



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. 51344		2. Name of Corporation CALSON CONSTRUCTION CORPORATION			
3. Street Address Principal Business Office 34 Oakdale Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-272-1100		5. State of Incorporation RHODE ISLAND		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 Caroline Calcagni			Vice President Name G. Alfred Calcagni, Jr.		
Street Address 34 Oakdale Avenue			Street Address 34 Oakdale Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Caroline Calcagni			Treasurer Name G. Alfred Calcagni, Jr.		
Street Address 34 Oakdale Avenue			Street Address 34 Oakdale Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Caroline Calcagni			Director Name G. Alfred Calcagni, Jr.		
Street Address 34 Oakdale Avenue			Street Address 34 Oakdale Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Caroline Calcagni			Director Name G. Alfred Calcagni, Jr.		
Street Address 34 Oakdale Avenue			Street Address 34 Oakdale Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
8,000 COMM NO PAR VALUE			Par Value		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
8,000			Par Value		
			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

2/25/05  
Date

Caroline Calcagni

Print or Type Name of Officer

President

Title of Officer

File Date **FILED**

Check No. FEB 28 2005 8631

By:     

FOR SECRETARY OF STATE USE ONLY



**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. <b>51344</b>		2. Name of Corporation <b>CALSON CONSTRUCTION CORPORATION</b>			
3. Street Address Principal Business Office <b>34 Oakdale Avenue</b>			City <b>Johnston</b>	State <b>R I</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-272-1100</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>59</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL CONTRACTOR</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Caroline Calcagni</b>			Vice President Name <b>G. Alfred Calcagni, Jr.</b>		
Street Address <b>34 Oakdale Avenue</b>			Street Address <b>34 Oakdale Avenue</b>		
City <b>Johnston</b>	State <b>R I</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>R I</b>	Zip <b>02919</b>
Secretary Name <b>Caroline Calcagni</b>			Treasurer Name <b>G. Alfred Calcagni, Jr.</b>		
Street Address <b>34 Oakdale Avenue</b>			Street Address <b>34 Oakdale Avenue</b>		
City <b>Johnston</b>	State <b>R I</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>R I</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Caroline Calcagni</b>			Director Name <b>G. Alfred Calcagni, Jr.</b>		
Street Address <b>34 Oakdale Avenue</b>			Street Address <b>34 Oakdale Avenue</b>		
City <b>Johnston</b>	State <b>R I</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>R I</b>	Zip <b>02919</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
<b>8,000</b>	<b>COMM NO PAR VALUE</b>		<b>8,000</b>	<b>Common</b>	<b>No Par</b>

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



\* 5 1 3 4 4 \*

File Date 2-25-04  
Check No. 6580  
By: TC

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 2/25/04

**Caroline Calcagni**  
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. **51344** 2. Name of Corporation **CALSON CONSTRUCTION CORPORATION**  
 3. Street Address Principal Business Office **34 Oakdale Avenue** City **Johnston** State **RI** Zip **02919**  
 4. Business Phone No. **401-272-1100** 5. State of Incorporation **RHODE ISLAND** 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 <b>Caroline Calcagni</b>	Vice President Name <b>G. Alfred Calcagni, Jr.</b>
Street Address <b>34 Oakdale Avenue</b>	Street Address <b>34 Oakdale Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Secretary Name <b>Caroline Calcagni</b>	Treasurer Name <b>G. Alfred Calcagni, Jr.</b>
Street Address <b>34 Oakdale Avenue</b>	Street Address <b>34 Oakdale Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

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

Director Name <b>Caroline Calcagni</b>	Director Name <b>G. Alfred Calcagni, Jr.</b>
Street Address <b>34 Oakdale Avenue</b>	Street Address <b>34 Oakdale Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
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
<b>8,000</b>	<b>COMM</b>	<b>NO PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>Common</b>	<b>No Par</b>

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



\* 5 1 3 4 4 \*

File Date: 1-27-03  
 Check No.: 9931  
 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.

