



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  
401.222.3044

**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)

1. Corporate ID No 117137		2. Name of Corporation STEPHEN'S MASONRY, INC.			
3. Street Address Principal Business Office 950 Smith Street			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 421-1170		5. State of Incorporation RHODE ISLAND			6. SIC Code 299
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON AND CONDUCT A GENERAL MASONRY AND CONSTRUCTION BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Feole			Vice President Name Stephen Feole		
Street Address P.O. Box 19704			Street Address P.O. Box 19704		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Stephen Feole			Treasurer Name Stephen Feole		
Street Address P.O. Box 19704			Street Address P.O. Box 19704		
City Johnston	State RI	Zip 02919	City Johnston	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			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
1,000 NO PAR VALUE			100 SHS	Common	No Par

05 FEB 18 AM 8:39  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

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



File Date 2/18/05  
 Check No. 7326  
 By: W.  
 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 hereon are true and correct.

Stephen A Feole II 2/14/05  
 Signature of Officer Date  
 Stephen Feole  
 Print or Type Name of Officer  
 President  
 Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-133  
401.222.304

**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. 117137		2. Name of Corporation STEPHEN'S MASONRY, INC.			
3. Street Address Principal Business Office 950 Smith Street			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 421-1170		5. State of Incorporation RHODE ISLAND			6. SIC Code 299

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO CARRY ON AND CONDUCT A GENERAL MASONRY AND CONSTRUCTION BUSINESS

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

President Name Stephen Feole			Vice President Name Stephen Feole		
Street Address P.O. Box 19704			Street Address P.O. Box 19704		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Stephen Feole			Treasurer Name Stephen Feole		
Street Address P.O. Box 19704			Street Address P.O. Box 19704		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919

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

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)  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	
1,000	NO PAR VALUE		100	SHS	Common	No Par

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



\* 1 1 7 1 3 7 \*

File Date 2/13/04  
Check No. 6720  
By: KMS  
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 Stephen Feole II Date 2/4/04  
Print or Type Name of Officer  
Stephen Feole  
President  
Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1333  
401-222-3046



**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. 117137  
2. Name of Corporation STEPHEN'S MASONRY, INC.  
3. Street Address Principal Business Office 950 Smith Street Providence RI 02908  
4. Business Phone No. (401) 421-1170  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 0299

7. Brief Description of the Character of Business Conducted in Rhode Island  
To conduct a general masonry & construction business.

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

President Name Stephen Feole Street Address P.O. Box 19704 City Johnston RI 02919	Vice President Name Stephen Feole Street Address P.O. Box 19704 City Johnston RI 02919
Secretary Name Stephen Feole Street Address P.O. Box 19704 City Johnston RI 02919	Treasurer Name Stephen Feole Street Address P.O. Box 19704 City Johnston RI 02919

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000 NO PAR VALUE	Common	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100 SHS	Common	No Par

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



\* 1 1 7 1 3 7 \*

File Date: 2-17-03

Check No.: 5807

By: KMC

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: Stephen A. Feole II Date: 1-27-03

Print or Type Name of Officer: Stephen Feole  
President

