



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. (72236), 2. Name of Corporation (DIROCCO MASONRY & CONSTRUCTION, INC.), 3. Street Address (1175 Central Avenue), 4. Business Phone No. ((401) 764-0010), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (299), 7. Brief Description of the Character of Business (BUSINESS OF MASONRY, GENERAL CONSTRUCTION), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Angela DiRocco, Vice President: Amedeo DiRocco, Secretary: Amedeo DiRocco, Treasurer: Robert Buckley), 9. NAMES AND ADDRESSES OF THE DIRECTORS (NONE), 10. SHARES AUTHORIZED (1,000 COMM NO PAR VALUE), 11. SHARES ISSUED (100 common, no par value).

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



72236

File Date: 1-20-05
Check No.: 3648
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: Angela DiRocco
Date: 1/15/05

Angela DiRocco

Print or Type Name of Officer
President

Title of Officer



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. 72236		2. Name of Corporation DIROCCO MASONRY & CONSTRUCTION, INC.			
3. Street Address Principal Business Office 1175 Central Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 764-0010		5. State of Incorporation RHODE ISLAND			6. SIC Code 299
7. Brief Description of the Character of Business Conducted in Rhode Island Masonry, general construction and other lawful purpose					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Angela DiRocco			Vice President Name Amedeo DiRocco		
Street Address 1175 Central Avenue			Street Address 1175 Central Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Amedeo DiRocco			Treasurer Name Robert Buckley		
Street Address same as above			Street Address 785 Lapham Farm Road		
City Johnston	State RI	Zip 02919	City Pascoag	State RI	Zip 02919
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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	common	no par value	100	common	no par value

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

File Date 3/11/04
Check No. 3722
By: SC
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.

Angela DiRocco 3/13/04
Signature of Officer Date
Angela DiRocco
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. **72236** 2. Name of Corporation **DIROCCO MASONRY & CONSTRUCTION, INC.**
3. Street Address Principal Business Office **1175 Central Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 764-0010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**
7. Brief Description of the Character of Business Conducted in Rhode Island

Masonry, general construction and other lawful purpose

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

President Name	Angela M. DiRocco			Vice President Name	Amedeo DiRocco		
Street Address	1175 Central Avenue			Street Address	1175 Central Avenue		
City	State	Zip		City	State	Zip	
	Johnston	RI	02919		Johnston	RI	02919
Secretary Name	Amedeo DiRocco			Treasurer Name	Angela DiRocco		
Street Address	same as above			Street Address	same as above		
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	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)

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

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

ISSUED SHARES	Class/Series	Par Value
100	common	no par value

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



* 7 2 2 3 6 *

File Date: 2/4/03
Check No.: 3340
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.

Angela DiRocco 1-30-03
Signature of Officer Date

Angela DiRocco
Print or Type Name of Officer
president
Title of Officer



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. **72236** 2. Name of Corporation **DIROCCO MASONRY & CONSTRUCTION, INC.**
 3. Street Address Principal Business Office City State Zip
1175 Central Avenue Johnston RI 02919
 4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 764-0010 RHODE ISLAND 299
 7. Brief Description of the Character of Business Conducted in Rhode Island

Masonry, general construction, and other lawful purpose

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

President Name Angela M. DiRocco Street Address 1175 Central Avenue City State Zip Johnston RI 02919 Secretary Name Amedeo DiRocco Street Address same as above City State Zip	Vice President Name Amedeo DiRocco Street Address 1175 Central Avenue City State Zip Johnston RI 02919 Treasurer Name Angela DiRocco Street Address same as above City State Zip
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE 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	Number of Shares	Class/Series	Par Value
	100	common	no par value

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



* 7 2 2 3 6 *

File Date: 2/20/02
 Check No.: 3071
 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: Angela DiRocco Date: 2/15/02

Print of Type Name of Officer: Angela DiRocco
 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. 72236
2. Name of Corporation **DIROCCO MASONRY & CONSTRUCTION, INC.**
3. Street Address Principal Business Office 1175 Central Avenue
City Johnston State RI Zip 02919
4. Business Phone No. (401) 764-0010
5. State of Incorporation RHODE ISLAND
6. SIC Code 299

