

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 205 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN 31				·	
1. Corporate ID No.	2. Name of Corporation				
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3. Street Address Principal Busine		. 13	City	State	Zip OZ AC
4. Business Phone No.	1 21 00114	5. State of Incorporation	Marshrifly	MB	02020
	84				6. SIC Code
781 · 837 · 38  7. Brief Description of the Character	ter of Business Conducte	ed in Rhode Island			_ <del></del>
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			CHMENT)   FILL IN SPACES	BEFORE USING ATTAC	HMENTS:
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Street Address	100		Street Address	<u> </u>	
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City MA (STY. F18	State MA	2ip 07050	City	State	Zip
Secretary Name		•¹•••••	Treasurer Name	· · · · · · · · · · · · · · · · · · ·	!
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Street Address			* Street Address		
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City	State	Zip	*City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT)   FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
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Street Address	•		Street Address		· · · · · · · · · · · · · · · · · · ·
SO BAY	314)		• •		
Cin MARSHFIELD	State	Zip 02050	•City	State	Zip
Director Name	$1{b}i\dot{b}$		· · · · · · · · · · · · · · · · · · ·		}
STORE			* Director Name *		
Street Address			• Street Address		
			•		
City	State	Zip	.City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX	K FOR ATTACHMENT)	<u> </u>
AUTHORIZED SHARES Number of Shares	Class/Series	Par Volue	ISSUED SHARES Number of Shares	Class/Series	Par Value
<u> </u>		<del></del>	· · · · · ·		
200,000 Co	mm NO PAR	VALUE	NONE		
30000	<u> </u>		(0.01-0		
·					
This report must be signed	in ink by either th	e President, Vice Pres	sident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee
1				-	
			Under penalty of perjury, I	declare and affirm that I	have examined
			this report, including any a		
		7	and that all statements con		
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File Date //X U	2		Signature of Officer	Date	03 09
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mai		1	Print or Type Name of Officer	Karille	
$B_{\underline{Y}}$					
FOR SECRETARY OF STATE L	JSE ONLY		Title of Officer	& CEU	Form 630 12/01
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### 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

#### 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 106632 Keville Enterprises, Inc. 3. Street Address Principal Business Office State **MASSACHUSETTS** 7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION MANAGEMENT, CONSTRUCTION INSPECTION. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Street Address Street Address Treasurer Name PMAC Street Address Street Address State Zφ City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address Zip State 7. p City State Director Name Director Name Sirrei Address Street Address 2.ip City State 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 BOOS 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. Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

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

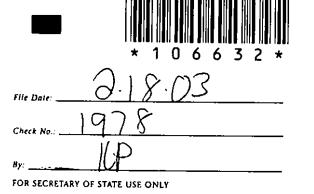
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpor	ration	•		. `
106632		erprises. Inc.			
3. Street Address Principal Busin			City	State	Zip
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		5. State of Incorporation		, , , , ,	6. SIC Code
781 · 830 · 3	ડે&&પ	MASSACHUS	ETTS		0
7. Brief Description of the Charac	ter of Business Conducted	in Rhode Island			·
	iction Me				
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Christina	Barillo		Se	2MQ	
Street Address	. —		Street Address		
475 Scho	01 57 5	0,te 11			
475 SCho	State	Zip	City	State	Zip
Marshfield	MA	01050			•
Secretary Name		•	Treasurer Name	•	• • • • • • • • • • • • • • • • • • • •
S:AM	~		5	aml	
Street Address			Street Address	14. 55	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING AT	<b>TACHMENTS</b>
Director Name	<b>W</b> . M		Director Name		
Christin	or Louino				
Street Address	. < 1 <	N = - 55	Street Address		
412 2CM	100 Jr, SU	14c 11			
City	State	ite 11 62050	Ciry	State	Zip
	(1)( <del>1</del> )	00000			
Director Name			Director Name		• • • • • • • • • • • • • • • • • • • •
<b>4.</b>					
Street Address			Street Address		
City	State	Zip	City	State	710
			City	31016	ZIp
10. SHARES AUTHORIZE	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	(**)
AUTHORIZED SHARES		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ISSUED SHARES	CA BOAFOR ATTACHMEN	1)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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200,000 COMIN NO PAR	VALUE		NINE		
			. ~( )		

