



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)

Form with sections 1-11: Corporate ID No. 62735, Name of Corporation CHIRICO CONSTRUCTION COMPANY INC., Street Address 101 WEST NOTICK RD SUITE A, City WARWICK, State RI, Zip 02886, Business Phone No. 401-823-5334, State of Incorporation RHODE ISLAND, SIC Code 59, Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTOR, Names and Addresses of the Officers (President, Vice President, Secretary, Treasurer), Names and Addresses of the Directors, Shares Authorized, Shares Issued.

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 1/10/05, Check No. 14142, By: W.

Signature of Officer (David Chirico), Date 1-7-05, Print or Type Name of Officer DAVID CHIRICO, Title of Officer PRESIDENT

FOR SECRETARY OF STATE USE ONLY



**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 <b>62735</b>		2. Name of Corporation <b>CHIRICO CONSTRUCTION COMPANY INC.</b>		
3. Street Address Principal Business Office <b>101 WEST PATICK ROAD SUITE A</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>401-823-5334</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>59</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL CONTRACTOR</b>				

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DAVID CHIRICO</b>			Vice President Name <b>DAVID CHIRICO</b>		
Street Address <b>349 HOWARD AVE.</b>			Street Address <b>349 HOWARD AVE.</b>		
City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>
Secretary Name <b>DAVID CHIRICO</b>			Treasurer Name <b>DAVID CHIRICO</b>		
Street Address <b>349 HOWARD AVE.</b>			Street Address <b>349 HOWARD AVE.</b>		
City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			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
<b>600 COMM NO PAR VALUE</b>			<b>NONE</b>		

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



\* 6 2 7 3 5 \*

File Date **1-12-04**  
Check No. **13392**  
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   
Date **1-9-04**  
Print or Type Name of Officer  
**DAVID CHIRICO**  
Title of Officer  
**PRESIDENT**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: 850.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **62735** 2. Name of Corporation **CHIRICO CONSTRUCTION COMPANY INC.**  
3. Street Address Principal Business Office **101 WEST MAIN RD SUITE A** City **WARWICK** State **RI** Zip **02886**  
4. Business Phone No. **401-823-5334** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **59**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**General Contractor**

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

President Name <b>DAVID CHIRICO</b> Street Address <b>349 HOWARD AVE</b> City <b>HOPE</b> State <b>RI</b> Zip <b>02831</b>	Vice President Name <b>DAVID CHIRICO</b> Street Address <b>349 HOWARD AVE</b> City <b>HOPE</b> State <b>RI</b> Zip <b>02831</b>
Secretary Name <b>DAVID CHIRICO</b> Street Address <b>349 HOWARD AVE</b> City <b>HOPE</b> State <b>RI</b> Zip <b>02831</b>	Treasurer Name <b>DAVID CHIRICO</b> Street Address <b>349 HOWARD AVE</b> City <b>HOPE</b> State <b>RI</b> Zip <b>02831</b>

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

Director Name <b>NONE</b> Street Address <b>NONE</b> City _____ State _____ Zip _____	Director Name <b>NONE</b> Street Address <b>NONE</b> City _____ State _____ Zip _____
Director Name <b>NONE</b> Street Address <b>NONE</b> City _____ State _____ Zip _____	Director Name <b>NONE</b> Street Address <b>NONE</b> City _____ State _____ Zip _____

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 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



\* 6 2 7 3 5 \*

File Date: 1.31.03  
Check No.: 12719  
By: UP

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 1-28-03  
Print or Type Name of Officer DAVID CHIRICO  
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. 62735		2. Name of Corporation CHIRICO CONSTRUCTION COMPANY INC.			
3. Street Address Principal Business Office 780 Reservoir Ave			City Cranston	State R.I.	Zip 02910
4. Business Phone No. 401-823-5334		5. State of Incorporation RHODE ISLAND			6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island General Contractor					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Chirico			Vice President Name Loni Chirico		
Street Address 349 Howard Ave			Street Address 349 Howard Ave		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
Secretary Name David Chirico			Treasurer Name David Chirico		
Street Address 349 Howard Ave			Street Address 349 Howard Ave		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
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
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
600 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



\* 6 2 7 3 5 \*

File Date: 1-7-02  
Check No.: 11980  
By:

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 Date: 1-2-02

David Chirico  
Print or Type Name of Officer

President  
Title of Officer



**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. **62735** 2. Name of Corporation **CHIRICO CONSTRUCTION COMPANY INC.**  
3. Street Address Principal Business Office **780 Reservoir Ave** City **Cranston** State **R.I.** Zip **02910**  
4. Business Phone No. **401-823-5334** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **59**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**General Contractor**

