

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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	PROFIT CORPORATION	ON ANNUAL REPORT	FOR THE YEAR	2005
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iling Period: January 1 FORM MUST BE TYPED OR I		Filing Fee: \$50.00			
. Corporate ID No. 59743	2. Name of Corps SPOSATO	S MASONRY, INC.			
3. Street Address Principal Busii	-		City:	State RI	7.ip 02891
<del></del>	NNAPAUG RO	AD 5, State of Incorporation	WESTERLY	KI	6 SIC Code
Business Phone No. 4 (A O 1 )	348-8530	RHODE ISLANO	• •		299
Bre MASONRY AND PILL			<u> </u>		
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City.	State	Zip	Gity	State	<i>Ζψ</i> 02891
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Secretary Name			Treasurer Name ENRICO SPO	SATO	
	A SPOSATO		Street Address		<del></del>
Street Address 165 W	INNAPAUG RO	DAD	165 WINNAP	AUG ROAD	
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Street Address	· · ·		Street Address		
City	State	Zip	City	State	Zip
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	<u></u>		including any acco	ompanying schedules and st	atements, and that all state
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File Date			ER Grave	lio poset	- 1. 24 - 1 Date
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Check No.		<del></del>	GRAZIA S		
By: FEB	0-8-2005		Print or Type Name VICE PRE	e oj Ojjicer SIDENT	
FOR SECRETARY	SE THATE ASK BAILY		Title of Officer		<u></u>
L By	<del>- 110 (9)</del>	<b></b>	Time of Officer		Form 630 Rev. 12/



#### 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

lling Period: January 1 - ORM MUST BE TYPED OR PR		ing Fee: \$50.00					
Corporate ID No.	2. Name of Corporate	lon					
59743	SPOSATO'S	SPOSATO'S MASONRY, INC.					
Street Address Principal Busines	is Office		City	State	Ζφ		
165 WINNAPAUC	G ROAD		WESTERLY	RI	02891		
Business Phone No.		5. State of Incorporati	on				
1:5 (401):34		RHODE ISLA	ND				
Brief Description of the Charact MASONRY AND TILE	er of Business Conducted   INSTALLATION	in Rhode Island					
		RS: ("X" BOX FOR A	TTACHMENT)	SPACES BEFORE USING	G ATTACHMENTS		
ENRICO	SPOSATO		GRAZIA SPOSA	ATO			
Ireet Address	<del></del>		Street Address				
	NAPAUG ROAD		165 WINNAPAU	JG_ROAD			
ity	State	Zip	City	State	Zíp		
WESTERLY	RI	02891	WESTERLY	<u>RI</u>	102891		
:::::::::::::::::::::::::::::::::::::			Treasurer Name				
GRAZIA	SPOSATO		ENRICO SPOSA	ATOOTA			
ireri Address		<u></u>	Sirvei Address				
165 WIN	NAPAUG ROAD		165 WINNAPAU	JG ROAD			
Sity	State	Zip	Clly	State	Ζφ		
WESTERLY	RI	02891	WESTERLY	RI	102891		
. NAMES AND ADDRESS	ES OF THE DIRECT	ORS: ("X" BOX FOR	, <u> </u>	IN SPACES BEFORE USI	ING ATTACHMENTS		
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		<u> </u>					
ircei Address			Street Address	Street Address			
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City	State	Ζφ	Clty	State	Z.ip		
		J		<b></b>			
Director Name			Director Name				
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			Under penalty of	perjury, I declare and affirm	that I have examined this re		
	59743	<b>*-</b>	including any acc	companying schedules and si	ialements, and that all states		
137	NA	1	contained herein	are true and copyoct.			
File Date	04	_	(justice	i //aset	<u> </u>		
11000	)	_	Signature of Office	7	Date		
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1/1/		1	<u>GRAZIA</u> Print or Type Nan	SPOSATO	<del></del> . <del></del> .		
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FOR SECRETARY C	OF STATE USE ONLY		Title of Officer		Form 630 Rev. 12/0		

2. Name of Corporation

SPOSATO'S MASONRY, INC.