Signature of Officer [Signature] Date 1/23/03  
**Caroline Calcagni**  
 Print or Type Name 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. **51344** 2. Name of Corporation **CALSON CONSTRUCTION CORPORATION**  
 3. Street Address Principal Business Office **34 Oakdale Avenue** City **Johnston** State **RI** Zip **02919**  
 4. Business Phone No. **401-272-1100** 5. State of Incorporation **RHODE ISLAND** 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 <b>Caroline Calcagni</b> Street Address <b>34 Oakdale Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> Secretary Name <b>Caroline Calcagni</b> Street Address <b>34 Oakdale Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Vice President Name <b>G. Alfred Calcagni, Jr.</b> Street Address <b>34 Oakdale Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> Treasurer Name <b>G. Alfred Calcagni, Jr.</b> Street Address <b>34 Oakdale Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Caroline Calcagni</b> Street Address <b>34 Oakdale Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Director Name <b>G. Alfred Calcagni, Jr.</b> Street Address <b>34 Oakdale Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
--	--

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**8,000 Common No Par**

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



\* 5 1 3 4 4 \*

File Date: 2-6-02

Check No.: 2709

By: Cc

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 Caroline Calcagni Date 2/4/02

Print or Type Name of Officer Caroline Calcagni

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. **51344** 2. Name of Corporation **CALSON CONSTRUCTION CORPORATION**

3. Street Address Principal Business Office **34 Oakdale Avenue** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **401-272-1100** 5. State of Incorporation **RHODE ISLAND** 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

<b>President Name</b> Caroline Calcagni	<b>Vice President Name</b> G. Alfred Calcagni, Jr.
<b>Street Address</b> 34 Oakdale Avenue	<b>Street Address</b> 34 Oakdale Avenue
<b>City</b> Johnston <b>State</b> RI <b>Zip</b> 02919	<b>City</b> Johnston <b>State</b> RI <b>Zip</b> 02919

<b>Secretary Name</b> Caroline Calcagni	<b>Treasurer Name</b> G. Alfred Calcagni, Jr.
<b>Street Address</b> 34 Oakdale Avenue	<b>Street Address</b> 34 Oakdale Avenue
<b>City</b> Johnston <b>State</b> RI <b>Zip</b> 02919	<b>City</b> Johnston <b>State</b> RI <b>Zip</b> 02919

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

<b>Director Name</b> Caroline Calcagni	<b>Director Name</b> G. Alfred Calcagni, Jr.
<b>Street Address</b> 34 Oakdale Avenue	<b>Street Address</b> 34 Oakdale Avenue
<b>City</b> Johnston <b>State</b> RI <b>Zip</b> 02919	<b>City</b> Johnston <b>State</b> RI <b>Zip</b> 02919

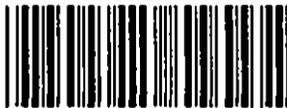
## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	8,000 SHS	NO PAR VAL COM	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	8,000	Common	No Par

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



\* 5 1 3 4 4 \*

File Date: 1/22/2001

Check No.: 51344

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] 1/18/01  
Signature of Officer Date

G. Alfred Calcagni, Jr.  
Print or Type Name of Officer

Vice 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. **51344** 2. Name of Corporation **CALSON CONSTRUCTION CORPORATION**

3. Street Address Principal Business Office **34 Oakdale Avenue** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **401-272-1100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **59**

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

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

President Name <b>Caroline Calcagni</b>	Vice President Name <b>G. Alfred Calcagni, Jr.</b>
Street Address <b>34 Oakdale Avenue</b>	Street Address <b>34 Oakdale Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Secretary Name <b>Caroline Calcagni</b>	Treasurer Name <b>G. Alfred Calcagni, Jr.</b>
Street Address <b>34 Oakdale Avenue</b>	Street Address <b>34 Oakdale Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

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

Director Name <b>Caroline Calcagni</b>	Director Name <b>G. Alfred Calcagni, Jr.</b>
Street Address <b>34 Oakdale Avenue</b>	Street Address <b>34 Oakdale Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Director Name	Director Name
Street Address	Street Address
City	City

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

AUTHORIZED SHARES

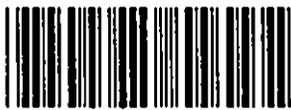
Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>SHS NO PAR VAL COM</b>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>Common</b>	<b>No Par</b>

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



\* 5 1 3 4 4 \*

PAID

File Date: 1/10/03

FEB 15 2000

Check No.: \_\_\_\_\_

SECY OF STATE

By: \_\_\_\_\_

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.