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

President Name <b>DAVID W. CHIRICO</b> Street Address <b>349 Howard Ave.</b> City <b>Hope</b> State <b>R.I.</b> Zip <b>02831</b>	Vice President Name <b>Lori Chirico</b> Street Address <b>349 Howard Ave.</b> City <b>Hope</b> State <b>R.I.</b> Zip <b>02831</b>
Secretary Name <b>DAVID CHIRICO</b> Street Address <b>349 Howard Ave</b> City <b>Hope</b> State <b>R.I.</b> Zip <b>02831</b>	Treasurer Name <b>DAVID CHIRICO</b> Street Address <b>349 Howard Ave</b> City <b>Hope</b> State <b>R.I.</b> Zip <b>02831</b>

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

Director Name <b>NONE</b> 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

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 SHS NO PAR COM**

**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



\* 6 2 7 3 5 \*

File Date: 1/16  
Check No.: 11223  
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.

Signature of Officer: [Signature] Date: 1-5-00  
Print or Type Name of Officer: DAVID CHIRICO  
Title of Officer: PRESIDENT



**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. <b>62735</b>		2. Name of Corporation <b>CHIRICO CONSTRUCTION COMPANY INC.</b>					
3. Street Address Principal Business Office <b>788 Reservoir Ave.</b>				City <b>CRANSTON,</b>	State <b>R.I.</b>	Zip <b>02910</b>	
4. Business Phone No. <b>401-823-5334</b>			5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>59</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General contractor</b>							
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>							
President Name <b>David W. Chirico</b>				Vice President Name <b>Lori Chirico</b>			
Street Address <b>349 Howard Ave.</b>				Street Address <b>349 Howard Ave</b>			
City <b>Hope</b>	State <b>R.I.</b>	Zip <b>02831</b>	City <b>Hope</b>	State <b>R.I.</b>	Zip <b>02831</b>		
Secretary Name <b>David Chirico</b>				Treasurer Name <b>David Chirico</b>			
Street Address <b>349 Howard Ave</b>				Street Address <b>349 Howard Ave.</b>			
City <b>Hope</b>	State <b>R.I.</b>	Zip <b>02831</b>	City <b>Hope</b>	State <b>R.I.</b>	Zip <b>02831</b>		
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>							
Director Name <b>NONE</b>				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		
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>				<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
<b>600 SHS NO PAR COM</b>			<b>NONE</b>				

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



\* 6 2 7 3 5 \*

File Date: 12-28-99  
 Check No.: 10400  
 By: AMF  
 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: 12-27-99  
 Print or Type Name of Officer: David W. Chirico  
 Title of Officer: PRESIDENT

**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. <b>62735</b>		2. Name of Corporation <b>CHIRICO CONSTRUCTION COMPANY INC.</b>					
3. Street Address Principal Business Office <b>788 Reservoir Ave.</b>				City <b>CRONSTON</b>	State <b>R.I.</b>	Zip <b>02910</b>	
4. Business Phone No. <b>401-823-5334</b>			5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>59</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General Contractor</b>							
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name <b>David W. Chirico</b>				Vice President Name <b>Lori Chirico</b>			
Street Address <b>349 Howard Ave.</b>				Street Address <b>349 Howard Ave.</b>			
City <b>Hope,</b>	State <b>R.I.</b>	Zip <b>02831</b>	City <b>Hope,</b>	State <b>R.I.</b>	Zip <b>02831</b>		
Secretary Name <b>David W. Chirico</b>				Treasurer Name <b>David W. Chirico</b>			
Street Address <b>349 Howard Ave.</b>				Street Address <b>349 Howard Ave.</b>			
City <b>Hope,</b>	State <b>R.I.</b>	Zip <b>02831</b>	City <b>Hope,</b>	State <b>R.I.</b>	Zip <b>02831</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name <b>NONE</b>				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		
<b>600 SHS NO PAR COM</b>			<b>NONE</b>				

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



File Date: 1-14-99  
Check No.: 3082  
By: AMF / [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.

