



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)

1. Corporate ID No 73439		2. Name of Corporation F.W. MADIGAN COMPANY, INC.			
3. Street Address Principal Business Office 54 Mason Street, P.O. Box 20670			City Worcester	State MA	Zip 01602
4. Business Phone No. 508-753-1459		5. State of Incorporation MASSACHUSETTS			6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM GENERAL CONTRACTING SERVICES WHEN AWARDED CONTRACTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Francis W. Madigan III			Vice President Name —		
Street Address 125 Cranbrook Dr.			Street Address		
City Holden	State MA	Zip 01520	City	State	Zip
Secretary Name Francis W. Madigan III			Treasurer Name James E. Madigan		
Street Address 125 Cranbrook Dr.			Street Address 32 Oakwood Ave.		
City Holden	State MA	Zip 01520	City Sudbury	State MA	Zip 01776
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Francis W. Madigan III			Director Name James E. Madigan		
Street Address 125 Cranbrook Dr.			Street Address 32 Oakwood Ave.		
City Holden	State MA	Zip 01520	City Sudbury	State MA	Zip 01776
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
500 COMM NO PAR VALUE			250	Common	No Par

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



File Date	2-2-05
Check No.	7433
By:	<i>[Signature]</i>
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]*  
Signature of Officer  
Francis W. Madigan III President  
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 02903-1335  
401.222.3040

**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. 73439		2. Name of Corporation F.W. MADIGAN COMPANY, INC.			
3. Street Address Principal Business Office 54 Mason Street, PO Box 20670			City Worcester	State MA	Zip 01602
4. Business Phone No. (508) 753-1459		5. State of Incorporation MASSACHUSETTS			6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM GENERAL CONTRACTING SERVICES WHEN AWARDED CONTRACTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Francis W. Madigan III			Vice President Name James E. Madigan		
Street Address 125 Cranbrook Drive			Street Address 32 Oakwood Avenue		
City Holden	State MA	Zip 01520	City Sudbury	State MA	Zip 01776
Secretary Name Francis W. Madigan III			Treasurer Name James E. Madigan		
Street Address 125 Cranbrook Drive			Street Address 32 Oakwood Avenue		
City Holden	State MA	Zip 01520	City Sudbury	State MA	Zip 01776
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Francis W. Madigan III			Director Name James E. Madigan		
Street Address Same as above			Street Address same as above		
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
500 COMM NO PAR VALUE					
500 Common No Par Value			500	Common	None

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



\* 7 3 4 3 9 \*

File Date 22.04  
19703  
Check No.    
By: JP

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.

Francis W. Madigan III 1/30/04  
Signature of Officer Date

Francis W. Madigan III  
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 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 73439		2. Name of Corporation F.W. Madigan Company, Inc.			
3. Street Address Principal Business Office 54 Mason Street P.O. Box 20670		City Worcester	State MA	Zip 01602	
4. Business Phone No. 508-753-1459		5. State of Incorporation Massachusetts			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 Francis W. Madigan III		Vice President Name James E. Madigan			
Street Address 125 Cranbrook Drive		Street Address 32 Oakwood Avenue			
City Holden	State MA	Zip 01520	City Sudbury	State MA	Zip 01776
Secretary Name Francis W. Madigan III		Treasurer Name James E. Madigan			
Street Address 125 Cranbrook Drive		Street Address 32 Oakwood Avenue			
City Holden	State MA	Zip 01520	City Sudbury	State MA	Zip 01776
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Francis W. Madigan III		Director Name James E. Madigan			
Street Address 125 Cranbrook Drive		Street Address 32 Oakwood Avenue			
City Holden	State MA	Zip 01520	City Sudbury	State MA	Zip 01776
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
500	Common No Par Value		500	Common	None

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

File Date

9-2-03

Check No.

19432

By:

2

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.

8/28/03

Signature of Officer

Date

Francis W. Madigan III

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 02903-1335  
401-222-3040



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.

73439

2. Name of Corporation

F.W. MADIGAN COMPANY, INC.

