

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 • F	iling Fee: \$50.00					
(FORM MUST BE TYPED IN B							
1. Corporate ID No.	2. Name of Corpo			<u> </u>			
68051	J. D. SILVEI	RA, INC.					
3. Street Address Principal Busin	••		City	State	Zip		
ONE FINANCIAL PLA	ZA, SUITE 15	500	PROVIDENCE	RI	02903		
4. Business Phone No.		5. State of Incorpo	ration		6. SIC Code		
4018619042		RHODE ISL	AND		34		
7. Brief Description of the Chard	icter of Business Con	ducted in Rhode Island					
TO ACT AS A CONTRACT	FOR AND SUB-C	ONTRACTOR FOR T	HE PURPOSE OF HANGING DRY	WELL AND SHEET	ROCK, ETC.		
8. NAMES AND ADDRESS	SES OF THE OFF	ICERS ("X" BOX FO	RATTACHMENT) FILL IN SPACE	ES BEFORE USING AT	TACHMENTS		
President Name			Vice President Name	**************************************	·		
James Escobar			. David Silveira				
Street Address			Street Address				
262 Homestead Aver			P.O. Box 14772				
City	State	Zip	City	State	Zip		
Rehoboth] MA	02769	· East Providence	RI	02914		
Secretary Name Diana Escobar			Treasurer Name	• • • • • • • • • • • • • • • • • • • •			
<u> </u>		 	David Silveira	·			
Street Address			* Street Address				
262 Homestead Aver			.Same				
City Rehoboth	State	Zip	City	State	Zip		
	MA	02769					
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX F	<i>OR ATTACHMENT)</i> 🗋 FILL IN SPA	CES BEFORE USING	ATTACHMENTS		
James Escobar			Director Name	•			
			David Silveira				
Street Address			Street Address				
Same			Same				
City	State	Zip	•Clty	State	Zip		
Director Name	J	<i></i>]		
Director Name			• Director Name				
Street Address			•				
Phres Markey			·Street Address				
City	State	Zip	City	l Pa-sa	7:-		
,		Zip	•	State	Zip		
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This report must be signed	d in ink hy eithe	or the President Vic	e President, Secretary, Assistar	· Comment Town			
The report many or bigited	a on min by come	incrication, ric	e i residem, becreiury, Assistar	n secretary, treast	irer, keceiver of Irusiee		
.=							
6 8 0	5 1		Under penalty of perjury	, I declare and affirm t	that I have examined		
			this report, including any	accompanying sched	ules and statements,		
68051 DBC 01/05/05 1	0:26:34 AM		and that All statements c	and that all statements contained herein are true and correct.			
					سر المال		
File Date		-	100	111/05			
Check No.	البا		Signature of Officer)ate		
		-	DAVID S	D1LVEIR1A			
By: FEB 0.8 2	2005		Print or Type Name of Offic	cer			
		-	VICE-T	RESIDENT			
FOR SECRETARY OF TATE	The out (vy	$\overline{\mathcal{W}}$	Title of Officer	<u> </u>	Form 630 12/01		