Signature of Officer: [Signature] Date: 1-12-99  
Print or Type Name of Officer: David W. Chirico  
Title of Officer: PRESIDENT

**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. <b>62735</b>		2. Name of Corporation <b>CHIRICO CONSTRUCTION COMPANY INC.</b>					
3. Street Address Principal Business Office <b>788 Reservoir Ave.</b>				City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02910</b>	
4. Business Phone No. <b>823-5334</b>		5. State of Incorporation <b>RHODE ISLAND</b>				6. SIC Code <b>0059</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General Contractor</b>							
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>David W. Chirico</b>				Vice President Name <b>Loni Chirico</b>			
Street Address <b>349 Howard Ave</b>				Street Address <b>349 Howard Ave</b>			
City <b>Hope,</b>	State <b>R.I.</b>	Zip <b>02831</b>		City <b>Hope</b>	State <b>R.I.</b>	Zip <b>02831</b>	
Secretary Name <b>David W. Chirico</b>				Treasurer Name <b>David W. Chirico</b>			
Street Address <b>349 Howard Ave</b>				Street Address <b>349 Howard Ave.</b>			
City <b>Hope,</b>	State <b>R.I.</b>	Zip <b>02831</b>		City <b>Hope,</b>	State <b>R.I.</b>	Zip <b>02831</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <b>(NONE)</b>				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	
<b>600 SHS NO PAR COM</b>				<b>NONE</b>			

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



**FILED**  
File Date: **JAN 29 1998**  
Check No.: **By [Signature] 2439**  
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: **1-20-98**  
Print or Type Name of Officer: **David W. Chirico**  
Title of Officer: **President**

**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. <b>62735</b>		2. Name of Corporation <b>CHIRICO CONSTRUCTION COMPANY INC.</b>			
3. Street Address Principal Business Office <b>788 Reservoir Ave</b>			City <b>CRANSTON,</b>	State <b>R.I.</b>	Zip <b>02910</b>
4. Business Phone No. <b>823-5334</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>0059/0034</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General Contractor</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>David W. Chirico</b>			Vice President Name <b>Lori Chirico</b>		
Street Address <b>349 Howard Ave.</b>			Street Address <b>349 Howard Ave</b>		
City <b>Hope,</b>	State <b>R.I.</b>	Zip <b>02831</b>	City <b>Hope</b>	State <b>R.I.</b>	Zip <b>02831</b>
Secretary Name <b>David W. Chirico</b>			Treasurer Name <b>David W. Chirico</b>		
Street Address <b>349 Howard Ave.</b>			Street Address <b>349 Howard Ave.</b>		
City <b>Hope</b>	State <b>R.I.</b>	Zip <b>02831</b>	City <b>Hope,</b>	State <b>R.I.</b>	Zip <b>02831</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name <b>SARL 92 ABUC (NONE)</b>			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
<b>10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR COM</b>			<b>(NONE)</b>		

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



\* 6 2 7 3 5 \*

File Date: 1/3/97  
Check No.: 2253  
By: KID

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: 1-1-97  
Print or Type Name of Officer: David W. Chirico  
Title of Officer: President

**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. 62735		2. NAME OF CORPORATION CHIRICO CONSTRUCTION COMPANY INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 788 Reservoir Ave.		CITY CRANSTON	STATE R.I.		
4. BUSINESS PHONE NO. 401 823-5334		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 0059		
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND General Contractor					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME David W. Chirico		VICE PRESIDENT NAME Loni Chirico			
STREET ADDRESS 349 Howard Ave.		STREET ADDRESS 349 Howard Ave.			
CITY Hope	STATE R.I.	ZIP CODE 02831	CITY Hope		
SECRETARY NAME David W. Chirico		TREASURER NAME David W. Chirico			
STREET ADDRESS 349 Howard Ave.		STREET ADDRESS 349 Howard Ave.			
CITY Hope	STATE R.I.	ZIP CODE 02831	CITY Hope		
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Same as Above		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR COM		NONE		

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: 2/16/96  
Check No: 2023  
By: *cc/yp*  
For Secretary of State Use Only

*David W. Chirico*  
Signature of Officer  
David W. Chirico  
Print or Type Name of Officer  
President  
Title of Officer  
1-1-96  
Date



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

Corporate ID: 0062735 Annual Report for the year: 1995

Name of Corporation: CHIRICO CONSTRUCTION COMPANY INC.

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

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

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

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

Phone: ( )

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

CHIRICO Construction Co., Inc.  
788 Reservoir Ave.  
CRANSTON, R.I. 02910  
Phone: (401) 823-5334

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>David W. Chirico</u>	<u>349 Howard Ave.</u>	<u>Hope, R.I.</u>	<u>02831</u>
VICE PRESIDENT <u>Lori A. Chirico</u>	<u>349 Howard Ave.</u>	<u>Hope, R.I.</u>	<u>02831</u>
SECRETARY <u>David W. Chirico</u>	<u>"</u>	<u>"</u>	<u>"</u>
TREASURER <u>David W. Chirico</u>	<u>"</u>	<u>"</u>	<u>"</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>600</u>	<u>NP</u>

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

Number of Shares	Class / Series

Date 3/1, 1995

By: David W. Chirico  
PRINT OR TYPE NAME OF OFFICER SIGNING  
TITLE OF OFFICER SIGNING

Form 31 1/95 **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.