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 59743

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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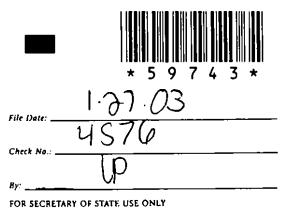
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3. Street Address Principal Business Of	fice		City	State	Zip
1. Business Phone No. (401). 34	8-8530	S. State of Incorporation.  RHODE ISLAND	WESTERLY	RI	02891 6-510 code: (5-16
MASONRY	& TILE INSTA	LLATION			
8. NAMES AND ADDRESSE President Name	ES OF THE OFFICER	S ("X" BOX FOR ATTACHN	Vice President Name	ORE USING ATTACHME	NTS
ENRICO SPOSAT	0		GRACE SPOSATO Street Address		
165 WINNAPAUG	ROAD		165 WINNAPAUG R	.OAD	
City	State	Zip	City	State	Zip
WESTERLY Secretary Name	RI	02891	WESTERLY Treasurer Name	RI .	02891
GRACE SPOSATO	)		ENRICO SPOSATO Street Address		
165 WINNAPUAG	ROAD		165 WINNAPAUG R	lOAD	
City	State	Zip	City	State	Zip
WESTERLY 9. NAMES AND ADDRESS	RI ES OF THE DIRECT	02891 ORS (*x* box for attac	WESTERLY CHMENT) FILL IN SPACES BI Director Name	RI efore using attach!	02891 MENTS
Director Name			Official Hame		
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 ATTACH	MENT)	11. SHARES ISSUED (*x* E	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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City

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

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1,000 NO PAR VALUE

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

common

GRACE SPOSATO

Print or Type Name of Officer

**SECRETARY** 

Title of Officer **◆** 5

Ferri 630 12/02

no par

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

59743 Street address Principal Bustness C	SPOSATO'S MA	SONRY, INC.		State	
165 WINNAPAUC Business Phone No. 1 (401) 348-853 Brief Description of the Character	304 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	S. State of Incorporation RHODE ISLAND rode Island	WESTERLY	TORING LONG	02891 6. sic code 299
MASONRY & NAMES AND ADDRESS resident Name	R TILE INSTA	LLATION ERS ("x" BOX FOR ATTACH	MENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTAC	HMENTS
ENRICO SPOSE	OTA		GRACE SPOSATO Street Address		
165 WINNAPAU	UG ROAD	Zip	165 WINNAPAUG	ROAD State	Zip
WESTERLY	RI	02891	WESTERLY	RI	. , 02891
GRACE SPOSA	то		ENRICO SPOSATO	)	
165 WINNAPA	UG ROAD	Zip	. 165 WINNAPAUG	ROAD State	Zip
WESTERLY P. NAMES AND ADDRESS Director Name	RI SES OF THE DIREC	02891 TORS ("X" BOX FOR ATTA	WESTERLY CHMENT) 1 FILL IN SPACES B Director Name	RI efore using att	02891 ACHMENTS
Street Address			Street Address		
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Director Name			Director Name	• • •	•
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	3.5.02	
Check No.:	4094	_
By:	Ze	
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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.