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

ruing Perioa: January 1 -		g Fee: \$50.00			
(FORM MUST BE TYPED IN BI	ACK) 2. Name of Corporation 2. Name of Corporation	10			
68051	J. D. SILVEIRA				
3. Street Address Principal Busine	. •		City	State	Zip
One Financial Plaz	a, Suite 1500)	Providence	RI	02903
4. Business Phone No.		5. State of Incorporatio	n	1	6. SIC Code
4018619042		RHODE ISLAND)		34
7. Brief Description of the Charact TO ACT AS A CONTRACT	cier of Business Conduction OR AND SUB-CONT	ed in Rhode Island TRACTOR FOR THE	PURPOSE OF HANGING DRY	WELL AND SHEET	ROCK, ETC.
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING A	TTACHMENTS
President Name James Escobar			Vice President Name		-
Street Address			· David Silveira *Street Address		
80 Ide Avenue			P.O. Box 14772		
City	State	Zip	City	State	Zip
East Providence	RI	02914	East Providence	RI	02914
Diana Escobar			David Silveira		
Street Address			Street Address		
80 Ide Avenue			. Same		
City	State	Zip	`City	State	Zip
East Providence	RI	02914	•		
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FOR	ATTACHMENT) [] FILL IN SPA	CES BEFORE USING	ATTACHMENTS
James Escobar			David Silveira		
Street Address			Sireei Address		
Same			* Same		
City	State	Zip	-City	State	Zip
Director Name	1	.1			
None			* Director Name * None		
Street Address			·Sireei Address		Made was also to a second
•			•		
City	Siate	Zip	City	State	Zip
10. SHARES AUTHORIZE	O ("X" BOX FOR ATT	ACHMENT) 🗆	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMEN	√ <i>n</i> □
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR V	ALUE		100	common	no par
; : •					
This report must be signed	in ink by either th	ne President. Vice P	t resident, Secretary, Assistan	Secretory Tream	urer Receiver on Tours
			outain, outretury, mastatun	i becretary, Treus.	mer, neceiver or irustee
18 SIGN (PN) 8 8 19 1	TIFEI IID				
464					
			I Indo	7.4.1	
			Under penalty of perjury this report, including any	, i declare and allirm	that I have examined
68051 DBC 01/09/04 10	0:16:09 AM]	and that all statements of	intained herein are tru	ue and correct.
File Dale 478104			4 501	<i>,</i>	illail si
Pile Dale 1105 101			1-11-		9/26/04
Check No. 3196			Signature of Officer Date		
-			Print or Type Name of Office	216N51MA	·
B_{Y} . (3)			I I I I I I I I I I I I I I I I I I I		
FOR: SECRETARY OF STATE U	ISE ONLY		VIC2 /	RESIDEN	17
<u> </u>		<u> </u>	Title of Officer		Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 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 BE	ACK)	Σ CC. ψ50.00			
1. Corporate ID No.	2. Name of Corporation				
68051	J. D. SILVEIRA,	INC.			
3. Street Address Principal Busine	ss Office		City	State	\Zip
ONE FINANCIAL PLAZ	A, SUITE 1500		PROVIDENCE	RI	102903
4. Business Phone No.		5. State of Incorporation			6. SIC Code
4018619042		RHODE ISLAND			34
7. Brief Description of the Charact TO ACT AS A CONTRACT	ter of Business Conducte OR AND SUB-CONT	d in Rhode Island RACTOR FOR THE PU	RPOSE OF HANGING DRYW	VELL AND SHEET ROC	K, ETC.
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
rresiaeni Name	314		Vice President Name	o bel old obligation	
James Escobar			∙David Silveira		
Street Address			* Street Address		
80 Ide Avenue			.P.O. Box 14772		
City	State	Zip	City	State	Zip
East Providence	RI	02914	• East Providence	RI	02914
Secretary Name			Treasurer Name		******
Diana Escobar			David Silveira		
Street Address			`Street Address		
80 Ide Avenue	·		.Same		
City East Providence	State RI	<i>Zip</i> 02914	*City	State	Zip
		1	·		<u> </u>
Director Name	SOUP THE DIRECT	ORS ("X" BOX FOR AI	TACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS.
James Escobar			'David Silveira		
Street Address			Street Address		mmere se o o o o o o o o
Same			*Same		
City	State	7:-	•		
	Siate	Zip	•City	State	Zip
Director Name	<i> </i>	·	*	. l. <i></i>]
None			* Director Name * None		
Sireei Address			*Sireei Address		
			Prices Marie 22		
City	State	Zip	·City	State	· Zip
			•		,
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BO	X FOR ATTACHMENT	
AUTHORIZED SHARES			ISSUED SHARES	AT ORATI TAGINIZATI)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR V	ALUE		100	common	no par
			de correction programmes and an analysis of the second annual and the second and		ta la
			1	-	
This report must be signed	in ink by either the	President, Vice Pres	sident. Secretary Assistant	Secretary Treasurer	Receiver or Trustee
	•	,	,		necessor or remarce
IA PINTI ISHI ASISI I	191 2 1 11 3				
0 0 0 5	1		Under penalty of perjury,	I declare and affirm that I	have examined
			this report, including any	accompanying schedules a	ind statements.
68051 DBC 02/25/04 03	3:20:58 PM		and that all statements con	ntained herein are true and	correct,
File Date 3/00) PC		17 5/	1 - 3	17/11
0177			Signature of Officer	Date	1/0/
Check No. 31+3			DAILID	<i>i</i>	
_ (Q			Print or Type Name of Officer VICE PRESIDENT		
$B_{\underline{Y}}$ \searrow 1		<u>, </u>	■ Vice 1	PRSSINGALT	
FOR SECRETARY OF STATE U	SE ONLY		Title of Officer	VCCS/DEVV /	Form 630 12/01