3. Street Address Principal Business Office

54 Mason Street P.O. Box 20670

City

Worcester

State

Massachusetts

Zip

01602

4. Business Phone No.

508-753-1459

5. State of Incorporation

MASSACHUSETTS

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

Francis W. Madigan III

Street Address

125 Cranbrook Drive

City

Holden

State

MA

Zip

01520

Vice President Name

James E. Madigan

Street Address

32 Oakwood Avenue

City

Sudbury

State

MA

Zip

01776

Secretary Name

Francis W. Madigan III

Street Address

125 Cranbrook Drive

City

Holden

State

MA

Zip

01520

Treasurer Name

James E. Madigan

Street Address

32 Oakwood Avenue

City

Sudbury

State

MA

Zip

01776

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

Director Name

Francis W. Madigan III

Street Address

125 Cranbrook Drive

City

Holden

State

MA

Zip

01520

Director Name

James E. Madigan

Street Address

32 Oakwood Avenue

City

Sudbury

State

MA

Zip

01776

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

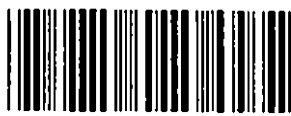
Par Value

500

Common

None

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



\* 7 3 4 3 9 \*

File Date: 1-23-02

Check No: 18041

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] 1/22/02  
Signature of Officer Date

Francis W. Madigan III

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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. **73439** 2. Name of Corporation **F.W. MADIGAN COMPANY, INC.**

3. Street Address Principal Business Office **54 Mason Street P.O. Box 20670** City **Worcester** State **MA** Zip **01602**

4. Business Phone No. **(508) 753-1459** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **59**

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

**General Contracting Services**

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

President Name

**Francis W. Madigan III**

Street Address

**125 Cranbrook Drive**

City **Holden** State **MA** Zip **01520**

Secretary Name

**Francis W. Madigan III**

Street Address

**125 Cranbrook Drive**

City **Holden** State **MA** Zip **01520**

Vice President Name

**James E. Madigan**

Street Address

**32 Oakwood Avenue**

City **Sudbury** State **MA** Zip **01776**

Treasurer Name

**James E. Madigan**

Street Address

**32 Oakwood Avenue**

City **Sudbury** State **MA** Zip **01776**

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

Director Name

**Francis W. Madigan III**

Street Address

**125 Cranbrook Drive**

City **Holden** State **MA** Zip **01520**

Director Name

**James E. Madigan**

Street Address

**32 Oakwood Avenue**

City **Sudbury** State **MA** Zip **01776**

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>500</b>	<b>Common</b>	<b>None</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>500</b>	<b>Common</b>	<b>None</b>

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



\* 7 3 4 3 9 \*

File Date: 02/20

Check No.: 15533

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] 2/16/01  
Signature of Officer Date

Francis W. Madigan III  
Print or Type Name of Officer

President  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# 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. **73439** 2. Name of Corporation **F.W. MADIGAN COMPANY, INC.**

3. Street Address Principal Business Office **54 Mason Street P.O. Box 586** City **Worcester** State **Massachusetts** Zip **01613**  
4. Business Phone No. **(508) 753-1459** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **59**

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

**General Contracting Services**

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

President Name <b>Francis W. Madigan III</b>				Vice President Name <b>James E. Madigan</b>			
Street Address <b>6 Ashmore Road</b>				Street Address <b>32 Oakwood Ave.</b>			
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01602</b>		City <b>Sudbury</b>	State <b>MA</b>	Zip <b>01776</b>	
Secretary Name <b>Francis W. Madigan III</b>				Treasurer Name <b>James E. Madigan</b>			
Street Address <b>6 Ashmore Road</b>				Street Address <b>32 Oakwood Ave.</b>			
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01602</b>		City <b>Sudbury,</b>	State <b>MA</b>	Zip <b>01776</b>	

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

Director Name <b>Francis W. Madigan III</b>				Director Name <b>James E. Madigan</b>			
Street Address <b>6 Ashmore Road</b>				Street Address <b>32 Oakwood Ave.</b>			
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01602</b>		City <b>Sudbury</b>	State <b>MA</b>	Zip <b>01776</b>	
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>500</b>	<b>Common</b>	<b>None</b>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>500</b>	<b>Common</b>	<b>None</b>

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



\* 7 3 4 3 9 \*

File Date: **1-13-00**

Check No.: **14526**

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.