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.

the an other ments contained neggin	are true and correct.
Cto Kulon	1.22.03
Signature of Officer	Date
Chussing Co	-1/10

Print or Type Name of Officer

President & (80)

Ferra 630 12/02

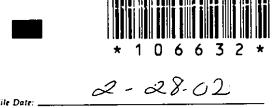


Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

ry 1-March 1 •	Filing Fee: \$50.00			1221KCC
LACK)				
2. Name of Corporation	on			
Keville Enterp	rises, Inc.			
ss Office		City	State	Zip
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ter of Ruciness Conducted in	Rhode Island	\ 8 T-006	132	11/15
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ESSES OF THE OFFIC	ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
1 2		Vice President Name	0 000	
Keville			217110	
	•	Street Address		
Ster AUE				
State	210	City	State	Zip
$\langle MA \rangle$	02065			
		Treasurer Name	•• ••	
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\ <u>C</u>		Street Address	· wc	
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Crata	7in	City	State	Zip
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	••••	Director Name		
		•		
		: Street Address		
State .	Zip	'City	State	ZIp
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		1000C		
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	State  State	ESSES OF THE DIRECTORS (*X* BOX FOR ATTECHNOLOGY)  State  State	2. Name of Corporation  Keville Enterprises, Inc.  35 Office  City  MARSHETE  City  Marshete  Ma	2. Name of Corporation  Keville Enterprises, Inc.  15. Softe 11  S. State of incorporation  MARSHFIELD  MARSHFIELD

ustee



File Date:		_
Check No.:	11010	
<u></u>	7.	
Ву:		
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

(nat an statements contained netern are true	and correct.
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Signature of Officer	Date
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Chustine	スペッショ	
$(n_1)$	10001000	
Print or Type Name of Officer	<del></del>	

Frendenz	8	CE
Title of Officer		

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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