*G. Alfred Calcagni, Jr.* 12/28/99  
Signature of Officer Date

**G. Alfred Calcagni, Jr.**

Print or Type Name of Officer

**Vice 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>51344</b>		2. Name of Corporation <b>CALSON CONSTRUCTION CORPORATION</b>			
3. Street Address Principal Business Office <b>34 Oakdale Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-272-1100</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>59</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General Contractors</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Caroline Calcagni</b>			Vice President Name <b>G. Alfred Calcagni, Jr.</b>		
Street Address <b>34 Oakdale Avenue</b>			Street Address <b>34 Oakdale Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Caroline Calcagni</b>			Treasurer Name <b>G. Alfred Calcagni, Jr.</b>		
Street Address <b>34 Oakdale Avenue</b>			Street Address <b>34 Oakdale Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Caroline Calcagni</b>			Director Name <b>G. Alfred Calcagni, Jr.</b>		
Street Address <b>34 Oakdale Avenue</b>			Street Address <b>34 Oakdale Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS NO PAR VAL COM</b>			<b>8,000</b>	<b>Com</b>	<b>No Par Val</b>
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					

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



\* 5 1 3 4 4 \*

File Date: Mar 2, 1999  
Check No.: 1930  
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] 3/1/99  
Signature of Officer Date  
G. Alfred Calcagni, Jr.  
Print or Type Name of Officer  
Vice President  
Title of Officer

1998



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID <b>51344</b>		<b>CALSON CONSTRUCTION CORPORATION</b>	
3. Street Address Principal Business Office <b>34 OAKDALE AVENUE</b>		City <b>JOHNSTON</b>	State <b>R.I.</b>
4. Business Phone No. <b>401-272-1100</b>		5. <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL CONTRACTORS/CONSTRUCTION MANAGERS - COMMERCIAL INDUSTRY</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>CAROLINE CALCAGNI</b>		Vice President Name <b>G. ALFRED CALCAGNI, JR.</b>	
Street Address <b>34 OAKDALE AVENUE</b>		Street Address <b>34 OAKDALE AVENUE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
Secretary Name <b>CAROLINE CALCAGNI</b>		Treasurer Name <b>G. ALFRED CALCAGNI, JR.</b>	
Street Address <b>34 OAKDALE AVENUE</b>		Street Address <b>34 OAKDALE AVENUE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name <b>CAROLINE CALCAGNI</b>		Director Name <b>G. ALFRED CALCAGNI, JR.</b>	
Street Address <b>34 OAKDALE AVENUE</b>		Street Address <b>34 OAKDALE AVENUE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares <b>8,000 SHS NO PAR VAL COM</b>	Class/Series	Number of Shares <b>8,000</b>	Class/Series <b>COMMON</b>
			Par Value <b>NO PAR</b>

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



File Date: 1-14-98  
Check No.: 1739  
By: TCP

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.

G. ALFRED CALCAGNI, JR. 1/5/98  
Signature of Officer Date  
G. ALFRED CALCAGNI, JR.  
Print or Type Name of Officer  
VICE 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. **51344** 2. Name of Corporation **CALSON CONSTRUCTION CORPORATION**  
 3. Street Address Principal Business Office **34 OAKDALE AVENUE** City **JOHNSTON** State **RI** Zip **02919**  
 4. Business Phone No. **401-272-1100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0059**  
 7. Brief Description of the Character of Business Conducted in Rhode Island

**GENERAL CONTRACTORS/CONSTRUCTION MANAGERS**

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

President Name			Vice President Name		
<b>CAROLINE CALCAGNI</b>			<b>G. ALFRED CALCAGNI, JR.</b>		
Street Address			Street Address		
<b>32 LORING AVENUE</b>			<b>32 LORING AVENUE</b>		
City	State	Zip	City	State	Zip
<b>PROVIDENCE</b>	<b>RI</b>	<b>02906</b>	<b>PROVIDENCE</b>	<b>RI</b>	<b>02906</b>
Secretary Name			Treasurer Name		
<b>CAROLINE CALCAGNI</b>			<b>G. ALFRED CALCAGNI, JR.</b>		
Street Address			Street Address		
<b>32 LORING AVENUE</b>			<b>32 LORING AVENUE</b>		
City	State	Zip	City	State	Zip
<b>PROVIDENCE</b>	<b>RI</b>	<b>02906</b>	<b>PROVIDENCE</b>	<b>RI</b>	<b>02906</b>

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

Director Name			Director Name		
<b>NONE</b>					
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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS</b>	<b>NO PAR VAL COM</b>		<b>8,000</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



File Date: 2/18/97  
 Check No.: 1422  
 By: KID  
 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.