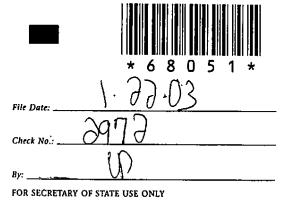
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate 1D No. 2. Name of Corporation 68051 J. D. SILVEIRA, INC. 3. Street Address Principal Business Office State ZipOne Financial Plaza, Suite 1500 Providence RI 02903 4. Business Phone No. 6. SIC Code 401 861-9042 RHODE ISLAND 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 Vice President Name James Escobar David Silveira Street Address Street Address 80 Ide Avenue P.O. Box 14772 City State City Zip E. Providence RI 02914 E. Providence RT 02914 Secretary Name Treasurer Name Diana Escobar David Silveira Street Address Street Address 80 Ide Avenue Same City City Zio E. Providence 02914 RI Same 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name James Escobar David Silveira Street Address Street Address Same Same City City State Zip Director Name Director Name None None Street Address Street Address City Zip Cin State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series 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





Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

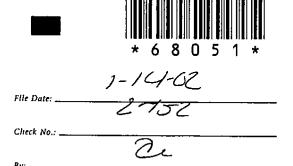
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

407-222-3040					
STOP					
PLEASE READ INSTRUCTIONS					

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(FORM MUST BE TYPED IN BL	ACK)				
I. Corporate ID No.	2. Name of Corpor	ation			
68051	J. D. SILVE	IRA, INC.			
3. Street Address Principal Business	office		City	State	Zip
One Financial P	laza, Suite	15000	Providence	RI	02903
4. Business Phone No.		5. State of Incorporat	ion		6. SIC Code
(401) 861-9042		RHODE ISLA	ND		34
7. Brief Description of the Characte	r of Business Conducted	in Rhode Island			
Contractor, sub	-contractor	of personal res	idences, buildings,	public works of	all kinds
8. NAMES AND ADDRES				BEFORE USING ATTAC	
President Name			Vice President Name		
James Escobar			David Silveira	•	
Street Address			Street Address		
80 Ide Avenue			P.O. Box 14772		
City	State	Zip	City	State	Zip
E. Providence	RI	02914	E. Providence	RI	02914
Secretary Name		•	Treasurer Name	•	·
Diana Escobar			David Silveira		
Street Address			Street Address		
80 Ide Avenue			Same		
City	State	Zip	City	State	Zip
E. Providence	RI	02914	Same		
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS
Director Name			Director Name		
James Escobar			David Silveira		
Street Address			Street Address		
Same	_	•	Same		
City	State	Zip	City	State	Zip
Director Name		- ·	Director Name	•	
None			None		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (*)	K" BOX FOR ATTACHMENT	,)
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VA	LUE		100	common	no par

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

€ 5



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm t	hat I have examined
this report, including any accompanying schedu	ules and statements, and
that all statements contained herein are true an	d correct.
Many	1/9/2002
Signature of Officer	Date
DAVID SILVEIRA	
Print or Type Name of Officer	
VICE PRESIDENT	
Title of Officer	

Form 630 12/01



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

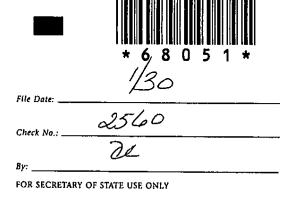
Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

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. 2. Name of Corporation 68051 J. D. SILVEIRA, INC. 3. Street Address Principal Business Office 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 Vice President Name James Escobar David Silveira Street Address Street Address 80 Ide Avenue P.O. Box 14772 E. Providence ^zip 02914 Providence Secretary Name Treasurer Name Diane Escobar David Silveira Street Addréss Street Address 80 Ide Avenue Same City State Zip City State Zip E. Providence, RI 02914 Same 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) __ FILL IN SPACES BEFORE USING ATTACHMENTS ____ Director Name Director Name James Escobar David Silveira Street Address Street Address Same Same City State Zip City State Zip Director Name Director Name None None Street Address Street Address City State Zio Cin Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value 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