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Signature of Officer		Date		

- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
GRACE SPOSATO	
Print or Type Name of Officer	

ECRETARY			
le of Officer			
Phone 5	[·or	m 630	12/01

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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2001**

V01-222-330-0

	-March 1 • Filing Fee: \$50.00
FORM MUST BE TYPED IN BLACK	υ
I. Corporate ID No.	2. Name of Corporation



5974	3 SPOS	SATO'S MASONRY,	INC.		
Street Address Princip			Clty	State	Zip
Business Phone No.	WINNAPAUG R	DAD Standing	compared on WESTE	RLY	6. Sic code
(401 Brief Description of t	) 348-8530 he Character of Business C		ISLAND	*	299
MASO	NRY & TILE	INSTALLATION			
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ENRI	CO SPOSATO		GRACI Street Address	E SPOSATO	
165	WINNAPAUG F	ROAD	165 \	WINNAPAUG ROAD State	Zip
WESTERLY Secretary Name		02891	• •	ERLY R RI	02891
•	E SPOSATO		ENRI Street Address	CO SPOSATO	
165	WINNAPAUG F	ROAD zip	165 city	WINNAPAUG ROAD State	Zip
WESTERLY	RI	0289	1 WEST	ERLY RI	02891
9. NAMES AND Director Name	ADDRESSES OF TI	HE DIRECTORS (*x* BC	OX FOR ATTACHMENT) 1 Director Nam	FILL IN SPACES BEFORE U	SING ATTACHMENTS
Street Address			Street Address	ı	
City	State	Zip	·City	State	ZIP
Director Name			Director Nam	ie.	
Street Address			Street Addres	s	
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10. SHARES AU'	THORIZED (*X* BO)	K FOR ATTACHMENT)	11. SHAR	ES ISSUED ("X" BOX FOR A	.TTACHMENT)
Number of Shares	Class/Se	eries Par Value	Number of S	liares Class/Se	eries Par Value

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

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File Date:	-75
Check No.:	3655
By:	OF STATE USE ONLY

1,000 SHS NO PAR VALUE

Under penalty of perfu	ry, I declare and affirm that I have examined
	any accompanying schedules and statements, and
that all statements cor	ntained herely are true and correct.
Fun. 65	March

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Eurico	Mason		
Signature of Officer		Date	
PNDTCO CDO	: አጥር		

- 1	ENRICO SPOSATO
i	Print or Type Name of Officer
<b>]</b> ;	PRESIDENT Title of Officer

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

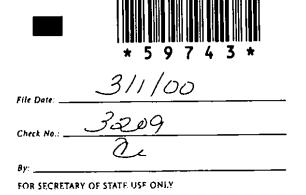
### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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



Filing Period: January 1-March 1 • Filing Fee: \$50.00					TANKI C	
(FORM MUST BE TYPED IN BL						
1. Carporate ID. No	2. Name of Corporation SPOSAT.O. ST	MASONRY, INC.	facility and the second			
•	APAUG ROAD		WESTERLY	RI	02891	
4. Business Phone No.		S. State of Incorporation			6. SIC Code	
(401) 348-85	30	RHODE ISLAND			299	
7. Brief Description of the Charact	er of Business Conducted in	Rhode Island				
	TILE INSTA					
8. NAMES AND ADDRE President Name	SSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTAC	CHMEN15	
ENRICO SI	POSATO		GRACE SPOSATO Street Address			
165 WINN	APAUG ROAD		165 WINNAPAUG	ROAD		
City	State	Zip	City	State	Zip	
WESTERLY Secretary Name	RI	02891	WESTERLY Treasurer Name	RI	02891	
GRACE SP	OSATO		ENRICO SPOSATO	)		
165 WINN	APAUG ROAD		165 WINNAPAUG	ROAD		
Clty	State	Zip	City	State	Zip	
WESTERLY	RI	02891	WESTERLY	RI	02891	
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name	S BEFORE USING ATT	ACHMENIS	
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 AUTHORIZ	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*.	X" BOX FOR ATTACHMEN	IT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 SHS NO P	AR VALUE		1000	COMMON	NO PAR	

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.