**Francis W. Madigan III** January 10, 2000  
Signature of Officer Date

**Francis W. Madigan III**

Print or Type Name of Officer

**President**

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# 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>73439</b>		2. Name of Corporation <b>F.W. MADIGAN COMPANY, INC.</b>			
3. Street Address Principal Business Office <b>54 Mason Street PO Box 586</b>			City <b>Worcester</b>	State <b>Massachusetts</b>	Zip <b>01613</b>
4. Business Phone No. <b>(508) 753-1459</b>		5. State of Incorporation <b>MASSACHUSETTS</b>			6. SIC Code <b>59</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General Contracting Services</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Francis W. Madigan III</b>			Vice President Name <b>James E. Madigan</b>		
Street Address <b>6 Ashmore Rd.</b>			Street Address <b>32 Oakwood Ave.</b>		
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01602</b>	City <b>Sudbury</b>	State <b>MA</b>	Zip <b>01776</b>
Secretary Name <b>Mary Jane Madigan</b>			Treasurer Name <b>Francis W. Madigan III</b>		
Street Address <b>15 Mary Jane Circle</b>			Street Address <b>6 Ashmore Rd.</b>		
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01609</b>	City <b>Worcester</b>	State <b>MA</b>	Zip <b>01602</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Francis W. Madigan</b>			Director Name <b>James E. Madigan</b>		
Street Address <b>6 Ashmore Rd.</b>			Street Address <b>32 Oakwood Ave.</b>		
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01602</b>	City <b>Sudbury</b>	State <b>MA</b>	Zip <b>01776</b>
Director Name <b>Francis W. Madigan, Jr.</b>			Director Name <b>Mary Jane Madigan</b>		
Street Address <b>15 Mary Jane Circle</b>			Street Address <b>15 Mary Jane Circle</b>		
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01609</b>	City <b>Worcester</b>	State <b>MA</b>	Zip <b>01609</b>
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
500	Common	None	500	Common	None

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



\* 7 3 4 3 9 \*

File Date: Feb 3, 99

Check No.: 13696

By: JD

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: Francis W. Madigan III Date: 2/2/99

Print or Type Name of Officer: President

Title of Officer: President



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



# 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.

73439

2. Name of Corporation

F.W. MADIGAN COMPANY, INC.

3. Street Address Principal Business Office

54 Mason St. P.O. Box 586

City

Worcester

State

MA

Zip

01613

4. Business Phone No.

508-753-1459

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

0059

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

construction

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

President Name

Francis W. Madigan, III

Street Address

6 Ashmore Rd.

City

Worcester

State

MA

Zip

01602

Vice President Name

Street Address

City

State

Zip

Secretary Name

Mary J. Madigan

Street Address

15 Mary Jane Circle

City

Worcester

State

MA

Zip

01609

Treasurer Name

Street Address

City

State

Zip

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

Director Name

Francis W. Madigan, Jr.

Street Address

as above

City

State

Zip

Director Name

Francis W. Madigan, JR.

Street Address

15 Mary Jane Circle

City

Worcester

State

MA

Zip

01613

Director Name

Mary J. Madigan

Street Address

as above

City

State

Zip

Director Name

James Madigan

Street Address

32 Oakwood Ave.

City

Sudbury

State

MA

Zip

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

AUTHORIZED SHARES

Number of Shares

500

Class/Series

common

Par Value

none

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

ISSUED SHARES

Number of Shares

500

Class/Series

common

Par Value

none

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



\* 7 3 4 3 9 \*

File Date: 6/16/98

Check No.: 12984

By: CCR

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.