Under penalty of perjury,	l declare and affirm	that I have examined
this report, including any	accompanying sche	dules and statements, and
that all statements contain	ned herein are true a	and correct.
10		1/2//2
1000)K		1/24/201_
Signature of Officer		Date
74.5		

Print or Type Name o	f Officer	
	PRESIDENT	
Title of Officer		

Form 630 12/00



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

401-222-3040 STOP PLEASE READ

(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 02903 RI Providence 1500 BankBoston Plaza 4. Business Phone No. S. State of Incorporation 6. SIC Code 34 861-9042 RHODE ISLAND 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 Vice President Name James Escobar David Silveira Street Address Street Address 80 Ide Avenue P.O. Box 14772 Zip E. Providence 02914 E. Providence RI 02914 Secretary Name Diane Escobar David Silveira Street Address Street Address 80 Ide Avenue Same Zip City Cltv State State Zip 02914 E. Providence RI Same 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name . Director Name James Escobar Street Address David Silveira Street Address Same Same City Zip Zip Same Same Director Name Director Name None None Street Address Street Address State ZIp State City Zio 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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:	219100
Check No.:	2377
Ву:	Ce
FOR SECRETA	ARY OF STATE USE ONLY

Under	penalty of pe	rjury, 1 declare	and affirm th	at I have ex	amined
this re	port, includir	g any accomp	anying schedu	les and state	ements, and
that a	Il storements of	contained here	In are true and	d correct.	1/200
Signatu	re of Officer			Date	
	DAVED	SILVE	INA		
Print of	Type Name of O	ficer			
Till of	<u> </u>	SIDENT			
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

Filing Period: January	1-March 1 •	Filing Fee:	\$50.00		
(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No.	2. Name of Corpora	ition.			

1. Corporate ID No.	2. Name of Corporation					
68051	💆 J. D. SILVEIRA	A, INC				
3. Street Address Principal Business Of	•		City	State	Zip	
1500 BankBost	on Plaza		Providence	RI	02903	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
861-9040		RHODE ISLAI	ND		34	
7. Brief Description of the Character of Contractor, so public works	Business Conducted in Rh SUD-CONTRACT Of all kind	tor of perso ds	onal residences, b	uildings,		
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) 🕒 FILL IN SPACES BEI	ORE USING ATTAC	HMENTS	
President Name			Vice President Name			
James Escobar	<u> </u>		David Silveira	David Silveira		
Street Address		, , , , , , , , , , , , , , , , , , , ,	Street Address	,		
80 Ide Avenue	<u> </u>		P40.%Böx≔147 <i>7.</i> 2	all had		
City	State	Zip	City	State	Zip .	
E.Providence	RI	02914	E.Providence	RI	02914	
Secretary Name	•		Treasurer Name			
Diana Escobai	٢		David Silveira			
Street Address			Street Address			
80 Ide Avenue	≥		Same			
City	State	Zip	City	State ·	Zip	
E.Providence	RI	: 02914	Same			
9. NAMES AND ADDRESSI	S OF THE DIRECT	TORS ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SPACES B	EFORE USING ATTA	CHMENTS	
Director Name			Director Name			
James Escoba:	<u> </u>		David Silveira			
Street Address			Street Address			
Same			Same			
City	State	Zip	City	State	Zip	
Same			Same			
Director Name			Director Name		,	
None :			None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	IMENT) 1]	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT) C	
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	i in ink by either	the President, Vice	President, Secretary, Assista	nt Secretary, Treasu	irer, Receiver or Tru	

