



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. 68051		2. Name of Corporation J. D. SILVEIRA, INC.			
3. Street Address Principal Business Office ONE FINANCIAL PLAZA, SUITE 1500			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4018619042		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A CONTRACTOR AND SUB-CONTRACTOR FOR THE PURPOSE OF HANGING DRYWELL AND SHEET ROCK, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Escobar		Vice President Name David Silveira			
Street Address 262 Homestead Avenue		Street Address P.O. Box 14772			
City Rehoboth	State MA	Zip 02769	City East Providence	State RI	Zip 02914
Secretary Name Diana Escobar		Treasurer Name David Silveira			
Street Address 262 Homestead Avenue		Street Address Same			
City Rehoboth	State MA	Zip 02769	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 James Escobar		Director Name David Silveira			
Street Address Same		Street Address Same			
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
1,000 COMM NO PAR VALUE			100	common	no par

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



6 8 0 5 1

68051 DBC 01/05/05 10:26:34 AM

File Date _____

Check No. **FILED**

By: **FEB 08 2005**

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 DAVID SILVEIRA Date 1/17/05

Print or Type Name of Officer VICE-PRESIDENT

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 68051		2. Name of Corporation J. D. SILVEIRA, INC.			
3. Street Address Principal Business Office One Financial Plaza, Suite 1500			City Providence	State RI	Zip 02903
4. Business Phone No. 4018619042		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A CONTRACTOR AND SUB-CONTRACTOR FOR THE PURPOSE OF HANGING DRYWELL AND SHEET ROCK, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Escobar			Vice President Name David Silveira		
Street Address 80 Ide Avenue			Street Address P.O. Box 14772		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Diana Escobar			Treasurer Name David Silveira		
Street Address 80 Ide Avenue			Street Address Same		
City East Providence	State RI	Zip 02914	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 James Escobar			Director Name David Silveira		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
1,000 COMM NO PAR VALUE			100	common	no par

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



6 8 0 5 1

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 David Silveira Date 4/26/04
Print or Type Name of Officer DAVID SILVEIRA
Title of Officer VICE PRESIDENT

68051 DBC 01/09/04 10:16:09 AM
File Date 4/28/04
Check No. 3196
By: W
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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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 68051		2. Name of Corporation J. D. SILVEIRA, INC.			
3. Street Address Principal Business Office ONE FINANCIAL PLAZA, SUITE 1500			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4018619042		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A CONTRACTOR AND SUB-CONTRACTOR FOR THE PURPOSE OF HANGING DRYWELL AND SHEET ROCK, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Escobar		Vice President Name David Silveira			
Street Address 80 Ide Avenue		Street Address P.O. Box 14772			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Diana Escobar		Treasurer Name David Silveira			
Street Address 80 Ide Avenue		Street Address Same			
City East Providence	State RI	Zip 02914	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 James Escobar		Director Name David Silveira			
Street Address Same		Street Address Same			
City	State	Zip	City	State	Zip
Director Name None		Director Name None			
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
1,000 COMM NO PAR VALUE			100	common	no par

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



6 8 0 5 1

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 DAVID SILVEIRA Date 3/7/04
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer

68051 DBC 02/25/04 03:20:58 PM

File Date 3/10/04

Check No. 3173

By: U.

FOR SECRETARY OF STATE USE ONLY



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

Edward S. Inman, III, 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 OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

68051

J. D. SILVEIRA, INC.

3. Street Address Principal Business Office

City

State

Zip

One Financial Plaza, Suite 1500

Providence

RI

02903

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401 861-9042

RHODE ISLAND

34

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

Contractor, sub-contractor of personal residences, buildings, public works of all kinds

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

President Name

James Escobar

Vice President Name

David Silveira

Street Address

80 Ide Avenue

Street Address

P.O. Box 14772

City

E. Providence

State

RI

Zip

02914

City

E. Providence

State

RI

Zip

02914

Secretary Name

Diana Escobar

Treasurer Name

David Silveira

Street Address

80 Ide Avenue

Street Address

Same

City

E. Providence

State

RI

Zip

02914

City

Same

State

Zip

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

Director Name

James Escobar

Director Name

David Silveira

Street Address

Same

Street Address

Same

City

State

Zip

City

State

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



* 6 8 0 5 1 *

File Date: 1-22-03

Check No.: 2972

By: UP

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: DAVID SILVEIRA Date: 1/14/03

Print or Type Name of Officer: DAVID SILVEIRA

Title of Officer: VICE PRESIDENT



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

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.

