shares ~~1000~~ Class / Series ~~MPV~~

100 MPV B.G.R.

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

Date December 21st, 19 95

By: Paul G. Rivard (Paul Rivard)

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAUL G. RIVARD
214 WINDMILL STREET
PROVIDENCE RI 02904

FILED

FEB 07 1995

By [Signature]
1053

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
I.L.C. Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

736
\$50 93

Corporate ID: 0008827 Annual Report for the year: 1994
Name of Business Entity: Rivard Construction, Inc.

Business Entity organized under the laws of the State of: Rhode Island
Federal Taxpayer Identification Number: 05-0433248
For foreign entity, address and telephone number of principal office:

Phone: ()
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
214 Windmill St
Providence, RI 02908
Phone: (401) 351-5091

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Paul G. Rivard
214 Windmill St
Prov., RI 02908

Brief statement of the character of business conducted in Rhode Island:

General construction Business

Date of Organization: September 18, 1987

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	Paul G. Rivard	214 Windmill St	Providence, RI	02908
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	Paul G. Rivard	214 Windmill St.	Providence, RI	02908
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	Susan M. Rivard	214 Windmill St	Providence, RI	02908
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	Paul G. Rivard	214 Windmill St	Providence, RI	02908

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR NPV

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR
WITHOUT PAR

FILED

APR 1 1994

31 P/P #14

Date February 1st 19 94

By: Paul Rivard

Filing Fee \$50.00

564713

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0008827 Annual Report for the year 1992

FIRST: The name of the corporation is Rivard Construction, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Construction business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 214 Windmill St, Providence
Rhode Island, 02904

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

<u>Paul G Rivard</u>	<u>President</u>	<u>214 Windmill St, Prov, RI 02903</u>
<u>Paul G Rivard</u>	<u>Vice President</u>	<u>214 Windmill St, Prov, RI, 02904</u>
<u>Susan M Rivard</u>	<u>Secretary</u>	<u>214 Windmill St, Prov, RI 02904</u>
<u>Paul G Rivard</u>	<u>Treasurer</u>	<u>214 Windmill St Prov, RI 02904</u>

SEVENTH: Number of Shares authorized:

No. of Shares

Class

1,000

Common

PAID
SEP 07 1993
SECY OF STATE

Par Value
or statement that
shares are without
par value

NPV

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Dated Aug. 30th 19 93

Rivard Const. Inc.
(Name of Corporation)

By Paul G Rivard
(President)
Title (President)

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0008827 Annual Report for the year 1992

FIRST: The name of the corporation is Rivard Construction, Inc.

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THIRD: Character of business, briefly stated, is

General Construction Business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

214 Windmill St. Prov., R.I. 02908

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Paul G. Rivard	President	214 Windmill St. Prov., R.I. 02908
"	Vice President	" " " " " "
Susan M. Rivard	Secretary	" " " " " "
Paul G. Rivard	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	Common

Series

Par Value
or statement that
shares are without
par value

NPV

EIGHTH: Number of Shares issued:

No. of Shares	Class
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Series

Par Value
or statement that
shares are without
par value

Dated January 23 19 92

Rivard Construction, Inc.

(Name of Corporation)

Rv.

Paul Rivard

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0008227..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....Rivard Construction, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....

General Construction Business

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

214 Windmill St., Providence, R.I. 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Paul Rivard	President	214 Windmill St. Prov., R.I. 02908
" "	Vice President	" " " " " "
Susan M. Rivard	Secretary	" " " " " "
Paul Rivard	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		NPV

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
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PAID
FEB 28 1991
SEC'y OF STATE

Dated February 19 19 91

Rivard Construction, Inc.

(Name of Corporation)

By Paul M. Rivard

President

Title.....

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0008827

Annual Report for the year 1990

FIRST: The name of the corporation is Rivard Construction, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Construction

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 214 Windmill St.

Providence Rhode Island 02904

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Paul G. Rivard

President

214 Windmill St. Prov. R.I. 02904

))

Vice President

))

Susan Rivard

Secretary

))

))

Treasurer

))

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000 NPV

COMMON

—

NPV

EIGHTH: Number of Shares issued:

No. of Shares

Class

Par Value
or statement that
shares are without
par value

0

COMMON

NPV

Dated 3-1-1990

(Name of Corporation)

By

Title

Rivard Const. Inc.

Paul G. Rivard

President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

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Corporate ID 0008927 Annual Report for the year 1989

FIRST: The name of the corporation is Rivard Construction, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Construction Business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Paul Rivard	President	214 Windmill St., Prov., R.I. 02908
" "	Vice President	" " " " " "
Susan M. Rivard	Secretary	214 Windmill St., Prov., 02908
Paul Rivard	Treasurer	" " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		NPV

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
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PAID

08 1989

SECY. OF STATE

Dated February 3rd 19 89

Rivard Construction Inc.
(Name of Corporation)

By Paul G. Rivard
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 8827 Annual Report for the year 1988

FIRST: The name of the corporation is RIVARD CONSTRUCTION, INC

SECOND: It is incorporated under the laws of R. I.

THIRD: Character of business, briefly stated, is General Construction

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 214 Windmill St - Prov R.I. 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
PAUL G. RIVARD	President	214 Windmill St - Prov R.I. 02908
"	Vice President	"
SUSAN M. RIVARD	Secretary	"
PAUL G. RIVARD	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		N/A

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
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JAN 19 1988

SECY. OF STATE

JAN 21 1988
JAN 21 1988
SM

Dated 13 Jan 19 88

RIVARD CONSTRUCTION, INC

(Name of Corporation)

By

Paul G. Rivard

Title

President

(Report must be signed by an officer)