



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. Corporate ID No (69735), 2. Name of Corporation (Krawiec Labor Services, Inc.), 3. Street/Address Principal Business Office (60 Pineledge Rd, Greenville, RI, 02828), 4. Business Phone No (401-934-2426), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (2238), 7. Brief Description of the Character of Business Conducted in Rhode Island (TO PROVIDE LABOR SERVICES FOR PURPOSES OF LAND CLEARING, TREE MAINTENANCE, LANDSCAPING, EXCAVATION, ETC.), 8. NAMES AND ADDRESSES OF THE OFFICERS (President and Vice President: Mark A. Krawiec), 9. NAMES AND ADDRESSES OF THE DIRECTORS (None), 10. SHARES AUTHORIZED (1,000 COMM NO PAR VALUE), 11. SHARES ISSUED (100 Common 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.

FOR SECRETARY OF STATE USE ONLY
File Date: 1-18-05
Check No: 2197
By: 2

Signature of Officer: Mark A. Krawiec
Date: 12-30-04
Print or Type Name of Officer: Mark A. Krawiec
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. <b>69735</b>		2. Name of Corporation <b>Krawiec Labor Services, Inc.</b>			
3. Street Address Principal Business Office <b>60 Pineledge Rd</b>			City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
4. Business Phone No. <b>401-934-2426</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>2238</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PROVIDE LABOR SERVICES FOR PURPOSES OF LAND CLEARING, TREE MAINTENANCE, LANDSCAPING, EXCAVATION, ETC.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Mark A. Krawiec</b>			Vice President Name <b>Mark A. Krawiec</b>		
Street Address <b>60 Pineledge Rd</b>			Street Address		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
Secretary Name <b>Mark A. Krawiec</b>			Treasurer Name <b>Mark A. Krawiec</b>		
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 <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>1,000 COMM NO PAR VALUE</b>					

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



\* 6 9 7 3 5 \*

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.

1-5-04

Check No. 2121

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 1-2-04

Signature of Officer

**MARK A. Krawiec**

Print or Type Name of Officer

**President**

Title of Officer



**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. **69735** 2. Name of Corporation **Krawiec Labor Services, Inc.**  
3. Street Address Principal Business Office **60 Pineledge Rd** City **Greenville** State **RI** Zip **02828**  
4. Business Phone No. **401-934-2426** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2238**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Payroll**

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

President Name <b>MARK A Krawiec</b>	Vice President Name <b>Same</b>
Street Address <b>60 Pineledge Rd</b>	Street Address
City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	City State Zip
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
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 <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)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>None</b>		

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: **1-13-03**  
Check No.: **2072**  
By: **fmc**

Signature of Officer: **Mark A. Krawiec** Date: **1-9-03**  
Print or Type Name of Officer: **MARK A. Krawiec**  
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. **69735**  
2. Name of Corporation **Krawiec Labor Services, Inc.**  
3. Street Address (Principal Business Office) **60 Pineledge Rd**  
4. Business Phone No. **401-934-2466**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Payroll**

City **Greenville** State **RI** Zip **02828**  
6. SIC Code **2238**

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

President Name **MARK A KRAWIEC**  
Street Address **60 Pineledge Rd**  
City **Greenville** State **RI** Zip **02828**  
Secretary Name **Same**  
Street Address  
City State Zip

Vice President Name **Same**  
Street Address  
City State Zip  
Treasurer Name **Same**  
Street Address  
City State Zip

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

Director Name **N/A**  
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  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES **N/A**  
Number of Shares Class/Series Par Value

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



\* 6 9 7 3 5 \*

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: **1/20/02**  
Check No.: **1974**  
By: **AK**  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer **Mark A Krawiec** Date **1-27-02**  
Print or Type Name of Officer **Mark A Krawiec**  
Title of Officer **President**



**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. **69735** 2. Name of Corporation **Krawiec Labor Services, Inc.**

3. Street Address Principal Business Office **60 Pineledge Rd** City **Greenville** State **RI** Zip **02828**  
4. Business Phone No. **401 934 2426** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2238**

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

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

President Name <b>MARK A. KRAWIEC</b>	Vice President Name
Street Address <b>60 Pineledge</b>	Street Address
City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	City State Zip
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 <b>Mark A Krawiec</b>	Director Name
Street Address <b>60 Pineledge Rd</b>	Street Address
City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	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  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common 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: 1/31  
Check No.: 1896  
By: [Signature]

