



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 IN BLACK)

1. Corporate ID No. 83643		2. Name of Corporation Leboeuf Construction & Development, Inc.			
3. Street Address Principal Business Office 590 JOSLIN ROAD			City BURRILLVILLE	State RI	Zip 02830
4. Business Phone No. 4015685939		5. State of Incorporation RHODE ISLAND			6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL AND COMMERCIAL CONSTRUCTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD LEBOEUF			Vice President Name RONALD LEBOEUF		
Street Address 590 JOSLIN ROAD			Street Address SAME		
City BURRILLVILLE	State RI	Zip 02830	City	State	Zip
Secretary Name RONALD LEBOEUF			Treasurer Name RONALD LEBOEUF		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RONALD LEBOEUF			Director Name		
Street Address SAME			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
400	NO PAR VALUE		400	COMMON	NONE

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



8 3 6 4 3

\*83643 DBC 01/06/05 10:55:29 AM\*  
 File Date 1-13-05  
 Check No. 2531  
 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] / 1/10/05  
 Signature of Officer Date  
**Ronald LeBoeuf**  
 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. 83643		2. Name of Corporation Leboeuf Construction & Development, Inc.			
3. Street Address Principal Business Office 590 Joslin Road			City Burrillville	State RI	Zip 02830
4. Business Phone No. 401-568-5939		5. State of Incorporation RHODE ISLAND			6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL AND COMMERCIAL CONSTRUCTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald LeBoeuf			Vice President Name same		
Street Address 590 Joslin Road			Street Address		
City Burrillville	State RI	Zip 02830	City	State	Zip
Secretary Name same			Treasurer Name same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald LeBoeuf			Director Name		
Street Address same			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
400 NO PAR VALUE	common	none	400	common	none

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



\* 8 3 6 4 3 \*

File Date 1-29-04  
Check No. 2302  
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] / 1/24/04  
Signature of Officer Date  
Ronald LeBoeuf  
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. **83643** 2. Name of Corporation **Leboeuf Construction & Development, Inc.**  
3. Street Address Principal Business Office **590 Joslin Road** City **Burrillville** State **RI** Zip **02830**  
4. Business Phone No. **401-568-5939** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Construction, real estate development, general contracting**

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

President Name <b>Ronald LeBoeuf</b>	Vice President Name <b>Ronald LeBoeuf</b>
Street Address <b>590 Joslin Road</b>	Street Address <b>same</b>
City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>	City <b>same</b> State <b>RI</b> Zip <b>02830</b>
Secretary Name <b>Ronald LeBoeuf</b>	Treasurer Name <b>Ronald LeBoeuf</b>
Street Address <b>same</b>	Street Address <b>same</b>
City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>	City <b>same</b> State <b>RI</b> Zip <b>02830</b>

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

Director Name <b>Ronald LeBoeuf</b>	Director Name <b>Ronald LeBoeuf</b>
Street Address <b>same</b>	Street Address <b>same</b>
City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>	City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>
Director Name <b>Ronald LeBoeuf</b>	Director Name <b>Ronald LeBoeuf</b>
Street Address <b>same</b>	Street Address <b>same</b>
City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>	City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>400 NO PAR VALUE</b>	<b>Common</b>	<b>none</b>

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>400</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



\* 8 3 6 4 3 \*

File Date: 1.31.03  
Check No.: 2041  
By: UP

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.

Ronald LeBoeuf 1/31/03  
Signature of Officer Date  
**Ronald Leboeuf**  
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. **83643** 2. Name of Corporation **Leboeuf Construction & Development, Inc.**  
3. Street Address Principal Business Office **590 Joslin Road** City **Burrillville** State **RI** Zip **02830**  
4. Business Phone No. **(401) 568-5939** 5. State of Incorporation **RHODE ISLAND** Zip **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**construction, RE development  
general contracting**

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

President Name <b>Ronald LeBoeuf</b> Street Address <b>590 Joslin Road</b> City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>	Vice President Name <b>Ronald LeBoeuf</b> Street Address <b>same</b> City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>
Secretary Name <b>Ronald LeBoeuf</b> Street Address <b>590 Joslin Road</b> City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>	Treasurer Name <b>Ronald LeBoeuf</b> Street Address <b>same</b> City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>

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

Director Name <b>Ronald LeBoeuf</b> Street Address <b>590 Joslin Road</b> City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>	Director Name <b>Ronald LeBoeuf</b> Street Address <b>590 Joslin Road</b> City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>
---	---

