



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 IN BLACK)

1. Corporate ID No. 106632		2. Name of Corporation ISEVILLE			
3. Street Address Principal Business Office 475 School St Suite 11		City Marshfield	State MA	Zip 02050	
4. Business Phone No. 781-837-3884		5. State of Incorporation MA		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Construction MANAGEMENT & Inspection Service					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christine Kaville			Vice President Name Same		
Street Address 80 Bay Ave			Street Address		
City Marshfield	State MA	Zip 02050	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christine Kaville			Director Name		
Street Address 80 Bay Ave			Street Address		
City Marshfield	State MA	Zip 02050	City	State	Zip
Director Name Same			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
200,000	Comm NO	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 9/20/05
Check No 6591
By: <u>JMD</u>
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.

Christine Kaville 8.25.05
Signature of Officer Date
Christine Kaville
Print or Type Name of Officer
President & CEO
Title of Officer



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. 106632		2. Name of Corporation Keville Enterprises, Inc.		
3. Street Address Principal Business Office 475 School St Suite 11		City Marshallfield	State MA	Zip 02056
4. Business Phone No. 781-837-3884		5. State of Incorporation MASSACHUSETTS		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION MANAGEMENT, CONSTRUCTION INSPECTION.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Christine Keville		Vice President Name Same		
Street Address 80 Bay Ave		Street Address		
City Marshallfield	State MA	Zip	City	State
Secretary Name Same		Treasurer Name Same		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Same		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
200,000 COMM NO PAR VALUE			NONE	

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



* 1 0 6 6 3 2 *

File Date 2/17/04
Check No. 3904
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] 2/12/04
Date
Christine Keville
Print or Type Name of Officer
President & CEO
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

106632

2. Name of Corporation

Keville Enterprises, Inc.

3. Street Address Principal Business Office

475 School St, Suite 11

City

Marshfield

State

MA

Zip

02050

4. Business Phone No.

781-837-3884

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

0

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

Construction Management

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Christine Keville

Vice President Name

SAME

Street Address

475 School St Suite 11

Street Address

City

Marshfield

State

MA

Zip

02050

City

State

Zip

Secretary Name

SAME

Treasurer Name

SAME

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

Christine Keville

Director Name

Street Address

475 School St. Suite 11

Street Address

City

Marshfield

State

MA

Zip

02050

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

200,000 COMM NO PAR VALUE

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

ISSUED SHARES

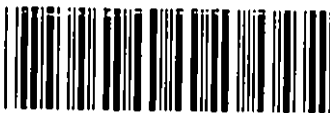
Number of Shares

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



* 1 0 6 6 3 2 *

File Date:

2-18-03

Check No.:

1978

By:

CKP

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

Christine Keville

Date

2-22-03

Print or Type Name of Officer

Christine Keville

Title of Officer

President & CEO

5

Form 630 12/02



STATE OF RHODE ISLAND
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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. 106632 2. Name of Corporation Keville Enterprises, Inc.
3. Street Address Principal Business Office 475 School St. Suite 11 City MARSHFIELD State MA Zip 02050
4. Business Phone No. 781-837-3884 5. State of Incorporation MASSACHUSETTS 6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction Management & Inspection Services

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

President Name Christina Keville Vice President Name SAME
Street Address 46 Webster Ave Street Address
City OCEAN BLUFF MA Zip 02065 City State Zip
Secretary Name SAME Treasurer Name SAME
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 Christine Keville Director Name
Street Address 46 Webster Ave Street Address
City OCEAN BLUFF MA Zip 02065 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
200,000 COMM NO PAR VALUE

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

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



* 1 0 6 6 3 2 *

File Date: 2-28-02

Check No.: 11016

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] 2-6-02
Signature of Officer Date

Christine Keville
Print or Type Name of Officer

President & CEO
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. 106632 2. Name of Corporation Keville Enterprises, Inc.

3. Street Address Principal Business Office

475 School St. Suite 11

City

Marshallfield

State

MA

Zip

02050

4. Business Phone No.

5. State of Incorporation
MASSACHUSETTS

6. SIC Code

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

Construction Management / Construction Inspection

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

President Name

Christine Keville

Vice President Name

NONE

Street Address

216 WEBSTER ST.

Street Address

City

MARSHFIELD

State

MA

Zip

02050

City

State

Zip

Secretary Name

NONE

Treasurer Name

NONE

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

Christine Keville

Director Name

NONE

Street Address

416 WEBSTER STREET

Street Address

City

MARSHFIELD

State

MA

Zip

02050

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200,000

Common

NO PAR

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



* 1 0 6 6 3 2 *

File Date:

3-30-01

Check No.:

9430

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]
Signature of Officer

3/22/01
Date

Christine Keville

Print or Type Name of Officer

President & CEO

Title of Officer



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.

2. Name of Corporation

106632

Keville Enterprises, Inc.

3. Street Address Principal Business Office

City

State

Zip

475 School St., Suite 11

Marshfield

MA

02050

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(781) 837-3884

MASSACHUSETTS

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

Pursuing

To date have not conducted business in RI - Construction Mgmt

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Christine Keville

Street Address

Street Address

46 Webster St.

City

State

Zip

City

State

Zip

Ocean Bluff

MA

02065

Secretary Name

Treasurer Name

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

Christine Keville

Street Address

Street Address

46 Webster St.

City

State

Zip

City

State

Zip

Ocean Bluff

MA

02065

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

200,000 COMM NO PAR VALUE

200,000 Comm NO PAR VALUE

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



* 1 0 6 6 3 2 *

5/17/00

File Date: _____

Check No.: **3606**

By: **ec**

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.

Bernadette Carroll **5/11/00**
Signature of Officer Date

Executive Vice President
Print or Type Name of Officer

Executive Vice President
Title of Officer