68051

2. Name of Corporation

J. D. SILVEIRA, INC.

3. Street Address Principal Business Office

One Financial Plaza, Suite 1500

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 861-9042

5. State of Incorporation

RHODE ISLAND

6. SIC Code

34

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

Contractor, sub-contractor of personal residences, buildings, public works of all kinds

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

James Escobar

Vice President Name

David Silveira

Street Address

80 Ide Avenue

Street Address

P.O. Box 14772

City

E. Providence

State

RI

Zip

02914

City

E. Providence

State

RI

Zip

02914

Secretary Name

Diana Escobar

Treasurer Name

David Silveira

Street Address

80 Ide Avenue

Street Address

Same

City

E. Providence

State

RI

Zip

02914

City

Same

State

RI

Zip

02914

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

James Escobar

Director Name

David Silveira

Street Address

Same

Street Address

Same

City

E. Providence

State

RI

Zip

02914

City

E. Providence

State

RI

Zip

02914

Director Name

None

Director Name

None

Street Address

Street Address

City

E. Providence

State

RI

Zip

02914

City

E. Providence

State

RI

Zip

02914

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



* 6 8 0 5 1 *

File Date: 1-14-02
2752

Check No.: 22

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.

David Silveira 1/9/2002
Signature of Officer Date

DAVID SILVEIRA
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer



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

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



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.

68051

2. Name of Corporation

J. D. SILVEIRA, INC.

3. Street Address Principal Business Office

One Financial Plaza, Suite 1500

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 861-9042

5. State of Incorporation

RHODE ISLAND

6. SIC Code

34

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

Contractor, sub-contractor of personal residences, buildings, public works of all kinds

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

President Name

James Escobar

Street Address

80 Ide Avenue

City

E. Providence

State

RI

Zip

02914

Vice President Name

David Silveira

Street Address

P.O. Box 14772

City

E. Providence

State

RI

Zip

02914

Secretary Name

Diane Escobar

Street Address

80 Ide Avenue

City

E. Providence,

State

RI

Zip

02914

Treasurer Name

David Silveira

Street Address

Same

City

Same

State

RI

Zip

02914

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

Director Name

James Escobar

Street Address

Same

City

State

Zip

Director Name

David Silveira

Street Address

Same

City

State

Zip

Director Name

None

Street Address

Director Name

None

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



* 6 8 0 5 1 *

File Date: 1/30

Check No.: 2560

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] 1/26/2001
Signature of Officer Date

DAVID SILVEIRA
Print or Type Name of Officer

Vice President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

68051

J. D. SILVEIRA, INC.

3. Street Address Principal Business Office

1500 BankBoston Plaza

City

Providence

State

RI

Zip

02903

4. Business Phone No.

861-9042

5. State of Incorporation

RHODE ISLAND

6. SIC Code

34

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

Contractor, sub-contractor of personal residences, buildings, public works of all kinds

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

President Name

James Escobar

Street Address

80 Ide Avenue

City

State

Zip

E. Providence

RI

02914

Secretary Name

Diane Escobar

Street Address

80 Ide Avenue

City

State

Zip

E. Providence

RI

02914

Vice President Name

David Silveira

Street Address

P.O. Box 14772

City

State

Zip

E. Providence

RI

02914

Treasurer Name

David Silveira

Street Address

Same

City

State

Zip

Same

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

Director Name

James Escobar

Street Address

Same

City

State

Zip

Same

Director Name

None

Street Address

City

State

Zip

Director Name

David Silveira

Street Address

Same

City

State

Zip

Same

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



* 6 8 0 5 1 *

File Date: 2/9/00

Check No.: 2377

By: C

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.

