

Matthew A. Brown, Secretary of State Corporations Dussian 148 W. Ruer St. Providence, Rt 02904-2615 401 222 3049

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. i Corporate ID No. 2 Name of Corporation 130339 BRISTOL CONCRETE CUTTING COMPANY 3. Street Address Principal Business Office 14 WENDY DRIVE BRISTOL RI 02809 4. Business Phone No. 5 State of Incorporation 401-254-6161 6 Brief Description of the Character of Business Conducted in Rhode Island CONCRETE AND ASPHALT CUTTING 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name MANUEL FURTADO MANUEL FURTADO Street Address Street Address 14 WENDY DRIVE 14 WENDY DRIVE CR1State Cur BRISTOL RI 02809 BRISTOL RI 02809 Secretary Name Treasurer Name MANUEL FURTADO MANUEL FURTADO Street Address Street Address 14 WENDY DRIVE 14 WENDY DRIVE Car City State BRISTOL RI 02809 BRISTOL RI 02809 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name MANUEL FURTADO Street Address Street Address 14 WENDY DRIVE Citr State 140 215 **BRISTOL** RI 02809 Director Name Director Name Street Address Street Address City State 7.15 City 7.0 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) □ AUTHORIZED SHARES ISSUED SHARES Attention of Shares Citis Series Par value Number of Shares GaseSeries Par Value 1000 COMMON NO PAR VALUE 100 SHARES COMMON NO PAR This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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] FI FI S. 17 Check No MANUEL FURTADO Print or Type Name PRESIDENT FOR SECRETARY OF STATE USE ONLY Tule Form 630 Rev. 12/05



FOR SECRETARY OF STATE USE ONLY

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

Corporations Divisio 100 North Main Stree Providence, RI 02903-133

401.222.304

| R |)F | IT | CO | RP | OF | RA' | TIC | NC | AN | INI | UA | L | RE | P | OR1 | FO: | R | THE | YEAR | 2004 | | |
|---|----|----|----|----|----|-----|-----|----|----|-----|----|---|----|---|-----|-----|---|-----|------|----------|--|--|
| | _ | | _ | | | _ | | | | | | | | | | | | | | | | |

| FROFTT CORPO Filing Period: January 1 - 1 (FORM MUST BE TYPED OR PRI | March I • Fill | NUAL KEPUR ing Fee: \$50.00 | CI FUR THE YEA | .K | <u>† </u> | | | | | | | |
|--|--|--------------------------------|-------------------------------|--------------------------------|---|--|--|--|--|--|--|--|
| 1. Corporate ID No. | 2. Name of Corporation | · · · · · · | | | | | | | | | | |
| 130339 | Bristol Concre | | | | | | | | | | | |
| 3 Street Address Principal Business | | | City | State | Zip | | | | | | | |
| | ETACOM | Ave | Bristol | RI | 02809 | | | | | | | |
| 4 Business Phone No. | | 5. State of Incorporation | n | | 6. SIC Code | | | | | | | |
| 401-254-6 | | RHODE ISLAND | | | | | | | | | | |
| 7 Brief Description of the Characte CUTTING CONCRETE | r of Business Conducted ii AND ASPHALT CUTT | n Rhode Island ING | | | | | | | | | | |
| 8. NAMES AND ADDRESSE President Name | S OF THE OFFICER | S: ("X" BOX FOR AT | TACHMENT) | SPACES BEFORE USING | G ATTACHMENTS | | | | | | | |
| MANUEL | FULTER | \ | | | | | | | | | | |
| Street Address | FURTAL | | Sirver Address | | | | | | | | | |
| | ENDY DI | ~ | | ENDY Dr | | | | | | | | |
| City | State | Zip | : City | Siate | Zip | | | | | | | |
| Bristol |] RZ | 02809 | Bristol | PF | 02809 | | | | | | | |
| Secretary Name | | • | Treasurer Name | | | | | | | | | |
| MANUR Street Address | 1 Furta | ρ0 | SIRCEL Address | | | | | | | | | |
| 1 | NDY DI | _ | · _ | METACOM | Ave | | | | | | | |
| City R vic col | NDY DI | Zip | City | State N 3 | Zip | | | | | | | |
| 13713101 | 1 177- | 02809 | 1StisTul | 124 | 07809 | | | | | | | |
| 9. NAMES AND ADDRESSE Director Name | S OF THE DIRECTO | DRS: ("X" BOX FOR A | · • | N SPACES BEFORE USI | NG ATTACHMENTS | | | | | | | |
| MANUEL | FURTADO | . | Director Name | | | | | | | | | |
| Sirvei Address | PUTT ADO | <u></u> | Street Address | | | | | | | | | |
| | ENDY | 1) r | | | | | | | | | | |
| City Russell | State | 21p (2) 809 | City | State | Zip | | | | | | | |
| Director Name | 12,4-7 | 1 02801 | Director Name | | | | | | | | | |
| | | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | |
| | | | | | | | | | | | | |
| Cuy | State | Zip | Cup | State | Zip | | | | | | | |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES | ("X" BOX FOR AT | TACHMENT) | : 11. SHARES ISSUED (| ("X" BOX FOR ATTACH | MENT) | | | | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | | | | | | | |
| 1,000 NO PAR VALUE | - | \bigcirc | MANIA | | | | | | | | | |
| 1,000 NO PAR TALUE | | | None | | | | | | | | | |
| | | | | | | | | | | | | |
| This report must be | cionad in ink hy ai | ther the Descident Vice | Drasidant Cassatoni Vasiata | | Danaiwa a Tayataa | | | | | | | |
| rins report must be | signed in the by ch | mer me rresident, vice | President, Secretary, Assista | int Secretary, Treasurer. | Receiver or trustee | | | | | | | |
| | | 1611 1 98 1 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Hadar assalts of as | river. I dealess and office th | not I have avanished this cons | | | | | | | |
| | (1 3 A 3 7 7 7 7 1 | | | | nat I have examined this report tements, and that all statemen | | | | | | | |
| , , , , , | | 7 " | contained herein are | | , , , | | | | | | | |
| File Date 61404 | | _ | Man | rel Furtaclo | 1/15/04 | | | | | | | |
| 7.1 | | | Signature of Officer | | Date | | | | | | | |
| Check No. To | · · · · · · · · · · · · · · · · · · · | - 1 | MANUE | 1 FireToni | | | | | | | | |
| Ву: | | | Print or Type Nume of Officer | | | | | | | | | |