* 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
File Date: 199	that all statements contained herein are true and correct. 3/10/99 Signature of Officer Date
By:	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 BLAC					
1. Corporate ID No.	2. Name of Corporation				
68051	J. D. SILVEIR	A, INC.			
3. Street Address Principal Business O			City	State	Zip
1500_Hospital	_Trust_Towe		Providence	RI	02903
		5. State of incorporation	ID		6. SIC Code
861-9040 7. Brief Description of the Character of	f Rusiness Conducted in P	RHODE ISLAN		·	0034
public works (or all kind	.S	al residences, bu	ildings,	
8. NAMES AND ADDRESSI President Name	ES OF THE OFFICE	ERS ("X" BOX FOR ATTAC			
			Vice President Name		
James Escobar			David_Silveir	a	
80 Ide Avenue			740 Willett A	venue	
E.Providence	State RI	02914	E.Providence	State RI	^{Zip} 02915
Secretary Name		***************************************	Treasurer Name	**************	
_Diana_Escobar			David_Silveir	a	•
Street Address		•	Street Address		
80 Ide Avenue			same		
E.Providence	State	Zip	City	State	Zip
	RI	02914	: same		
9. NAMES AND ADDRESSE	EZ ÖL THE DIKEC.	TORS ("X" BOX FOR ATT	ACHMENT) U		
James Escobar			David Silveir	a	
Street Address		·	Street Address		
same			same	•	
city same	State	Zip	^{City} same	State	Zip
Director Name	i	••••••••	Director Name		
None			None		
Street Address		and the second	Street Address		
City ,	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACE	IMENT)	11. SHARES ISSUED ("X" B	OV FOR ATTICIPIENT	<u>, ()</u>
AUTHORIZED SHARES			ISSUED SHARES	OA FOR ALLAUMMENT	<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR	VALUE		100	common	no par
	e an e apromise P or				
			1	- -	
This report must be signed	l in ink by either	the President, Vice	President, Secretary, Assistar	it Secretary, Treasu	rer, Receiver or Trustee

** ***	
	* 6 8 0 5 1 *
Flie Date:	130.981
Check No.:	2010
Ву:	IUP
FOR SECRETA	RY 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.

1/30/98

Signature of Officer

Date

Print or Type Name of Officer

THESSIDENT



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.

2. Name of Corporation

68051

J. D. SILVEIRA, INC.

3. Street Address Principal Business Office

Providence

1500 Hospital Trust Tower 4. Business Phone No.

5. State of Incorporation

RI

02903 6. SIC Code

861-9040

RHODE ISLAND

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

Vice President Name

David Silveira

David Silveira

Street Address

James Escobar 80 Ide Avenue

Street Address 740 Willett Avenue

2ip

City E.Providence

RI

02914

City E.Providence

RI

02915

Secretary Name

Diana Escobar

Street Address

80 Ide Avenue

E.Providence

RI

02914

Street Address same

Treasurer Name

same

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

Director Name

James Escobar

Street Address same

David Silveira

Street Address

Director Name None

same City same

State

City

same

Director Name

None

Street Address

Street Address City

State

Zip

City

State

State

Zip

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

100

common

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.

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

TARY OF STATE USE ONLY

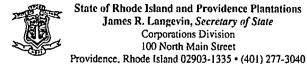
Signature of Offi

PROFIT CORPORATION ANNUAL REPORT

1996

J. D. SILVEIRA, INC.

2. NAME OF CORPORATION



STATE

State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

ZIP CODE

Corporations Division 100 North Main Street

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

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

1. CORPORATE ID NO.

68051

1500 Hospital Trust Tower Providence RI 02903 4. BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6. SIC CODE 861-9040 Rhode Island 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 VICE PRESIDENT NAME James Escobar David Silveira STREET ADDRESS STREET ADDRESS 740 Willett Avenue 80 Ide Avenue CITY ZIP CODE ZIP CODE 02914 E.Providence RI E.Providence RI 02915 SECRETARY NAME TREASURER NAME Diana Escobar David Silveira STREET ADDRESS STREET ADDRESS 80 Ide Avenue Same STATE ZIP CODE CITY ZIP CODE STATE 02914 E.Providence RI Same A D D R E S S E,S THE NAMES A N D 0 F DIRECTORS DIRECTOR NAME DIRECTOR NAME James Escobar David Silveira STREET ADDRESS STREET ADDRESS Same Same CITY ZIP CODE STATE CITY STATE ZIP CODE Same Same DIRECTOR NAME DIRECTOR NAME None None STREET ADDRESS STREET ADDRESS CITY STATE ZIP CODE ZIP CODE STATE SHARES AUTHORIZED A N D **AUTHORIZED SHARES** ISSUED_SHARES

PLEASE TYPE OR PRINT IN BLACK INK.

This report must be SIGNED IN INK by either the

no par value

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

PAR VALUE

no par value

File Date: 4 12 9 6
Check No: Ub 74
By: (f)
For Secretary of State Use Only

CLASS / SERIES

common

NUMBER OF SHARES

1,000

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.