David Silveira 2/7/2000
Signature of Officer Date

DAVID SILVEIRA
Print or Type Name of Officer

V. PRESIDENT
Title of Officer



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

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**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 68051		2. Name of Corporation J. D. SILVEIRA, INC.			
3. Street Address Principal Business Office 1500 BankBoston Plaza			City Providence	State RI	Zip 02903
4. Business Phone No. 861-9040		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island Contractor, sub-contractor of personal residences, buildings, public works of all kinds					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Escobar			Vice President Name David Silveira		
Street Address 80 Ide Avenue			Street Address P.O. Box 14772		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
Secretary Name Diana Escobar			Treasurer Name David Silveira		
Street Address 80 Ide Avenue			Street Address Same		
City E. Providence	State RI	Zip 02914	City Same	State Same	Zip Same
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James Escobar			Director Name David Silveira		
Street Address Same			Street Address Same		
City Same	State Same	Zip Same	City Same	State Same	Zip Same
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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
1,000 COMM NO PAR VALUE			100	common	no par

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



* 6 8 0 5 1 *

File Date: May 11, 99

Check No.: 2206

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] 3/10/99
Signature of Officer Date

DAVID SILVEIRA
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 68051		2. Name of Corporation J. D. SILVEIRA, INC.			
3. Street Address Principal Business Office 1500 Hospital Trust Tower		City Providence	State RI	Zip 02903	
4. Business Phone No. 861-9040		5. State of Incorporation RHODE ISLAND		6. SIC Code 0034	
7. Brief Description of the Character of Business Conducted in Rhode Island Contractor, sub-contractor of personal residences, buildings, public works or all kinds					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name James Escobar		Vice President Name David Silveira			
Street Address 80 Ide Avenue		Street Address 740 Willett Avenue			
City E.Providence	State RI	Zip 02914	City E.Providence	State RI	Zip 02915
Secretary Name Diana Escobar		Treasurer Name David Silveira			
Street Address 80 Ide Avenue		Street Address same			
City E.Providence	State RI	Zip 02914	City same	State same	Zip same
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name James Escobar		Director Name David Silveira			
Street Address same		Street Address same			
City same	State same	Zip same	City same	State same	Zip same
Director Name None		Director Name None			
Street Address same		Street Address same			
City same	State same	Zip same	City same	State same	Zip same
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	common	no par

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



* 6 8 0 5 1 *

File Date: **1/30/98**
Check No.: **2016**
By: **UP**

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: **David Silveira** Date: **1/30/98**

Print or Type Name of Officer: **DAVID SILVEIRA**

Title of Officer: **V. PRESIDENT**



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

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



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. 68051		2. Name of Corporation J. D. SILVEIRA, INC.	
3. Street Address Principal Business Office 1500 Hospital Trust Tower		City Providence	State RI
4. Business Phone No. 861-9040		Zip 02903	
5. State of Incorporation RHODE ISLAND		6. SIC Code 0034	
7. Brief Description of the Character of Business Conducted in Rhode Island Contractor, sub-contractor of personal residences, buildings, public works of all kinds			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name James Escobar		Vice President Name David Silveira	
Street Address 80 Ide Avenue		Street Address 740 Willett Avenue	
City E.Providence	State RI	City E.Providence	State RI
Zip 02914		Zip 02915	
Secretary Name Diana Escobar		Treasurer Name David Silveira	
Street Address 80 Ide Avenue		Street Address same	
City E.Providence	State RI	City same	State same
Zip 02914		Zip same	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name James Escobar		Director Name David Silveira	
Street Address same		Street Address same	
City same	State same	City same	State same
Zip same		Zip same	
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
Zip None		Zip None	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1,000 COMM NO PAR VALUE		100	common
			no par

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



File Date: 1/28/97
Check No.: 1837
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: 1/21/97
Print or Type Name of Officer: DAVID SILVEIRA
Title of Officer: V. PRESIDENT

**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. 68051		2. NAME OF CORPORATION J. D. SILVEIRA, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1500 Hospital Trust Tower		CITY Providence	STATE RI
		ZIP CODE 02903	
4. BUSINESS PHONE NO. 861-9040		5. STATE OF INCORPORATION Rhode Island	
		6. SIC CODE 0034	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Contractor, sub-contractor or personal residences, buildings,
public works of all kinds

