



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. 98940		2. Name of Corporation Michael Perri & Sons, Inc.			
3. Street Address Principal Business Office 537 Sandy Lane			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 736-8313		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL LAND IMPROVEMENT BUSINESS, DRAINAGE DRAIN LAYING, SEWERAGE DISPOSAL, GRADING, LANDSCAPE GARDENING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Perri			Vice President Name Michael Perri		
Street Address 537 Sandy Lane			Street Address 537 Sandy Lane		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Michael Perri			Treasurer Name Michael Perri		
Street Address 537 Sandy Lane			Street Address 537 Sandy Lane		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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"/> 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 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 2-11-05
Check No. 3112
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] 2/17/05
Signature of Officer Date
John Michael Perri
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. 98940		2. Name of Corporation Michael Perri & Sons, Inc.			
3. Street Address Principal Business Office 537 Sandy Lane			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 736-8313		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL LAND IMPROVEMENT BUSINESS, DRAINAGE DRAIN LAYING, SEWERAGE DISPOSAL, GRADING, LANDSCAPE GARDENING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Perri			Vice President Name Michael Perri		
Street Address 537 Sandy Lane			Street Address 537 Sandy Lane		
City Warwick	State RI	Zip 02886	City Warwick	State RJ	Zip 02886
Secretary Name Michael Perri			Treasurer Name Michael Perri		
Street Address 537 Sandy Lane			Street Address 537 Sandy Lane		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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	Common	No Par Value

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



* 9 8 9 4 0 *

File Date _____
Check No. **Ind 1 2004**
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]
Signature of Officer _____ Date _____
JOHN MICHAEL PERRI
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: ~~XXXXXX \$700.00~~

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98940 2. Name of Corporation Michael Perri & Sons, Inc.
3. Street Address Principal Business Office 537 Sandy Lane City Warwick State RI Zip 02886
4. Business Phone No. (401) 736-8313 5. State of Incorporation Rhode Island 6. SIC Code 02886

7. Brief Description of the Character of Business Conducted in Rhode Island
Sewerage disposal, drain laying, drainage, grading, landscape gardening

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

President Name <u>Michael Perri</u> Street Address <u>537 Sandy Lane</u> City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u> Secretary Name <u>Michael Perri</u> Street Address <u>537 Sandy Lane</u> City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>	Vice President Name <u>Michael Perri</u> Street Address <u>537 Sandy Lane</u> City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u> Treasurer Name <u>Michael Perri</u> Street Address <u>537 Sandy Lane</u> City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>
--	---

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<u>1000</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>		

FEB 14 2 42 PM '03
 RECEIVED
 SECRETARY OF STATE
 OFFICE OF THE SECRETARY OF STATE

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: FILED
Check No.: FEB 14 2003
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: [Signature] Date: 1/23/03
Print or Type Name of Officer: Michael Perri
Title of Officer: President

3122919



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: ~~250.00~~ \$100.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation
Michael Perri & Sons, Inc.

3. Street Address Principal Business Office City State Zip
537 Sandy Lane Warwick RI 02886

4. Business Phone No. (401) 736-8313 5. State of Incorporation Rhode Island 6. SIC Code _____

7. Brief Description of the Character of Business Conducted in Rhode Island
Sewerage disposal, drain laying, drainage, grading, landscape gardening

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

President Name Michael Perri	Vice President Name Michael Perri
Street Address 537 Sandy Lane	Street Address 537 Sandy Lane
City State Zip Warwick RI 02886	City State Zip Warwick RI 02886
Secretary Name Michael Perri	Treasurer Name Michael Perri
Street Address 537 Sandy Lane	Street Address 537 Sandy Lane
City State Zip Warwick RI 02886	City State Zip Warwick RI 02886

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

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)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1000		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100		

RECEIVED
 SECRETARY OF STATE
 FEB 14 2 41 PM '03

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

FILED

File Date: **FEB 14 2003**

Check No.: _____
By: *[Signature]*
3/28/19

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] 1/23/03
Signature of Officer Date

Michael Perri
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: ~~500.00~~ \$100.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Michael Perri & Sons, Inc.
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
537 Sandy Lane _____ Warwick _____ RI _____ 02886
4. Business Phone No. _____ 5. State of Incorporation _____ 6. SIC Code _____
(401) 736-8313 _____ Rhode Island _____

7. Brief Description of the Character of Business Conducted in Rhode Island
Sewerage disposal, drain laying, drainage, grading, landscape gardening

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

President Name <u>Michael Perri</u>	Vice President Name <u>Michael Perri</u>
Street Address <u>537 Sandy Lane</u>	Street Address <u>537 Sandy Lane</u>
City _____ State _____ Zip _____	City _____ State _____ Zip _____
<u>Warwick</u> _____ <u>RI</u> _____ <u>02886</u>	<u>Warwick</u> _____ <u>RI</u> _____ <u>02886</u>
Secretary Name <u>Michael Perri</u>	Treasurer Name <u>Michael Perri</u>
Street Address <u>537 Sandy Lane</u>	Street Address <u>537 Sandy Lane</u>
City _____ State _____ Zip _____	City _____ State _____ Zip _____
<u>Warwick</u> _____ <u>RI</u> _____ <u>02886</u>	<u>Warwick</u> _____ <u>RI</u> _____ <u>02886</u>

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

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)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>1000</u>	<u>100</u>

RECEIVED
 SECRETARY OF STATE
 FEB 14 2 43 PM '03

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

FILED

File Date: FEB 14 2003
 Check No.: _____ By: [Signature]
 _____ 3128 19
 By: _____

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.

Michael Perri 1/23/03
 Signature of Officer Date
Michael Perri
 Print or Type Name of Officer
President
 Title of Officer



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. **98940** 2. Name of Corporation **Michael Perri & Sons, Inc.**

3. Street Address Principal Business Office **537 Sandy Lane** City **Warwick** State **R.I.** Zip **02889**

4. Business Phone No. **736-8317** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

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

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

President Name John Michael Perri	Vice President Name
Street Address 537 Sandy Lane	Street Address
City Warwick State R.I. Zip 02889	City State Zip
Secretary Name John Michael Perri	Treasurer Name John Michael Perri
Street Address 537 Sandy Lane	Street Address 537 Sandy Lane
City Warwick State R.I. Zip 02889	City Warwick State R.I. Zip 02889

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

Director Name None John Michael Perri	Director Name NONE
Street Address 537 Sandy Lane	Street Address
City Warwick State R.I. Zip 02889	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 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100		NPV

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



* 9 8 9 4 0 *

File Date: 9-25-00
Check No.: 1182
By: AMF

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.

John Michael Perri 8/1/00
Signature of Officer Date
John Michael Perri
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. 98940		2. Name of Corporation Michael Perri & Sons, Inc.					
3. Street Address Principal Business Office 537 Sandy Lane				City Warwick	State RI	Zip 02886	
4. Business Phone No. (401) 736-8313			5. State of Incorporation RHODE ISLAND			6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island Septic Service							
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Michael Perri				Vice President Name			
Street Address 537 Sandy Lane				Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip		
Secretary Name Michael Perri				Treasurer Name Michael Perri			
Street Address 537 Sany Lane				Street Address 537 Sandy Lane			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name Michael Perri				Director Name			
Street Address 537 Sandy Lane				Street Address			
City Warwick	State RI	Zip 02886	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 checked="" type="checkbox"/>				11. SHARES 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 NO PAR VALUE			100		NPV		

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



File Date: 7-15-99
Check No.: 740
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.

Michael Perri
Signature of Officer
Date
Michael Perri
Print or Type Name of Officer
PRESIDENT
Title of Officer