



**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. 113143
2. Name of Corporation B & F WATER AND SEWER SERVICES, INC.
3. Street Address Principal Business Office 283 FARNUM PIKE
City SMITHFIELD State RI Zip 02917-
4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
WATER AND SEWER LINE TESTING AND TAPPING

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

President Name			Vice President Name		
John P. Fogarty			Russell J. Boyle		
Street Address			Street Address		
126 Log Road			82 Williams Road		
City	State	Zip	City	State	Zip
Smithfield	RI	02917	Smithfield	RI	02917
Secretary Name			Treasurer Name		
Russell J. Boyle			John P. Fogarty		
Street Address			Street Address		
82 Williams Road			126 Log Road		
City	State	Zip	City	State	Zip
Smithfield	RI	02917	Smithfield	RI	02917

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

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 COMMON NO PAR VALUE

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



1 1 3 1 4 3

113143 DBC 01/12/05 02:57:09 PM
File Date 1-28-05
Check No. 10314
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 1/19/05
JOHN P. FOGARTY
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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3. Street Address Principal Business Office 283 FARNUM PIKE			City SMITHFIELD	State RI	Zip 02917-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island WATER AND SEWER LINE TESTING AND TAPPING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN P. FOGARTY			Vice President Name RUSSELL J. BOYLE		
Street Address 126 LOG ROAD			Street Address 82 WILLIAMS ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name RUSSELL J. BOYLE			Treasurer Name JOHN P FOGARTY		
Street Address 82 WILLIAMS ROAD			Street Address 126 LOG ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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
600 NO PAR VALUE			200	COMMON	NO PAR VALUE

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



* 1 1 3 1 4 3 *

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

JOHN P. FOGARTY

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

1/15/04

**113143* 2/3/0310:32:23 AM*

File Date 1-28-04

Check No. 9884

By: LP

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 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. *113143*		2. Name of Corporation B & F WATER AND SEWER SERVICES, INC.			
3. Street Address Principal Business Office 283 FARNUM PIKE			City SMITHFIELD	State RI	Zip 02917-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
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8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN P. FOGARTY			Vice President Name RUSSELL J. BOYLE		
Street Address 126 LOG ROAD			Street Address 82 WILLIAMS ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name RUSSELL J. BOYLE			Treasurer Name JOHN P FOGARTY		
Street Address 82 WILLIAMS ROAD			Street Address 126 LOG ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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
600	NO PAR VALUE		200	COMMON	NO PAR VALUE

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



* 1 1 3 1 4 3 *

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.

**113143* 2/3/03 10:32:23 AM*

File Date **FILED**

Check No. **MAR 03 2003**

By: **Matthew A. Brown**

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

Signature of Officer: **John P. Fogarty**

Date: **2/11/03**

Print or Type Name of Officer: **JOHN P. FOGARTY**

Title of Officer: **PRESIDENT**



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. **113143** 2. Name of Corporation **B & F WATER AND SEWER SERVICES, INC.**
3. Street Address Principal Business Office **87 Swan Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Water and sewer line testing and tapping and any other lawful purpose

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

President Name John P. Fogarty Street Address 87 Swan Road City Smithfield State RI Zip 02917	Vice President Name Russell J. Boyle Street Address 82 Williams Road City Smithfield State RI Zip 02917
Secretary Name Russell J. Boyle Street Address 82 Williams Road City Smithfield State RI Zip 02917	Treasurer Name John P. Fogarty Street Address 87 Swan Road City Smithfield State RI Zip 02917

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

Director Name none Street Address City . State . Zip .	Director Name Street Address City . State . Zip .
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		
600 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200	common	no par value

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



* 1 1 3 1 4 3 *

File Date: 1-11-02
Check No.: 8289
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 of Officer [Signature] Date 1/4/02
Print or Type Name of Officer John P. Fogarty
Title of Officer 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. **113143** 2. Name of Corporation **B & F WATER AND SEWER SERVICES, INC.**
3. Street Address Principal Business Office **87 Swan Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

Water and sewer line testing and tapping and any other lawful purpose

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

President Name John P. Fogarty	Vice President Name Russell J. Boyle
Street Address 87 Swan Road	Street Address 82 Williams Road
City State Zip Smithfield RI 02917	City State Zip Smithfield RI 02917
Secretary Name Russell J. Boyle	Treasurer Name John P. Fogarty
Street Address 82 Williams Road	Street Address 87 Swan Road
City State Zip Smithfield RI 02917	City State Zip Smithfield RI 02917

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)

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	common	no par value

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



* 1 1 3 1 4 3 *

File Date: 1/26
Check No.: 1468
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 of Officer: [Signature] Date: 1/17/01
Print or Type Name of Officer: John P. Fogarty
Title of Officer: President