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME James Escobar			VICE PRESIDENT NAME David Silveira		
STREET ADDRESS 80 Ide Avenue			STREET ADDRESS 740 Willett Avenue		
CITY E.Providence	STATE RI	ZIP CODE 02914	CITY E.Providence	STATE RI	ZIP CODE 02915
SECRETARY NAME Diana Escobar			TREASURER NAME David Silveira		
STREET ADDRESS 80 Ide Avenue			STREET ADDRESS Same		
CITY E.Providence	STATE RI	ZIP CODE 02914	CITY Same	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME James Escobar			DIRECTOR NAME David Silveira		
STREET ADDRESS Same			STREET ADDRESS Same		
CITY Same	STATE	ZIP CODE	CITY Same	STATE	ZIP CODE
DIRECTOR NAME None			DIRECTOR NAME None		
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
1,000	common	no par value	100	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.

File Date:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

David Silveira


Print or Type Name of Officer

V. President

Title of Officer

Date

FORM 31 12/95

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

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0068051 Annual Report for the year: 1995

Name of Corporation: J. D. SILVEIRA, INC.
Business entity organized under the laws of the State of: Rhode Island
For foreign entity, address 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)

Phone: ()
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1500 Hospital Trust Tower
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:
contractor, sub-contractor of
personal residences, buildings,
public works of all kinds

Phone: () 861-9040

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT			
	<u>James Escobar</u>	<u>80 Ide Avenue, East Providence, RI</u>	<u>02914</u>
VICE PRESIDENT			
	<u>David Silveira</u>	<u>740 Willett Avenue, East Providence, RI</u>	<u>02914</u>
SECRETARY			
	<u>Diana Escobar</u>	<u>80 Ide Avenue, East Providence, RI</u>	<u>02914</u>
TREASURER			
	<u>David Silveira</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>James Escobar</u>		
	<u>David Silveira</u>		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

1,000 no par common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

100 no par common

FILED

FEB 10 1995

By 10P#30-1476

Date FEBRUARY 8, 19 95

By: David Silveira
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING
Vice President

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 J. WEST, ESQ.
1500 HOSPITAL TRUST TOWER
PROVIDENCE RI 02903

ing Fee \$50.00
yable to:
ecretary of State

PLEASE TYPE or PRINT *CH # 1335 mmc*
State of Rhode Island and Providence Plantations *5000*
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: 0068051 Annual Report for the year: 1994

Name of Business Entity: J. D. SILVEIRA, INC.

Business entity organized under the laws of the State of: Rhode Island
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):
1500 Hospital Trust Tower
Providence, RI 02903
Phone: () 861-9040

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:
David Silveira, V. Pres.
740 Willett Avenue
Riverside, RI 02915

Brief statement of the character of business conducted in Rhode Island:
contractor/sub-contr. of personal
residences, buildings, public works
of all kinds
Date of Organization: 5/4/92
Date of Qualification to do business in Rhode Island (if foreign entity):
n/a

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
James Escobar	80 Ide Avenue, East Providence, RI	02914	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
David Silveira	740 Willett Avenue, East Providence, RI	02915	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
Diana Escobar	80 Ide Avenue, East Providence, RI	02914	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
David Silveira			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
James Escobar			
David Silveira			

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>1,000 common, no par</u>	NUMBER <u>100 common, no par</u>
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR

J. D. SILVEIRA, INC.

Filing Fee \$50.00

DKB-13122

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 0058051 Annual Report for the year 1993

FIRST: The name of the corporation is J. D. SILVEIRA, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is contractor/sub-contractor

of personal residences, buildings, public works of all kinds

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

FIFTH: Business address in Rhode Island 1500 Hospital Trust Tower

Providence, RI 02903

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

Name

Office

Address (including number, street, zip code)

James Escobar Director 80 Ide Ave., East Providence, RI 02914

David Silveira Director 740 Willett Ave., East Providence, RI 02915

Director

James Escobar President

David Silveira Vice President

Diana Escobar Secretary 80 Ide Ave., East Providence, RI 02914

David Silveira Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1,000 no par common

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100 no par common

Dated January 1993

J. D. SILVEIRA, INC.

(Name of Corporation)

By James J. Escobar of J.D. Silveira
Title President

(Report must be signed by an officer)