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

AUTHORIZED SHARES	Class/Series	Par Value
400 NO PAR VALUE	common	none

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

ISSUED SHARES	Class/Series	Par Value
400	common	none

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



\* 8 3 6 4 3 \*

File Date: 1-30-02  
Check No.: 2490  
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] 1/11/02  
Signature of Officer Date

**Ronald LeBoeuf**  
**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. <b>83643</b>		2. Name of Corporation <b>Leboeuf Construction &amp; Development, Inc.</b>		
3. Street Address Principal Business Office <b>590 Joslin Road</b>		City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>
4. Business Phone No. <b>401-568-5939</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5710</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Purchase, Sale and Development of real estate.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Ronald Leboeuf</b>		Vice President Name <b>None.</b>		
Street Address <b>590 Joslin Road</b>		Street Address		
City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>	City	State
Secretary Name <b>Same.</b>		Treasurer Name <b>Same.</b>		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Ronald Leboeuf</b>		Director Name <b>Robert A. Mitson, Esq.</b>		
Street Address <b>Same</b>		Street Address <b>603 Park Avenue</b>		
City	State	Zip	City <b>Woonsocket</b>	State <b>RI</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
<b>400 NO PAR VALUE</b>			<b>400</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



\* 8 3 6 4 3 \*

**FILED**

File Date: \_\_\_\_\_  
Check No.: **JAN 22 2001**  
By: **CS 1568**

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.

*Ronald Leboeuf*  
Signature of Officer  
**1/17/01**  
Date  
**Ronald Leboeuf**  
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. **83643** 2. Name of Corporation **Leboeuf Construction & Development, Inc.**  
3. Street Address Principal Business Office **590 Joslin Road** City **Burrillville** State **RI** Zip **02830**  
4. Business Phone No. **(401) 568-5939** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Purchase, Sale and Development of real estate.

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

President Name <b>Ronald Leboeuf</b>	Vice President Name <b>None.</b>
Street Address <b>590 Joslin Road</b>	Street Address
City <b>Burrillville</b> State <b>RI</b> Zip <b>02830</b>	City State Zip
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
Street Address	Street Address
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 <b>Ronald Leboeuf</b>	Director Name <b>Robert A. Mitson, Esq.</b>
Street Address <b>Same</b>	Street Address <b>603 Park Avenue</b>
City State Zip	City State Zip <b>Woonsocket RI 02895</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

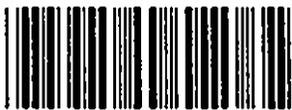
**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>400 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>400</b>		<b>none.</b>

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



\* 8 3 6 4 3 \*

File Date: 2/18/00  
Check No.: 1225  
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] / 1/11/2000  
Signature of Officer Date  
Ronald Leboeuf  
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. <b>83643</b>		2. Name of Corporation <b>Leboeuf Construction &amp; Development, Inc.</b>					
3. Street Address Principal Business Office <b>590 Joslin Road</b>				City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>	
4. Business Phone No. <b>(401) 568-5939</b>		5. State of Incorporation <b>RHODE ISLAND</b>				6. SIC Code <b>5710</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Purchase, Sale and Development of real estate.</b>							
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)   <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>							
President Name <b>Ronald Leboeuf</b>				Vice President Name <b>None</b>			
Street Address <b>590 Joslin Road</b>				Street Address			
City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>	City		State	Zip	
Secretary Name <b>Ronald Leboeuf</b>				Treasurer Name <b>Ronald Leboeuf</b>			
Street Address <b>590 Joslin Road</b>				Street Address <b>590 Joslin Road</b>			
City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)   <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>							
Director Name <b>Ronald Leboeuf</b>				Director Name <b>Robert A. Mitson, Esq.</b>			
Street Address <b>590 Joslin Road</b>				Street Address <b>Mitson Law Associates</b>			
City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>		
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		
<b>400 SHS NO PAR VALUE</b>			<b>400</b>				

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



\* 8 3 6 4 3 \*

File Date: 04-16-99  
Check No.: 1131  
By: ID

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.