G. ALFRED CALCAGNI, JR. 1/15/97  
 Signature of Officer Date  
**G. ALFRED CALCAGNI, JR.**  
 Print or Type Name of Officer  
**VICE 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 51344		2. NAME OF CORPORATION CALSON CONSTRUCTION CORPORATION		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 34 OAKDALE AVENUE		CITY JOHNSTON	STATE RI	ZIP CODE 02919
4. BUSINESS PHONE NO. 401-272-1100		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 0059

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
GENERAL CONTRACTORS/CONSTRUCTION MANAGERS - COMMERCIAL

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME CAROLINE CALCAGNI			VICE PRESIDENT NAME G. ALFRED CALCAGNI, JR.		
STREET ADDRESS 32 LORING AVENUE			STREET ADDRESS 32 LORING AVENUE		
CITY PROVIDENCE	STATE RI	ZIP CODE 02906	CITY PROVIDENCE	STATE RI	ZIP CODE 02906
SECRETARY NAME CAROLINE CALCAGNI			TREASURER NAME G. ALFRED CALCAGNI, JR.		
STREET ADDRESS 32 LORING AVENUE			STREET ADDRESS 32 LORING AVENUE		
CITY PROVIDENCE	STATE RI	ZIP CODE 02906	CITY PROVIDENCE	STATE RI	ZIP CODE 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME NONE			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			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
8,000	SHS NO PAR VAL COM		8,000	COMMON	NO PAR VALUE

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.

*G. Alfred Calcagni, Jr.*  
Signature of Officer

G. ALFRED CALCAGNI, JR.

Print or Type Name of Officer

VICE PRESIDENT

12/21/95

Title of Officer

Date

File Date:

1/10/96

Check No:

6164

By:

*[Signature]*

For Secretary of State Use Only



**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.**

0051344

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

**CALSON CONSTRUCTION CORPORATION**

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: RI

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)

Phone: ( ) \_\_\_\_\_

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

Construction

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

1343 Hartford Ave.  
Johnston, RI 02919

Phone: (401) 272-1100

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>CAROLINE CALCAGNI</u>	<u>1343 HARTFORD AVE</u>	<u>JOHNSTON, RI</u>	<u>02919</u>
VICE PRESIDENT <u>ALFRED CALCAGNI, JR</u>	<u>1343 HARTFORD AVE</u>	<u>JOHNSTON RI</u>	<u>02919</u>
SECRETARY <u>CAROLINE CALCAGNI</u>	<u>1343 HARTFORD AVE</u>	<u>JOHNSTON RI</u>	<u>02919</u>
TREASURER <u>ALFRED CALCAGNI, JR</u>	<u>1343 HARTFORD AVE</u>	<u>JOHNSTON RI</u>	<u>02919</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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
4,000	Common - Voting (No Par Value)	4,000	Common - Voting (No Par Value)
4,000	Common - Non-Voting	4,000	Common - Non-Voting

Date 1/31, 1995

By: G. Alfred Calcagni, Jr.  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 TITLE OF OFFICER SIGNING

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.

GEORGE A. CALCAGNI  
 34 OAKDALE AVENUE  
 JOHNSTON RI 02919

**FILED**

FEB 02 1995

By: [Signature]  
02919

Filing Fee \$50.00  
Payable to:  
Secretary of State

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: 0051344 Annual Report for the year: 1994

Name of Business Entity: CALSON CONSTRUCTION CORPORATION

Business entity organized under the laws of the State of R.I.

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):

1343 Hartford Ave.

Johnston, R.I. 02919

Phone: (401) 272-1100

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. Fleury, Esq.

4172 Post Road

Warwick, R.I. 02818

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

General Bldg. Construction

Date of Organization: ~~11/9/93~~ 9/9/88 mac

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

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Caroline Calcagni</u>	<u>1343 Hartford Ave.</u>	<u>Johnston, R.I.</u>	<u>02919</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>G. Alfred Calcagni, Jr.</u>	<u>1343 Hartford Ave.</u>	<u>Johnston, R.I.</u>	<u>02919</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Caroline Calcagni</u>	<u>1343 Hartford Ave.</u>	<u>Johnston, R.I.</u>	<u>02919</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>G. Alfred Calcagni</u>	<u>1343 Hartford Ave.</u>	<u>Johnston, R.I.</u>	<u>02919</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 8,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par