DAVID W. CHIRICO  
788 RESERVOIR AVENUE  
CRANSTON RI 02920

**FILED**  
JUL 19 1995  
By [Signature] CK# 1852

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  
LLC: Sept 1 - Nov 1  
CORP: Jan 1 - March 1

Corporate ID 0067735 Annual Report for the year 1994

Name of Business Entity: CHIILLO CONSTRUCTION CO, INC

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number 05-0456764

For foreign entity, address and telephone number of principal office

\_\_\_\_\_

Phone 401 941-3113

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

188 RESERVOIR AVENUE  
CRANSTON, RI 02910

Phone 401 941-3113

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 communication may be directed

DAVID W. CHIILLO 941-3113

Brief statement of the character of business conducted in Rhode Island  
CONSTRUCTION (GENERAL CONTRACTOR)

Date of Organization: 12/17/90

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
<u>DAVID W. CHIILLO</u>	<u>21 BENEDETTI LANE</u>	<u>CRANSTON, RI</u>	<u>02910</u>
<u>JOLI A. CHIILLO</u>	"	"	"
<u>DAVID W. CHIILLO</u>	"	"	"
<u>DAVID W. CHIILLO</u>	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)
NUMBER <u>1000 SHRS</u>	NUMBER <u>NONE</u>
CLASS <u>NO PAR COM</u>	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR

**FILED**  
SEP 14 1994  
BY 76591288/9

Date 9/14 94 By Paul A. Chiillico  
JOLI A. CHIILLO  
President

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:  
PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

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 0062735 Annual Report for the year 1993

FIRST: The name of the corporation is CHARICO CONSTRUCTION Co, INC

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is CONSTRUCTION / GENERAL CONTRACTOR

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 188 RESERVOIR AVENUE  
CRANSTON, RI 02888

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

Name Office Address (including number, street, zip code)

Director

Director

Director

President

Vice President

Secretary

Treasurer

21 BEDFORD RD, CRANSTON, RI 02910  
"  
"  
"  
"  
"  
"

SEVENTH: Number of Shares authorized:

No. of Shares

Class

600 SHRS

NO PAR COM

Series

**FILED**

**SEP 14 1994**

**BY TRES 9128819**

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

NONE  
9/14/94

Series

Par Value  
or statement that  
shares are without  
par value

Dated 9/14/94 19

CHARICO CONSTRUCTION Co, INC  
(Name of Corporation)

By David Charico

Title 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

Corporate ID 0062135 Annual Report for the year 1992

FIRST: The name of the corporation is CHIRICO CONSTRUCTION COMPANY, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is CONSTRUCTION / GENERAL CONTRACTOR

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 788 RESERVOIR AVENUE  
CRANSTON, RI 02888

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>DAVID W. CHIRICO</u>	President	<u>21 BEDFORD, CRANSTON, RI, 02910</u>
<u>GARI H. CHIRICO</u>	Vice President	" " " " " "
<u>DAVID W. CHIRICO</u>	Secretary	" " " " " "
<u>DAVID W. CHIRICO</u>	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600 SHARES</u>	<u>NO PAR CORP</u>		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>NONE</u>			

Dated 9/14/94 19.....

CHIRICO CONSTRUCTION Co, Inc  
(Name of Corporation)  
By [Signature]  
Title President

(Report must be signed by an officer)

**FILED**  
SEP 14 1994  
BY 17659128819

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0062735 Annual Report for the year 1991

FIRST: The name of the corporation is CHIRICO CONSTRUCTION COMPANY, INC

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is CONSTRUCTION / GENERAL CONTRACTOR

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 788 RESERVOIR AVENUE  
CRANSTON, RI 02888

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

Name Office Address (including number, street, zip code)

Director

Director

Director

President

Vice President

Secretary

Treasurer

21 BEDFORD RD, CRANSTON, RI 02911  
" " " " " "  
" " " " " "  
" " " " " "

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

No. of Shares

Class

Series

600 SHARES  
NO PAR. COM

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without par value

No. of Shares

Class

Series

NONE  
9/14/94

Dated 9/14/94 19

**FILED**  
SEP 14 1994  
BY 77659128819

CHIRICO CONSTRUCTION CO, INC  
(Name of Corporation)

By David Chirico  
Title President

(Report must be signed by an officer)