*Ronald Leboeuf*  
Signature of Officer  
Date: 4-14-99

**Ronald Leboeuf, President**

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. <b>83643</b>		2. Name of Corporation <b>Leboeuf Construction &amp; Development, Inc.</b>		
3. Street Address Principal Business Office <b>590 Joslin Road</b>		City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>
4. Business Phone No. <b>(401)568-5939</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5710</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Purchase, sale and development of real estate.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name <b>Ronald Leboeuf</b>		Vice President Name <b>NONE</b>		
Street Address <b>590 Joslin Road</b>		Street Address		
City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>	City	State
Secretary Name <b>Ronald Leboeuf</b>		Treasurer Name <b>Ronald Leboeuf</b>		
Street Address <b>590 Joslin Road</b>		Street Address <b>590 Joslin Road</b>		
City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Burrillville</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name <b>Ronald Leboeuf</b>		Director Name <b>Robert A. Mitson Esq.</b>		
Street Address <b>590 Joslin Road</b>		Street Address <b>MITSON LAW ASSOCIATES</b>		
<b>590 Joslin Road</b>		<b>603 Park Avenue</b>		
City <b>Burrillville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Woonsocket</b>	State <b>RI</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>400 SHS NO PAR VALUE</b>			<b>400</b>	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				

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



\* 8 3 6 4 3 \*

File Date: 3.20.98  
Check No.: 2123  
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] 1/20/98  
Signature of Officer Date  
**Ronald Leboeuf, President**  
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. <b>83643</b>		2. Name of Corporation <b>Leboeuf Construction &amp; Development, Inc.</b>	
3. Street Address Principal Business Office <b>590 Joslin Road</b>		City <b>Burrillville</b>	State <b>RI</b>
4. Business Phone No. <b>401-568-5939</b>		5. State of Incorporation <b>RHODE ISLAND</b>	Zip <b>02830</b>
6. SIC Code <b>6710</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>purchase, sale and development of real estate.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>Ronald Leboeuf</b>		Vice President Name <b>none</b>	
Street Address <b>590 Joslin Road</b>		Street Address	
City <b>Burrillville</b>	State <b>RI</b>	City	State
Zip <b>02830</b>		Zip	
Secretary Name <b>Ronald Leboeuf</b>		Treasurer Name <b>Ronald Leboeuf</b>	
Street Address <b>590 Joslin Road</b>		Street Address <b>590 Joslin Road</b>	
City <b>Burrillville</b>	State <b>RI</b>	City <b>Burrillville</b>	State <b>RI</b>
Zip <b>02830</b>		Zip <b>02830</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <b>Ronald Leboeuf</b>		Director Name <b>Robert A. Mitson, Esq.</b>	
Street Address <b>590 Joslin Road</b>		Street Address <b>MITSON LAW ASSOCIATES</b>	
		<b>603 Park Avenue</b>	
City <b>Burrillville</b>	State <b>RI</b>	City <b>Woonsocket,</b>	State <b>RI</b>
Zip <b>02830</b>		Zip <b>02895</b>	
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
<b>400 SHS NO PAR VALUE</b>			<b>400</b>

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



File Date: 1/3/97  
Check No.: 1477  
By: cc  
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.

*Ronald Leboeuf*  
Signature of Officer  
**Ronald Leboeuf, President**  
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. 83643		2. NAME OF CORPORATION Leboeuf Construction & Development, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 590 Joslin Road		CITY Burrillville	STATE RI
		ZIP CODE 02830	
4. BUSINESS PHONE NO. 401-568-5939		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 0059, 0034, 5710	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Purchase, sale and development of real estate.			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Ronald Leboeuf		VICE PRESIDENT NAME none	
STREET ADDRESS 590 Joslin Road		STREET ADDRESS	
CITY Burrillville	STATE RI	ZIP CODE 02830	
SECRETARY NAME Ronald Leboeuf		TREASURER NAME Ronald Leboeuf	
STREET ADDRESS 590 Joslin Road		STREET ADDRESS 590 Joslin Road	
CITY Burrillville	STATE RI	ZIP CODE 02830	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Ronald Leboeuf		DIRECTOR NAME Robert A. Mitson, Esq.	
STREET ADDRESS 590 Joslin Road		STREET ADDRESS JARRET & MITSON, INC. 603 Park Avenue	
CITY Burrillville	STATE RI	ZIP CODE 02830	
DIRECTOR NAME none		DIRECTOR NAME none	
STREET ADDRESS		STREET ADDRESS	
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
400 SHS	NO PAR VALUE		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:

4/8/96  
4541

Check No:

By:

*ML/CP*

*Ronald Leboeuf*  
Signature of Officer

Ronald Leboeuf, President

Print or Type Name of Officer

President

Title of Officer

Date

For Secretary of State Use Only