Signature of Officer

ENRICO SPOSATO Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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PLEASE INSTRUC	READ TIONS

ORM MUST BE TYPED IN BLACK)	<b>3</b>				
Corporate ID No. 2 Name of Carpora SPOSATO	tion	Burning Astronomy in the State	E margany of the		
Street Address Principal Business Office	5 MASONRY, INC.	A CIN A	State	Zip	
165 WINNAPAUG RD		, WESTERLY	RI	02891	
Business Phone No.	5. State of Incorporation			6. SIC Gode	
(401) 348-8530 rief Description of the Character of Business Conducted (	RHODE ISLA	<u>-</u>	· - · - · - · · · -	299	
MASONARY & TILE INST	PALLATION				
NAMES AND ADDRESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT)   FILL IN SPACE	S BEFORE USING ATTAC	HMENTS	
ENRICO SPOSATO		GRACE SPOSA	ro		
ret Address		Street Address			
165 WINNAPAUG RD	, Zip	<u>: 165 WINNAPA</u> - : city	UG RD	Zip	
WESTERLY RI	: 02891	WESTERLY	RI 02331	02891	
retary Name	•••• • • • • • • • • • • • • • • • • • •	Treasurer Name			
GRACE SPOSATO		ENRICO SPOSA	TO	<del></del>	
165 WINNAPAUG RD		165 WINNAPAU	G RD		
WESTERLY RI	02891	WESTERLY	State	02891	
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nis report must be signed in ink by eit	her the President, Vic	e President, Secretary, A	ssistant Secretary, Treas	urer, Receiver or Tru:	
	# 1664 1 <b>4 8</b> 4				

* 5 9 7 4 3 *			
File Date:	Jan 27,99		
Check No.:	6337		
By:FOR SECRETARY O	DF 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 ENRICO SPOSATO

Print or Type Name of Officer PRESIDENT

Title of Officer





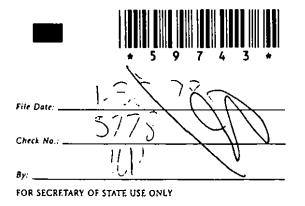
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, Ri 02903-1335
401-277-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIE ME READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	<b>k</b> )				
1. Corporate ID No. 59743	2. Name of Corporation SPOSATO'S MA	ASONRY, INC.			
3. Street Address Principal Business O	ffice		City	State	Zip
165 WINNAP	AHG ROAD		WESTERLY	RI	02891
4. Business Phone No.  (401) 348-8.  7. Brief Description of the Character of MASONRY & +					6. SIC Code <b>0299</b>
8. NAMES AND ADDRESS:			AFNT)		
President Name	LS OF THE OFFICER	CO ( A BOA FOR ATTACHE	Vice President Name		
ENRICO SPOS	ATO		GRACE SPOSATO Street Address		
165 WINNAPA	UG ROAD State	Zip	165 WINNAPAUG	ROAD State	Zip
WESTEREYCVIN  Secretary Name GRACE SPOSA	RI TO	02891	WESTERLY  Treasurer Name ENRICO SPOSATO	RI O	02891
Street Address 165 WINNAPA	UG ROAD		Street Address 165 WINNAPAUG	ROAD	
WESTERLY	State RI	<sup>219</sup> 02891	WESTERLY	State RI	<sup>z/p</sup> 02891
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT		CHMENT) 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 ATTACH!	MENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR V	ALUE		1000	common	no par

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.