7. Brief Description of the Character of Business Conducted in Rhode Island
Masonry, general construction, and other lawful purpose

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

President Name Angela M. DiRocco	Vice President Name Amedeo DiRocco
Street Address 1175 Central Avenue	Street Address 1175 Central Avenue
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Amedeo DiRocco	Treasurer Name Angela DiRocco
Street Address same as above	Street Address same as above
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 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)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	common	no par value

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no par value

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

File Date: 3-12-01
Check No.: 2813
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: Angela DiRocco Date: 2/28/01

Print or Type Name of Officer: Angela DiRocco

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. **72236** 2. Name of Corporation **DIROCCO MASONRY & CONSTRUCTION, INC.**
3. Street Address Principal Business Office City State Zip
10 Netherlands Avenue Cranston RI 02905
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 461-3345 RHODE ISLAND 299

7. Brief Description of the Character of Business Conducted in Rhode Island
Masonry, general construction and other lawful purpose

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

President Name Angela M. DiRocco	Vice President Name Amedeo DiRocco
Street Address 19 Netherlands Avenue	Street Address 19 Netherlands Avenue
City State Zip Cranston RI 02905	City State Zip Cranston RI 02905
Secretary Name Amedeo DiRocco	Treasurer Name Angela DiRocco
Street Address same as above	Street Address same as above
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 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)

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

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON	no par value

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



* 7 2 2 3 6 *

File Date: _____ **PAID**
Check No.: **2443** **JAN 31 2000**
By: **GAN** **SECRETARY OF STATE**
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.

Angela DiRocco 1/26/00
Signature of Officer Date
Angela DiRocco
Print or Type Name of Officer
President.
Title of Officer

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. **72238** 2. Name of Corporation **DIROCCO MASONRY & CONSTRUCTION, INC.**
3. Street Address Principal Business Office City State Zip
19 Netherlands Avenue Cranston RI 02905
4. Business Phone No. (401) 461-3345 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **289**
7. Brief Description of the Character of Business Conducted in Rhode Island

Masonry, general construction and other lawful purpose

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

President Name	Vice President Name
Angela M. DiRocco	Amedeo DiRocco
Street Address	Street Address
19 Netherlands Avenue	19 Netherlands Avenue
City State Zip	City State Zip
Cranston RI 02905	Cranston RI 02905
Secretary Name	Treasurer Name
Amedeo DiRocco	Angela DiRocco
Street Address	Street Address
same as above	same as above
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
NONE	
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
1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par value

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



File Date: Mar 2 1999
Check No.: 2060
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.
Angela M. DiRocco 3/24/99
Signature of Officer Date
Angela M. DiRocco
Print or Type Name of Officer
President
Title of Officer

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. **72236** 2. Name of Corporation **DIROCCO MASONRY & CONSTRUCTION, INC.**
3. Street Address Principal Business Office **19 Netherlands Avenue** City **Cranston** State **RI** Zip **02905**
4. Business Phone No. **(401) 461-3345** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0299**

7. Brief Description of the Character of Business Conducted in Rhode Island
masonry, general construction and other lawful purposes

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

President Name Angela M. DiRocco	Vice President Name Amedeo DiRocco
Street Address 19 Netherlands Avenue	Street Address 19 Netherlands Avenue
City Cranston State RI Zip 02905	City Cranston State RI Zip 02905
Secretary Name Amedeo DiRocco	Treasurer Name Angela M. DiRocco
Street Address same as above	Street Address same as above
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

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)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS	COMM	NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par value

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



File Date: 3.23.98
Check No.: 769
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.

Angela M. DiRocco
Signature of Officer Date
Angela M. DiRocco
Print or Type Name of Officer
President
Title of Officer



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. 72236		2. Name of Corporation DIROCCO MASONRY & CONSTRUCTION, INC.		
3. Street Address Principal Business Office 19 Netherlands Avenue		City Cranston	State RI	Zip 02905
4. Business Phone No. (401) 461-3345		5. State of Incorporation RHODE ISLAND		6. SIC Code 0299

7. Brief Description of the Character of Business Conducted in Rhode Island
masonry, general construction and other lawful purposes.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Angela M. DiRocco		Vice President Name Amedeo DiRocco		
Street Address 19 Netherlands Avenue		Street Address 19 Netherlands Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI
Secretary Name Amedeo DiRocco		Treasurer Name Angela M. DiRocco		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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 AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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 value

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



File Date: 2-25-97
Check No.: 353
By: ICP

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.