2. Name of Corporation Keville Enterprises, Inc.



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

3. Street Address Principal Business Of	fice	•	City	State	Zip
475 Schon	51. Sute	$\mathcal{M}_{+}$	Marsifis 19	MA	02050
4. Business Phone No.		5. State of Incorporation		`	6. SIC Coff
		HASSAGIIGSETT			
7. Brief Description of the Character of	f Business Conducted in Rho		- N		
CONSTRUCTION	U WAUBY	ement Icon	154008/100 10	086418N	
8. NAMES AND ADDRESSE	ES OF THE OFFICE	S ("X" BOX FOR ATTACHM	IENT) FILL IN SPACES BEFO	DRE USING ATTACHME	ENTS
President Name	N N -		Vice President Name		
Christine	KEVIllE		2006		
Street Address		*	Street Address		
200 (DEC)	156.01.				
City	State	Zip	City	State	Zip
MARSHFICLD	0113	02050			
Secretary Name			Treasurer Name		
NONC			5000		
Street Address			Street Address		
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City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECT	ODE (ANA DON FOR ATTAC	(2) (CAUT) FILL IN CDA CEC DE	FORE USING ATTACHI	MENTS
9, NAMES AND ADDRESSE Director Name	ES OF THE DIRECT	UKS ( A BUA FUK ATTAL.	TIMENT) - FILL IN SPACES DE Director Name	FURE USING AT IACH	MENIS
	12 0 110	1	_		;
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Street Address 46 WEBSTE	ER STREE		3000	State	; , Zip
Street Address 46 WEBSTE	EL STREE	77	NO NE Street Address	State	
Street Address  46 WEBSTE  City  MAUSHFIELD  Director Name	EL STREE	77	Street Address City	State	
Street Address HU WEBSTE MAUSHFIELD	EL STREE	77	Street Address City	State	
Street Address  46 WEBSTE  City  MAUSHF. Eld  Director Name  NONE	EL STREE	77	Street Address City Director Name	State	
Street Address  46 WEBSTE  City  MAUSHF. Eld  Director Name  NONE	EL STREE	77	Street Address City Director Name	State	
Street Address  HU WEBSTE  City MAUSHFIELD  Director Name  NONE  Street Address	EL STUZE State MA	7 02050	Street Address  City  Director Name  WONE  Street Address		Zip
Street Address  HO WEBSTE  City  MAUSH Ell  Director Name  NONE  Street Address  City  10. SHARES AUTHORIZED	State STUZE	Zip OZOSO Zip	Street Address  City  Director Name  WONE  Street Address	State	Zip
Street Address  HUWEBSTE  City  MAUSH . 218  Director Name  NONE  Street Address  City  10. SHARES AUTHORIZED AUTHORIZED SHARES	State STUZE	Zip OZOSO Zip	Street Address  City  Director Name  WONE  Street Address  City	State	Zip
Street Address  Y WEBSTE  City  MAILSTE, Eld  Director Name  Street Address  City  10. SHARES AUTHORIZED  AUTHORIZED SHARES  Number of Shares	State  State  Class/Series	Zip OZOSO Zip	Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*X* B)	State	Zip
Street Address  HUWEBSTE  City  MAUSH . 218  Director Name  NONE  Street Address  City  10. SHARES AUTHORIZED AUTHORIZED SHARES	State  State  Class/Series	Zip Zip AENT)	Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED ("X" B  ISSUED SHARES  Number of Shares	State  OX FOR ATTACHMENT)  Class/Series	Zip Zip Par Value
Street Address  Y WEBSTE  City  MAILSTE, Eld  Director Name  Street Address  City  10. SHARES AUTHORIZED  AUTHORIZED SHARES  Number of Shares	State  State  Class/Series	Zip Zip AENT)	Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED ("X" B)  ISSUED SHARES	State  OX FOR ATTACHMENT)	Zip Zip
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Street Address  Y WEBSTE  City  MAILSTE, Eld  Director Name  Street Address  City  10. SHARES AUTHORIZED  AUTHORIZED SHARES  Number of Shares	State  State  Class/Series	Zip Zip AENT)	Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED ("X" B  ISSUED SHARES  Number of Shares	State  OX FOR ATTACHMENT)  Class/Series	Zip Zip Par Value
Street Address  Y WEBSTE  City  MAILSTE, Eld  Director Name  Street Address  City  10. SHARES AUTHORIZED  AUTHORIZED SHARES  Number of Shares	State  State  State  ("X" BOX FOR ATTACHE  Class/Series  PAR VALUE	Zip Zip AENT) Par Value	Street Address  City  Director Name  DONE  Street Address  City  11. SHARES ISSUED ("X" B)  ISSUED SHARES  Number of Shares  COO DOO	State  OX FOR ATTACHMENT)  Class/Series  COMMON	Zip Zip Par Value NO PAR

that all statements contained herein are true and correct.

3/22/01

Signature of Officer

Christine Kenly

Print or Type Name of Officer

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

FOR SECRETARY OF STATE USE ONLY

Check No.:

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.

4. Business Phone No.

2. Name of Corporation

7	U	6	Ó	3	2	

Keville Enterprises, Inc.

3. Street Address Principal Business Office

475 School St., Suite 11

State

Zip

5. State of Incorporation

MA

02050 6. SIC Code

(781) 837-3884

MASSACHUSETTS

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

Pursuing

Vice President Name

Marshfield

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

Christine Keville

Street Address

46 Webster St.

Ocean Bluff

State MA

City

Street Address

City

State

ZIp

Secretary Name

02065

Treasurer Name

Street Address

Director Name

Street Address

Street Address

City

City

State

Zip

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

Director Name

Christine Keville

Street Address

46 Webster St.

City

Ocean Bluff

State MA 02065

City

State

Zip

Director Name

Street Address

Number of Shares

Director Name Street Address

City

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

Class/Series

Par Value

200,000 COMM NO PAR VALUE

200,000 Comm

NO PAT VALUE

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

//4/00

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

Bernedette Print or Type Name of Officer

Dote

Title of Officer