Signature of Officer

Date

ENRICO SPOSATO

Print or Type Name of Officer

PRESIDENT
Title of Officer

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

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

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	STOP: PLIANE READ INSTRUCTIONS REFORE COMPLETING THIS FORM
-	zip 0289/ 6. SIC Code 0299
)	,
6 Rd	zip 02891
+10 ; Rd =	zip 0289/
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## PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN . 1. Carporate ID No.	2. Name of Corporation	n			This tokky
59743	SPOSATO'S	MASONRY, INC.			
3. Street Address Principal Rusi		<i>a i</i>	City	State	Zip
165 U	/INNAPAUG	Rd	Westerly	イエ	0289/
4. Business Phone No.	_	S. State of Incorporation			6. SIC Code
	8-8530	RHODE ISLAND			0299
7. Brief Description of the Char	acter of Business Conducted in I	Rhode Island	,		
		Installation			
8. NAMES AND ADDE President Name	RESSES OF THE OFFIC	ERS ("X" BOX FOR ATTACHA	IENT) Vice President Name		
<u>~</u> ,	50000	4	$\sim$	Sposato	
Street Address	Sposa:		Street Address	JOUSAIL	
16.5 1	LIMARANIA	2d	165 111	innapaus Ro	
City	VINNAPAUG	Zip	City.	State	Zip
Westerly	・アエ	02891	Westerly	RI	02891
Secretary Name			Treasurer Name		••
GRACE	Sposato		CARICO	Sposato	
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9. NAMES AND RODI	KESSES OF THE DIKE	CTORS ("X" BOX FOR ATTAC	Director Name		
Street Address			Street Address	•	
City	State	. Zip	City .	State	Zip
Discours Name			Diament Name		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED AND ISSUED (*x	* BOX FOR ATTACHMENT)			
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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.,			1000	Common	NO pin
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This report must be s	s <b>igned in ink</b> by eith	er the President, Vice P	resident, Secretary, Ass	sistant Secretary, Treasurer,	, Keceiver or Irusti

* 5 9 7 4 3 *	Under penalty of perjury, I declare and affirm that I have examined
5272 1	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature of Officer  Date
By:	Print or Type Name of Officer  President  Title of Officer

#### **PROFIT CORPORATION** ANNUAL, REPORT

1996

PLEASE TYPE OR PRINT IN BLACK INK.



State of Knode 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

1. CORPORATE ID NO.

59743	SPOSAT	O'S MASONRY, I	NC.			
ŠTREET ADDRESS PRINCIPAL BUŠINESŠ	OFFICE		άπ	STATE	ZP C00€	
	APAUG ROAD		WESTERLY	RI	02891	
	SNESS PHONE NO. 5. STATE OF INCORPORATION		CI BND		6. SIC COD€	
(401) 348-8530 RHODE IS						
EF DESCRIPTION OF THE CHARACTER	OF BUSINESS COMPUCTED IN RHOOF IS	FLAND				
MASONRY	& TILE INSTA					
ident hame	8. NAI	MES AND ADDR	ESSES OF THE O	FFICERS		
ENRICO_S	POSATO	· · · · · · · · · · · · · · · · · · ·	GRACE SPOSAT	ro	· <del></del>	
ET ADORESS			STREET ADDRESS	IC BOAD		
165 WIND	IAPAUG ROAD : STATE	ZP CODE	165 WINNAPAU	STATE	ZIP CODE	
ESTERLY	RI	02891	WESTERLY	RI	02891	
GRACE SI	OC 3 TO		TREASURER HAME ENRICO SPOSA	<b>አ</b> ምርን		
FI ADDRESS	OSATO	<del> </del>	STREET ADDRESS			
165 WINI	NAPAUG ROAD		165 WINNAPAUG ROAD			
WECKERI V	STATE	02891	, WESTERLY	STATE RI	# coos∈ 02891	
WESTERLY	RI		ESSES OF THE D			
CTOR HAME			DIRECTOR NAME			
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ET ADORESS			STREET ADDRESS			
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CTOR NAME			DIRECTOR NAME			
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EET ADDRESS			STREET ADDRESS			
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<del> </del>	AUTHORIZED SHARES	·	·	ISSUED SHARES		
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······································	<b>T</b> L.		ONED IN INIC IS A SUB-			
Pr			<b>GNED IN INK</b> by either stant Secretary, Treasure		ee <b>EE</b>	
		, 422.220.3,7.200	•			
			report, includir	ng any accompanying sch	affirm that I have examined the dules and statements, and the dules are statements.	
,		. ,	all statements	contained herein are true	and correct.	