**FILED**  
**FEB 22 1994**

By 1564 mac

Date 2/21, 19 94

By Caroline Calcagni

Caroline Calcagni  
PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

Form 21 - 94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

GEORGE A. CALCAGNI  
34 GARDALE AVENUE  
JOHNSTON RI 02919

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051344 Annual Report for the year 1993

FIRST: The name of the corporation is Calcagni-Conyers Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Building Construction

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 34 Oakdale Avenue  
Johnston, RI 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Caroline Calcagni	President	34 Oakdale Avenue, Johnston, RI 02919
G. Alfred Calcagni, Jr.	Vice President	34 Oakdale Avenue, Johnston, RI 02919
Caroline Calcagni	Secretary	34 Oakdale Avenue, Johnston, RI 02919
G. Alfred Calcagni, Jr.	Treasurer	34 Oakdale Avenue, Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

Rec'd & Filed MAR 8 1993  
AMC# 29  
898

Dated March 4, 1993

Calcagni-Conyers Corporation  
(Name of Corporation)

By Caroline Calcagni  
Title Secretary

(Report must be signed by an officer)

Form 21 (1-93)

GEORGE A. CALCAGNI  
34 OAKDALE AVE.  
JOHNSTON RI 02919

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051334 Annual Report for the year 1992

FIRST: The name of the corporation is Calcagni - Conyers Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Construction of Buildings

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 34 Oakdale Avenue  
Johnston, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
George A. Calcagni	President	34 Oakdale Avenue, Johnston, RI 02919
Roy Conyers	Vice President	34 Oakdale Avenue, Johnston, RI 02919
Roy Conyers	Secretary	34 Oakdale Avenue, Johnston, RI 02919
George A. Calcagni	Treasurer	34 Oakdale Avenue, Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

**Rec'd & Filed** MAR 8 1993  
AM 8:29  
898

Dated March 4, 19 93

Calcagni-Conyers Corporation  
(Name of Corporation)  
By [Signature]  
Title President

(Report must be signed by an officer)

Form 31 - 85

GEORGE A. CALCAGNI  
34 OAKDALE AVE  
JOHNSTON RI 02919

JAN 3 1991

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051844 Annual Report for the year 1991

FIRST: The name of the corporation is Calcagni - Conyers Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Construction of Buildings

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 34 Oakdale Avenue  
Johnston, RI 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
George A. Calcagni	President	34 Oakdale Avenue, Johnston, RI 02919
Roy Conyers	Vice President	34 Oakdale Avenue, Johnston, RI 02919
Roy Conyers	Secretary	34 Oakdale Avenue, Johnston, RI 02919
George A. Calcagni	Treasurer	34 Oakdale Avenue, Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

**Rec'd & Filed** MAR 8 1993  
AMT #29  
898

Dated March 4, 19 93

Calcagni-Conyers Corporation  
(Name of Corporation)  
By *George A. Calcagni*  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CZ

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051344

Annual Report for the year 1990

FIRST: The name of the corporation is Calcagni - Conyers Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Construction of Buildings

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 34 Oakdale Avenue  
Johnston, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
George A. Calcagni	President	34 Oakdale Avenue, Johnston, RI 02919
Roy Conyers	Vice President	34 Oakdale Avenue, Johnston, RI 02919
Roy Conyers	Secretary	34 Oakdale Avenue, Johnston, RI 02919
George A. Calcagni	Treasurer	34 Oakdale Avenue, Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	Series 10M 20 1990	No Par Value

PAID  
SECY OF STATE

Dated January 18, 19 90

Calcagni-Conyers Corporation

(Name of Corporation)

By *George A. Calcagni* (Signature)  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051344 Annual Report for the year 1989

FIRST: The name of the corporation is Calcagni - Conyers Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To enter into bids and contracts with persons, firms and corporations for the construction, alteration or improvement of buildings, and other construction work of a similar character, and the furnishings of labor and materials in the performance of such contracts and work.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 34 Oakdale Avenue  
Johnston, RI 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
George A. Calcagni	President	34 Oakdale Avenue, Johnston, RI 02919
Roy Conyers	Vice President	34 Oakdale Avenue, Johnston, RI 02919
Roy Conyers	Secretary	34 Oakdale Avenue, Johnston, RI 02919
George A. Calcagni	Treasurer	34 Oakdale Avenue, Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

PAID  
FEB 21 1989  
OFFICE OF STATE

Dated February 3, 19 89

Calcagni-Conyers Corporation  
(Name of Corporation)

By George A. Calcagni (Pres)

Title President

(Report must be signed by an officer)