Signature of Officer: Mark A. Krawiec Date: 1-15-01  
Print or Type Name of Officer: MARK A KRAWIEC  
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. **69735** 2. Name of Corporation **Krawiec Labor Services, Inc.**  
3. Street Address Principal Business Office **60 Pineledge Rd.** City **Greenville** State **RI** Zip **02828**  
4. Business Phone No. **401-934-2426** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2238**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Arborist Tree Trimming Land clearing**

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

President Name <b>Mark A. Krawiec</b>	Vice President Name <b>None</b>
Street Address <b>60 Pineledge Rd</b>	Street Address <b>None</b>
City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>
Secretary Name <b>None</b>	Treasurer Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>

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

Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b> State <b>None</b> Zip <b>None</b>	City <b>None</b> State <b>None</b> Zip <b>None</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>None</b>		<b>0</b>

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



\*PAID 35\*

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: **JAN 19 2000**

Signature of Officer: **Mark A. Krawiec** Date: **1-2-2000**

Check No.: **SECY OF STATE**

Print or Type Name of Officer: **Mark A. Krawiec**

By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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. **69735** 2. Name of Corporation **Krawiec Labor Services, Inc.**  
3. Street Address Principal Business Office **60 Pineledge Road** City **Glocester** State **R.I.** Zip **02828**  
4. Business Phone No. **934-2426** 5. State of Incorporation **Rhode Island** 6. SIC Code **2238**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Labor for tree removal**

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

President Name <b>Mark Krawiec</b>	Vice President Name
Street Address <b>60 Pineledge Road</b>	Street Address
City <b>Glocester</b> State <b>R.I.</b> Zip <b>02828</b>	City State Zip
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)**

Director Name <b>Mark Krawiec</b>	Director Name
Street Address <b>60 Pineledge Road</b>	Street Address
City <b>Glocester</b> State <b>R.I.</b> Zip <b>02828</b>	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
<b>1,000 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No-Par</b>

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: 1/19/99

Check No.: 1748

By: [Signature]

Signature of Officer: Mark Krawiec Date: 2-16-99

Print or Type Name of Officer: Mark Krawiec

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. **69735** 2. Name of Corporation **Krawiec Labor Services, Inc.**  
3. Street Address Principal Business Office **60 Pinelodge Rd.** City **Glocester** State **RI** Zip **02828**  
4. Business Phone No. **934-2426** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2238**

7. Brief Description of the Character of Business Conducted in Rhode Island.  
**LABOR for tree removal**

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

President Name <b>MARK KRAWIEC</b>	Vice President Name <b>(Same)</b>
Street Address <b>60 Pinelodge Rd.</b>	Street Address <b>(Same)</b>
City <b>Glocester RI 02828</b>	City <b>(Same)</b>
Secretary Name <b>(Same)</b>	Treasurer Name <b>(Same)</b>
Street Address <b>(Same)</b>	Street Address <b>(Same)</b>
City <b>(Same)</b>	City <b>(Same)</b>

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

Director Name <b>MARK KRAWIEC</b>	Director Name
Street Address <b>60 Pinelodge Rd</b>	Street Address
City <b>Glocester RI 02820</b>	City
Director Name	Director Name
Street Address	Street Address
City	City

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>NO-PAR</b>

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: **1-5-98**  
Check No.: **01682**  
By: **KD**

Signature of Officer: **Mark Krawiec** Date: **1-5-98**  
Print or Type Name of Officer: **MARK KRAWIEC**  
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. **69735** 2. Name of Corporation **Krawiec Labor Services, Inc.**  
3. Street Address Principal Business Office **60 Pineledge Rd** City **Glocester** State **RI** Zip **02828**  
4. Business Phone No. **934-2426** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2238**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**LABOR FOR TREE REMOVAL**

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

President Name <b>MARK KRAWIEC</b>	Vice President Name
Street Address <b>60 Pineledge Rd.</b>	Street Address
City <b>Glocester</b> State <b>RI</b> Zip <b>02828</b>	City State Zip
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)**

Director Name <b>MARK KRAWIEC</b>	Director Name
Street Address <b>60 Pineledge Rd.</b>	Street Address
City <b>Glocester</b> State <b>RI</b> Zip <b>02828</b>	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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>