For Secretary of State Use Only

File Date:

Check No:

By:

Title of Officer

Date

Filing Fee,\$50,00 ayable to: Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

# 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

orporate 1D:	0059743	Annual Report for the year: 1995
	: SPOSATO'S MASONR	Y INC.
ederal Taxpayer Identifica	tion Number: RI  and telephone number of principal office:	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:  [ Sposafo Linnapaus Rd
		Westerly RI 0389/
Island (Provide street addre	ne principal office of business entity in R ess - Not P.O. Box): paug Road	Brief statement of the character of business conducted in Rhode Island:  Tile and Masonry Contractor
Westerly	RI 02891	Date of Organization: 4/1/90
Phone: 401 ) 348-	8530	Date of Qualification to do business in Rhode Island (if foreign entity):
CHIEF EXECUTIVE OFFICER	OR TYPRESIDENT (Check One)	MES OF THE OFFICERS ARE: STREET ADDRESS CITYSTATE TOUGH Rd Westerly RI 02891
ENRICO SI CHIEF OPERATING OFFICER Grace Spo	osato 165 Winna	paug Rd Westerly RI 02891  paug Rd. Westerly RI 02891  street address City/State ZIP COD  street address City/State ZIP COD
Grace Spi	OSATO 165 Winna OR D TREASURER (Check One)	paug Rd Westerly RI 02891 STREET ADDRESS CITYSTATE ZIPCOI: paug Rd Westerly RI 02891
NAME S	THE NA	MES OF THE DIRECTORS ARE: STREET ADDRESS CITY/STATE ZIPCOL
NAME		STREET ADDRESS CITYOTATE ZIP COI
NAME		STREET ADDRESS CHTY/STATE ZIP COL
NUMBER OF SHARES	S AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER	1000 COMMON	NUMBER  1 0 0  CLASS COMMON
CLASS SERIES	COLLION	SERIES
PAR VALUE OR WITHOUT PAR	NO PAR	PAR VALUE OR WITHOUT PAR NO PAR

Enrico Sposato

Filing Fee \$50.00 Payable to: Secretary of State

Date \_

#### 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

Corporate ID:0	059743		Annual Report for the year: 1994	
Name of Business Entity:				-
Business entity organized und Federal Taxpayer Identification For foreign entity, address and	er the laws of the State o	rRI	Business Entity is (check one):    X   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	_
Phone: ( )			Communications may be directed:  EIRICO Spasato  IGS WINDAPAVE Rd  Westerly RI 0289/	- -
Address and telephone of the Island (Provide street address 165 Winnap	principal office of busin a Not P.O. Box):		Brief statement of the character of business conducted in Rhode Island:  Tile and Masonry Contractor	_ 
Westerly_R	<u> 1 02891</u>		Date of Organization: 4/1/90	_ 
Phone: 401 ) 348-8	3530		Date of Qualification to do business in Rhode Island (if foreign entity):	
		THE NAMES OF	THE OFFICERS ARE:  ADDRESS  CITY/STATE  ZIPCO	DE.
ENRICO SP	SATO 16	5 Winnapaug R	Rd Westerly RI 02891	DDE.
Grace Spo	sato 16	5 Winnapaug R	TADDRESS CITY/STATE	JDE
Grace Spo	sato 16	STREET	T ADDRESS CITY/STATE	อยเ
Enrico_Sp	<u>osato16</u> 	THE NAMES OF	Rd Westerly RI 02891  THE DIRECTORS ARE: ZIPO	ODI
NAME:		STREE	TEADORESS CITY/STATE ZIPC	igo
NAME		STREE	ET ADDRESS CITY/STATE ZIP C	00
NUMBER OF SHARES	_ — — — — — — AUTHORIZED (If Apr		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable	)
NUMBER NUMBER	1000		NUMBER 100 CLASS COMMON	
CLASS	COMMON		CLASS	
PAR VALUE OR WITHOUT PAR	NO PAR		PAR VALUE OR   NO PAR     WITHOUT PAR   NO PAR	