Francis W. Madigan, III 6/15/98  
Signature of Officer Date

Francis W. Madigan, III

Print or Type Name of Officer

President

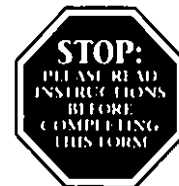
Title of Officer





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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**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>73439</b>		2. Name of Corporation <b>F.W. MADIGAN COMPANY, INC.</b>	
3. Street Address Principal Business Office <b>54 Mason Street PO Box 586</b>		City <b>Worcester</b>	State <b>Massachusetts</b>
4. Business Phone No. <b>(508) 753-1459</b>		5. State of Incorporation <b>MASSACHUSETTS</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General Contracting Services</b>		6. SIC Code <b>0059</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)			
President Name <b>Francis W. Madigan III</b>		Vice President Name <b>James E. Madigan</b>	
Street Address <b>6 Ashmore Road</b>		Street Address <b>32 Oakwood Ave.</b>	
City <b>Worcester</b>	State <b>Mass.</b>	City <b>Sudbury</b>	State <b>Mass.</b>
Zip <b>01602</b>		Zip <b>01776</b>	
Secretary Name <b>Mary Jane Madigan</b>		Treasurer Name <b>Francis W. Madigan, Jr.</b>	
Street Address <b>15 Mary Jane Circle</b>		Street Address <b>15 Mary Jane Circle</b>	
City <b>Worcester</b>	State <b>Mass.</b>	City <b>Worcester</b>	State <b>Mass.</b>
Zip <b>01609</b>		Zip <b>01609</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)			
Director Name <b>Francis W. Madigan, Jr.</b>		Director Name <b>Mary Jane Madigan</b>	
Street Address <b>Same as above</b>		Street Address <b>same as above</b>	
City <b>Worcester</b>	State <b>Mass.</b>	City <b>Sudbury</b>	State <b>Mass.</b>
Zip <b>01602</b>		Zip <b>01776</b>	
Director Name <b>Francis W. Madigan III</b>		Director Name <b>James E. Madigan</b>	
Street Address <b>Same as above</b>		Street Address <b>32 Oakwood Avenue</b>	
City <b>Worcester</b>	State <b>Mass.</b>	City <b>Sudbury</b>	State <b>Mass.</b>
Zip <b>01602</b>		Zip <b>01776</b>	
10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares <b>500</b>	Class/Series <b>Common</b>	Par Value <b>None</b>	
ISSUED SHARES			
Number of Shares <b>None</b>	Class/Series <b>None</b>	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



\* 7 3 4 3 9 \*

File Date: 1/19/97  
Check No.: 11998  
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: [Signature] Date: 1/13/97  
Print or Type Name of Officer: Francis W. Madigan III  
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. <b>73439</b>		2. NAME OF CORPORATION <b>F.W. MADIGAN COMPANY, INC.</b>			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>54 Mason Street PO Box 586</b>			CITY <b>Worcester</b>	STATE <b>Mass.</b>	ZIP CODE <b>01613</b>
4. BUSINESS PHONE NO. <b>(508) 753-1459</b>		5. STATE OF INCORPORATION <b>MASSACHUSETTS</b>		6. SIC CODE <b>0059</b>	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>General Contracting Services</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME <b>Francis W. Madigan, Jr.</b>			VICE PRESIDENT NAME <b>Francis W. Madigan III</b>		
STREET ADDRESS <b>15 Mary Jane Circle</b>			STREET ADDRESS <b>6 Ashmore Road</b>		
CITY <b>Worcester</b>	STATE <b>Mass.</b>	ZIP CODE <b>01609</b>	CITY <b>Worcester</b>	STATE <b>Mass.</b>	ZIP CODE <b>01602</b>
SECRETARY NAME <b>Mary Jane Madigan</b>			TREASURER NAME <b>Francis W. Madigan, Jr.</b>		
STREET ADDRESS <b>15 Mary Jane Circle</b>			STREET ADDRESS <b>15 Mary Jane Circle</b>		
CITY <b>Worcester</b>	STATE <b>Mass.</b>	ZIP CODE <b>01609</b>	CITY <b>Worcester</b>	STATE <b>Mass.</b>	ZIP CODE <b>01609</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME <b>Francis W. Madigan, Jr.</b>			DIRECTOR NAME <b>Mary Jane Madigan</b>		
STREET ADDRESS <b>Same as above</b>			STREET ADDRESS <b>Same as above</b>		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME <b>Francis W. Madigan III</b>			DIRECTOR NAME		
STREET ADDRESS <b>Same as above</b>			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
500	Common	None	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: **4/15/96**