Angela M. DiRocco 2/21/97
Signature of Officer Date
Angela M. DiRocco
Print or Type Name of Officer
President
Title of Officer

**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. 72236		2. NAME OF CORPORATION DIROCCO MASONRY & CONSTRUCTION, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 19 Netherlands Avenue		CITY Cranston	STATE RI
		ZIP CODE 02905	
4. BUSINESS PHONE NO. (401) 461-3345		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 0299	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND masonry, general construction and other law purposes			

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Angela M. DiRocco			VICE PRESIDENT NAME Amedeo DiRocco		
STREET ADDRESS 19 Netherlands Avenue			STREET ADDRESS 19 Netherlands Avenue		
CITY Cranston	STATE RI	ZIP CODE 02905	CITY Cranston	STATE RI	ZIP CODE 02905
SECRETARY NAME Amedeo DiRocco			TREASURER NAME Angela M. DiRocco		
STREET ADDRESS Same as Above			STREET ADDRESS Same as Above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	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 Value

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:

4/16/96

Check No:

1417

By:

Handwritten signature

For Secretary of State Use Only

Signature of Officer

Angela M. DiRocco

Angela M. DiRocco

Print or Type Name of Officer

President

Title of Officer

4/12/96
Date

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

0072236

Corporate ID: _____ Annual Report for the year: 1995

Name of Corporation: DIROCCO MASONRY & CONSTRUCTION, INC.

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:

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

Phone: () _____
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
19 Netherlands Avenue
Cranston, RI 02905
 Phone: (401) 461-3345

Brief statement of the character of business conducted in Rhode Island:
masonry, general construction and other
lawful purposes

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Angela M. DiRocco	19 Netherlands Ave., Cranston, RI	02905	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Amedeo DiRocco	19 Netherlands Ave., Cranston, RI	02905	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Amedeo DiRocco	Same as Above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Angela M. DiRocco	Same as Above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NONE			
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	Number of Shares	Class / Series
1,000	Common, Without Par Value	100	Common, Without Par Value

Date January 2, 19 95
 By: Angela M. DiRocco Pres.
 Angela M. DiRocco
 PRINT OR TYPE NAME OF OFFICER SIGNING
 PRESIDENT
 TITLE OF OFFICER SIGNING

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.

MICHAEL A. ST. PIERRE
 946 CENTERVILLE ROAD
 WARWICK RI 02886

PAID
 JAN 26 1995
 DP 002341
 SECRETARY OF STATE

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

1039
\$50 9B

File Annually
LLC: Sept 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0072236 Annual Report for the year: 1994
Name of Business Entity: DIROCCO MASONRY & CONSTRUCTION, INC.

Business entity organized under the laws of the State of: Rhode Island
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)
19 Netherlands Avenue
Cranston, RI 02905
Phone: (401) 461-3345

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:
Revens, Lanni, Revens & St. Pierre
946 Centerville Rd.
Warwick, RI 02886
Brief statement of the character of business conducted in Rhode Island:
masonry, general construction and other
lawful purposes
Date of Organization: 4/23/93
Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check one)	Angela M. DiRocco	19 Netherlands Ave.,	Cranston,	RI	02905
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (check one)	Amedeo DiRocco	19 Netherlands Ave.,	Cranston,	RI	02905
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (check one)	Amedeo DiRocco	Same as Above			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (check one)	Angela M. DiRocco	Same as Above			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
NONE				

NUMBER OF SHARES AUTHORIZED (if Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)	
NUMBER	1000	NUMBER	100
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	Without Par Value	PAR VALUE OR WITHOUT PAR	Without Par Value

DIROCCO MASONRY & CONSTRUCTION, INC.
By: Angela M. DiRocco

Date: January 3 1994