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: 11/97  
Check No.: 01590..  
By: (Signature)  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Mark Krawiec Date: 12-27-96  
Print or Type Name of Officer: MARK KRAWIEC  
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. 69735		2. NAME OF CORPORATION Krawiec Labor Services, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 60 Pineledge Rd.			CITY Gloucester	STATE RI	ZIP CODE 02828
4. BUSINESS PHONE NO. 934-2426		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND LABOR for tree removal					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME MARK KRAWIEC			VICE PRESIDENT NAME		
STREET ADDRESS 60 Pineledge Rd.			STREET ADDRESS		
CITY Gloucester	STATE RI	ZIP CODE 02828	CITY	STATE	ZIP CODE
SECRETARY NAME			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME MARK KRAWIEC			DIRECTOR NAME		
STREET ADDRESS 60 Pineledge Rd.			STREET ADDRESS		
CITY Gloucester	STATE RI	ZIP CODE 02828	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
1,000 SHS COMM NO PAR VAL			100	COMMON	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:

1/22/96

Check No:

1580

By:

*[Signature]*

For Secretary of State Use Only

Signature of Officer

*[Signature]*

Print or Type Name of Officer

MARK KRAWIEC

Title of Officer

President

Date

1-19-96



FILED

JAN 10 1995

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

By MA

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

Corporate ID: 0069735 Annual Report for the year: 1995

Name of Corporation: Krawiec Labor Services, Inc.

Business entity organized under the laws of the State of: \_\_\_\_\_

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

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

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

LABOR FOR TREE REMOVAL

60 Pine Ledge Road  
 GLOCESTER, RI

Phone: (401) 934-2426

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT MARK KRAWIEC STREET ADDRESS 60 Pineledge Road CITY/STATE GLOCESTER RI ZIP CODE \_\_\_\_\_

VICE PRESIDENT \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SECRETARY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TREASURER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**THE NAMES OF THE DIRECTORS ARE:**

NAME MARK KRAWIEC STREET ADDRESS 60 Pineledge Road CITY/STATE Glocester RI 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 ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>1000</u>	<u>NO - PAR COMMON</u>

Number of Shares	Class / Series
<u>100</u>	<u>NO PAR COMMON</u>

Date 1-6, 19 95

By MA Mark A. Krawiec  
 PRINT OR TYPE NAME OF OFFICER SIGNING MARK A. KRAWIEC

TITLE OF OFFICER SIGNING President

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.

~~ALFRED A. RUSSO, JR.~~  
 1187 ATWOOD AVENUE  
 JOHNSTON RI 02919

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: 0069755 Annual Report for the year: 1994

Name of Business Entity: Krawiec Labor Services, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

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):

60 PINE LEDGE ROAD  
GLOUCESTER, RI

Phone: (401) 934-2426

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:

Alfred A Russo Jr. Esq  
1184 Atwood Avenue  
Johnston RI 02919

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

LABOR FOR TIME  
REMOVAL

Date of Organization: 9-25-92  
Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR  PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
MARK KRAWIEC 60 Pine Ledge Road Gloicester RI

CHIEF OPERATING OFFICER OR  VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CLERK OF RECORDS OR  SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CHIEF FINANCIAL OFFICER OR  TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE  
MARK KRAWIEC 60 Pineledge Road Gloicester RI

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>1000</u>	NUMBER	<u>100</u>
CLASS	<u>Common</u>	CLASS	<u>COMMON</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>No PAR</u>	PAR VALUE OR WITHOUT PAR	<u>No PAR</u>

**FILED**  
MAR 01 1994

By MARK KRAWIEC

Date January 29, 19 94

By Mark A. Krawiec

MARK A. Krawiec  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 9-1994  
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 must be filed.

ALFRED A. RUSSO, JR.  
1184 ATWOOD AVENUE  
JOHNSTON RI 02919

Filing Fee \$50.00

10207B

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 0052735 Annual Report for the year 1993

FIRST: The name of the corporation is Krawiec Labor Services, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Labor Services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island P.O. Box 318 Greenville, RI 02828

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

Name	Office	Address (including number, street, zip code)
Mark A. Krawiec	Director	P.O. Box 318 Greenville, RI 02828
	Director	
	Director	
Mark A. Krawiec	President	P.O. Box 318 Greenville, RI 02828
	Vice President	
	Secretary	
Mark A. Krawiec	Treasurer	P.O. Box 318 Greenville, RI 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			\$1.00

**PAID**  
MAR 10 1993  
SECRETARY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
0			

Dated March 8, 19 93. Krawiec Labor Services, Inc.

(Name of Corporation)

By Mark A. Krawiec

Title President

(Report must be signed by an officer)