Enrico Sposato

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00597	43	Annual Report for the	he year	1993
FIRST: The name of the	corporation is	osato's Maso	NRY	<i>h</i> c
SECOND: It is incorporate	ed under the laws of	RI		
THIRD: Character of bus	iness, briefly stated, is	a tile a ma	SONR	<i>y</i>
FOURTH: If foreign corpo	oration, address of its pr	incipal office		
FIFTH: Business address		5 Winnepoug esterly RI		
Sixth: Names and address	esses of its directors and	officers: Address (including		(Attach rider if necessary) 1, zip code)
	Director  Director			
Eneico Sposi	9 10 President	165 Winoak		_
Sine	Secretary  Treasurer			
No. of Shares	Class	Series	n	Par Value or : vetement that shares are without par value
I O O O  EIGHTH: Number of Sha  No of Shares  I O O		JUN 2 THIS  BY MALLOY Y	,	Par Value or statement that shares are without par value
Dated 1-3.1- &		Sposn to's to (Name of Corporation)  By Eurico	nson	rey be
(Report must be signed	by an officer)	Title Ouluar	<i>'</i>	

Form 31 1/85

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

orporate ID	9743	Annual Report for th	e year1992
First: The name of the	ne corporation is	SPOSATOLS MASON	RY.,IMC
SECOND: It is incorpo	rated under the laws of	Rhode Island	
		MASONRY	
FOURTH: If foreign co	orporation, address of its pr	incipal office	
FIFTH: Business addre	ss in Rhode Island	5 WINNAPAUG	Rd
	West	elly BI 02	891
	dresses of its directors and	officers:	(Attach rider if necessary) number, street, zip code)
	Director		
	Director		
	Director		
ENRICO Spo	SA to President	165 WINNAGO	ANG Rd Westerly
ENRICO SPO	sa to Vice Preside	ent Same	nua Rd Westerly
ENRICO Spi			
<i>y</i>	/	sane	
	Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	PATO	par value
100	COMMON	FEB 2 0 1992	no par
EIGHTH: Number of S	N	SEC'Y OF STATE	Par Value
	Snares issued:		or statement that
No. of Shares	Class	Series	shares are without par value
No. of Shares			shares are without
	Class CommoN  19 2	Sposatos M	shares are without par value  NO PAR  ASONRY NO
100	Class CommoN  19 2	Sposatos M	shares are without par value  NO PAR

Form 31 1/85

# State of Rhode Island and Providence Plantations Corporations Division 100 North Main Street PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0059743	An	nual Report for the year	1991
	e name of the corporation is		SATO'S MASONRY, IN	
	It is incorporated under the haracter of business, briefly	_		•
Fourth:	If foreign corporation, addre	ess of its principal offic	æ	
FIFTH: Ви	siness address in Rhode Isla	nd 165 W	innapaug Rd y RI 0289	······································
	ames and addresses of its dir	<u> </u>		(Attach rider if necessary)
	D	Pirector		
	D	Pirector		
•••••	D	Pirector		
ENRICO	Sposato P	resident 165	Winne paug R	d Westerly D
	ر ر بازی کا است v	ice President	ame	
SAM	( <u>C</u> s	ecretary	DIE	
SAM	1Ст	reasurer	2/2C	
SEVENTH:	Number of Shares authoriz	ed:		Par Value or statement that
No. of Shares	Class		Series PAID	shares are without par value
100			MAR 20 to	no par
Еіднтн:	Number of Shares issued:	. <b>-S</b>	Series PAID  IMAR 2 0 1991  SEC'Y OF STATE	Par Value or statement that
No. of Shares	Class		Series	shares are without par value
Dated 2-2	!19 <b>?</b> ,	(Name of Corpor	SATOS MASON  nes //os X	ey luc
J	,	By	esident	
(Repo	ort must be signed by an officer)	I itle		