



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  
401.222.5040

**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. 121232		2. Name of Corporation D.J. Rossetti, Inc.			
3. Street Address Principal Business Office 11 Stone Break Rd.			City Malta	State NY	Zip 12000
4. Business Phone No. (518) 899-8150		5. State of Incorporation NEW YORK STATE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island CONCRETE CONTRACTOR (PLACE & FINISH CONCRETE)					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David J. Rossetti			Vice President Name Theresa Rossetti		
Street Address 5939 Curry Rd.			Street Address 5939 Curry Rd.		
City Schenectady	State NY	Zip 12303	City Schenectady	State NY	Zip 12303
Secretary Name Theresa Rossetti			Treasurer Name David Rossetti		
Street Address 5939 Curry Rd.			Street Address 5939 Curry Rd.		
City Schenectady	State NY	Zip 12303	City Schenectady	State NY	Zip 12303
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		
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
200 NO PAR VALUE			none		

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



\*121232\*

File Date 2/22/05  
Check No. 19111 C57946  
By: KMC  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer David J. Rossetti Date 2/16/05  
Print or Type Name of Officer David J. Rossetti  
Title of Officer President



**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. 121232		2. Name of Corporation D.J. Rossetti, Inc.			
3. Street Address Principal Business Office 5939 Curry Rd			City Schenectady	State NY	Zip 12303
4. Business Phone No. (518) 344-7021		5. State of Incorporation NEW YORK STATE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island CONCRETE CONTRACTOR (PLACE & FINISH CONCRETE)					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David J. Rossetti			Vice President Name Theresa Rossetti		
Street Address 5939 Curry Rd.			Street Address 5939 Curry Rd.		
City Schenectady	State NY	Zip 12303	City Schenectady	State NY	Zip 12303
Secretary Name Theresa Rossetti			Treasurer Name David J. Rossetti		
Street Address 5939 Curry Rd.			Street Address 5939 Curry Rd.		
City Schenectady	State NY	Zip 12303	City Schenectady	State NY	Zip 12303
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		
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
200	NO PAR VALUE		none		

RECEIVED  
 SECRETARY OF STATE  
 JAN 21 12 55 PM '04

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



1 2 3 2 \*

**FILED**

File Date: JAN 21 2004

Check No. \_\_\_\_\_

By: 90 PC 11234 ~

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: David J. Rossetti Date: 1-12-04

Print or Type Name of Officer: David J. Rossetti

Title of Officer: President



**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. **121232** 2. Name of Corporation **D.J. Rossetti, Inc.**  
 3. Street Address Principal Business Office **5939 Curry Rd.** City **Schenectady** State **NY** Zip **12303**  
 4. Business Phone No. **(518) 355-4879** 5. State of Incorporation **NEW YORK STATE** 6. SIC Code **0455**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Concrete Contractor - Place and finish concrete, commercial work only**

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

President Name <b>David J. Rossetti</b> Street Address <b>5939 Curry Rd.</b> City State Zip <b>Schenectady NY 12303</b> Secretary Name <b>Theresa Rossetti</b> Street Address <b>5939 Curry Rd.</b> City State Zip <b>Schenectady NY 12303</b>	Vice President Name <b>Theresa Rossetti</b> Street Address <b>5939 Curry Rd.</b> City State Zip <b>Schenectady NY 12303</b> Treasurer Name <b>David J. Rossetti</b> Street Address <b>5939 Curry Rd.</b> City State Zip <b>Schenectady NY 12303</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
200	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
100	one class only	no par value

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



\* 1 2 1 2 3 2 \*

File Date: 11/28/03 80. !!! 85 71 97 1107  
 Check No.: 13932  
 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 of Officer: [Signature] Date: 1-21-03  
 Print or Type Name of Officer: David J. Rossetti  
 Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **121232** 2. Name of Corporation **D.J. Rossetti, Inc.**  
3. Street Address Principal Business Office **5939 Curry Rd.** City **Schenectady** State **NY** Zip **12303**  
4. Business Phone No. **(518) 355-4879** 5. State of Incorporation **NEW YORK STATE** 6. SIC Code **0455**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Concrete Contractor - Place and finish concrete, commercial work only**

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

President Name <b>David J. Rossetti</b>	Vice President Name <b>Theresa Rossetti</b>
Street Address <b>5939 Curry Rd.</b>	Street Address <b>5939 Curry Rd.</b>
City <b>Schenectady</b> State <b>NY</b> Zip <b>12303</b>	City <b>Schenectady</b> State <b>NY</b> Zip <b>12303</b>
Secretary Name <b>Theresa Rossetti</b>	Treasurer Name <b>David J. Rossetti</b>
Street Address <b>5939 Curry Rd.</b>	Street Address <b>5939 Curry Rd.</b>
City <b>Schenectady</b> State <b>NY</b> Zip <b>12303</b>	City <b>Schenectady</b> State <b>NY</b> Zip <b>12303</b>

**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

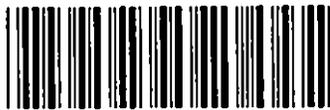
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**200 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 one class only no par value**

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



\* 1 2 1 2 3 2 \*

File Date: **3/11/2002** JAN 12 12 PM '02  
Check No.: **10947** RECEIVED  
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 of Officer: **[Signature]** Date: **3-6-02**  
Print or Type Name of Officer: **David J. Rossetti**  
Title of Officer: **President**