Check No: **10578**

By: **cc/up**

For Secretary of State Use Only

**Francis W. Madigan III**  
Signature of Officer

**Francis W. Madigan III**  
Print or Type Name of Officer

**Vice President**  
Title of Officer

**March 4, 1996**  
Date

DETACH BOTTOM BEFORE RETURNING

## 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

**ANNUAL REPORT**

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID: 0073439

Annual Report for the year: 1995

Name of Corporation: F.W. MADIGAN COMPANY, INC.

Business entity organized under the laws of the State of: Mass.

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)

F.W. Madigan Company, Inc.

54 Mason Street PO Box 586

Worcester, Mass. 01613

Phone: (508) 753-1459

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

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

Mary Frances Bauchspies

283 Carriage Drive

Portsmouth, Rhode Island 02871

Phone: ( )

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Francis W. Madigan, Jr.	15 Mary Jane Circle	Worcester, MA	01609
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Francis W. Madigan III	6 Ashmore Road	Worcester, MA	01602
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Mary Jane Madigan	15 Mary Jane Circle	Worcester, MA	01609
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Francis W. Madigan, Jr.	15 Mary Jane Circle	Worcester, MA	01609

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Francis W. Madigan, Jr.	15 Mary Jane Circle	Worcester, MA	01609
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Mary Jane Madigan	15 Mary Jane Circle	Worcester, MA	01609
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Francis W Madigan III	6 Ashmore Road	Worcester, MA	01609

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

500

Common

Date March 24, 1995

By:

PRINT OR TYPE NAME OF OFFICER SIGNING

Francis W. Madigan, Jr.

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.

RICHARD E. BAUCHSPIES  
79 QUAIL ROAD  
PORTSMOUTH RI 02871

NEW ADDRESS: Mary Frances Bauchspies  
283 Carriage Drive  
Portsmouth, Rhode Island 02871

SECRETARY OF STATE

Please forward Form 9 as stated above

PAID

MAR 27 1995

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

ing Fee \$50.00  
able to:  
cretary of State

0073439

Annual Report for the year: 1994

orporate ID:

F.W. MADIGAN COMPANY, INC.

ame of Business Entity:

Business entity organized under the laws of the State of: Mass.

Federal Taxpayer Identification Number: [REDACTED]

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

N/A

Phone: ( )

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

79 Quail Road

Portsmouth, Rhode Island 02871

Phone: ( 401 ) 683-3897

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:

Richard E. Bauchspies

79 Quail Road

Portsmouth, RI 02871

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

General Contracting Services

Date of Organization: 9/10/62

Date of Qualification to do business in Rhode Island (if foreign entity):

July 30, 1993 5/2 FC

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)

Francis W Madigan Jr

15 Mary Jane Circle

Worcester, MA 01609

☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)

Francis W Madigan III

6 Ashmore Road

Worcester, MA 01602

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)

Mary Jane Madigan

15 Mary Jane Circle

Worcester, MA 01609

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)

Francis W Madigan Jr

15 Mary Jane Circle

Worcester, MA 01609

THE NAMES OF THE DIRECTORS ARE:

NAME

Francis W Madigan Jr

15 Mary Jane Circle

Worcester, MA 01609

NAME

Mary Jane Madigan

15 Mary Jane Circle

Worcester, MA 01609

NAME

Francis W Madigan III

6 Ashmore Road

Worcester, MA 01609

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 500

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

*[Signature]*