State of Rhode Island and Providence Plantations

Office of The Secretary of State amended annual Report 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

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ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 003	4543		Annual Report for the y	/ear:/99_4		
Name of Corporation:	RAY PLANT	ñ + 50	NS INC.			
		2 I	Business Entity is (cl	heck one):		
			Business Corporation (See RIGL Chapter 7-1.1)			
For foreign entity, address and telephone number of principal office:			Professional Service Corporation (See RIGL Chapter 7-5.1)			
			() trotessionar oc	Trice Corporation (occ	raoz cimpio	1 7-5.17
			Brief statement of the	e character of business	conducted in	Rhode Island:
Phone; ()			Differ statement of an			
Address and telephone of the principal office of business entity in Rhode			EXCAVATION			
Island (Provide street address - Not P.O. Box):						
127 70	VENTA, R.I.	RO,				
Co	VENTA, R.I.	02816				
Phone: ()	<i>d</i>					
	<u>TH</u>		HE OFFICERS ARE:	CITY/STATE		ZIP CODE
PRESIDENT	0 4	STREET AD		_	O T	
THERILS A	PLANTE	/27 RE	SRRUDIA RO,	COVELTA,	1.1.	ZIP CODE
_	1 01 - 70 15			·	RI	02816
SECRETARY	1. PLANTIC 13	STREET ADI	RRSERVOUR DR.	COVILLE O	/L L	ZIP CODE
	1 DIA TO To	13 cove	Rd.	V	RI	13816
TREASURER CONTRACTOR	L. PLANTK IR	STREET ADI	DRESS	CHYSTATE		DA SI G
71130 000	PLANTIL	127 RK	STRYDIR RD	COVENTA	R.I.	02716
1 77 11 11 11 13 19			E DIRECTORS ARE:		<u> </u>	
NAME	Ine	STREET AD		CTIY/STATE		ZIP CODE
THERKSA	PLANTA	125 RB	Stavoia RD	Coventa	RI	02816
NAME	<i>P K</i> 17 = 1 = 0	STREET ADI	DRESS	COVIENTA		ZIP CODE
RICHARD	L. PLBNIR /	27 200	RUSER VOIR RD	CITYSTATE	RI	12516
NAME		STREET AD	DRESS 13 Core Rd.	CITY/STATE		ZIP CODE
RAZMONIS	L. PLANTE J.	7 /85 +	IRILIA TONS OF	COVENTR	RI	12816
•	,		ARRANCE OF CHARGO	1	ODIC OHA	
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		
				•	,	
100	Com mon		100	Common)	
						
Date 3-/			11 Da			
Date	, 19	. Ву:	unumas.	<u> </u>		
		PRINT OR T	YPE NAME OF OFFICER SIGNING			
Form 31 1/95		TITLE OF OF	FICER SIGNING PMP			
	DESIGNATED RE	GISTERED AGI	ENT FOR SERVICE C	F PROCESS:		
DI CASE NOTE ICA	1 00		in to account From Comunit	h. GlJ		

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.