CLASS / SERIES

common

NUMBER OF SHARES

100

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 Prii File Annually – Jan. 1 - March Filing Fee \$50.(4)

Make Checks Payable to: Secretary of Stat

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

Corporate ID:	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)
•	1 Trotessional Service Corporation (See RIGL Chapter 7-5.1)
Phone: ()	Brief statement of the character of business conducted in Rhode Island: contractor, sub-contractor of
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	personal residences, buildings, public works of all kinds
Phone: () 861-9040	
THE NAMES OF TI	HE OFFICERS ARE:
PRESIDENT STREET ADI	DRESS CITY/STATE ZIP COD
James Escobar 80 Ide Avenue, vice president David Silveira 740 Willett Ave	East Providence, RI 02914 DRESS CITY/STATE ZIP COD- enue, East Providence, RI 02914
Diana Escobar 80 Ide Avenue,	
TREASURER STREET ADD	
	E DIRECTORS ARE:
James Escobar	ZPCOB
David Silveira	DRESS CITY/STATE ZIP CODE
NAME STREET ADD	ORESS CITY/STATE ZIP CODI
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
1,000 no par common	100 no par common _{By 100} #30-1476
Date FEBLURLY 8, 1995 By:	Day Sil
PRINT OR THE	Savid Silveira PINAF OPOFECERIBENT FICER SIGNING
DESIGNATED REGISTERED AGE	

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

ling Fee \$50.00 ayable to: ecretary of State

PLEASE TYPE or PRINT Ch # 1335 Mile File Annually

State of Rhode Island and Providence Plantations 50 co LLC: Sept. 1 - Nov. 1

Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335

	77-3040	
0068051	Annual Report for the year:1994	
corporate 1D	UETOA TNC	
Name of Business Entity:		
Business entity organized under the laws of the State of: Rhode Island Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office:	Parison Entity is (check one):	· 7-5.1)
n/a	communications may be directed:	
	David Silveira, V. Pres.	
	740 Willett Avenue	
Phone: ()	Riverside, RI 02915	
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	This character of business conducted in Rhode	: Island:
1500 Hospital Trust Tower Providence, RI 02903	contractor/sub-contr. of personal residences, buildings, public wor of all kinds	rks ———
ETOATOON TO	Date of Organization: 5/4/32-1	
Phone: () 861-9040	Date of Qualification to do business in Rhode Island (if foreign	entity).
Phone: () 861-9040	n/a	
THE NAMES OF	THE OFFICERS ARE:	7.IP COD
☐ CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) STREET	Rast Providence, RI 02914	ZIP COD
Tames Escobar 80 Ide Aven	TADDRESS CITY/STATE TADDRESS RT 02915	ZIP COD
	Avenue, East Providence, RI 02915 Traddress Citystate	ZIP COI
Custodian of records or Secretary (Check One) Diana Escobar 80 Ide Aven	nue, East Providence, RI 02914	ZIP CO
CHIEF FINANCIAL OFFICER OR X TREASURER (Check One)	T ADDRESS	
David Silveira THE NAMES OF	THE DIRECTORS ARE:	ZIP CO
NAME	ET ADDRESS CITY/STATE	
Tamor Recobar	ET ADDRESS CITY/STATE	ZIP CC
NAME David Silveira	CITANTATE	ZIP CO
NAME STREET	ET ADDRESS CITYSTATE	
	NUMBER OF SHARES ISSUED AND OUTSTANDING (If A	pplicable)
NUMBER OF SHARES AUTHORIZED (If Applicable)		
NUMBER 1,000 common, no par	NUMBER 100 common, no par	
CLASS	CLASS	
SERIES	SERIES DAR VALUE OR	
PAR VALUE OR	PAR VALUE OR WITHOUT PAR	
WITHOUT PAR	J. D. SILVEIRA, INC.	
!	9 1 0 1	

march Inpl 14

1094

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	2068051	Annual Report for the yea	r1993
FIRST: The name	of the corporation is	J. D. SILVEIRA, INC.	
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, is	s contractor/sub-cont	cactor
of persona	l residences, buil	ldings, public works of al	ll kinds
FOURTH: If foreig	n corporation, address of its	principal office	
FIFTH: Business ac	ddress in Rhode Island	1500 Hospital Trust	Tower
•••••••••••••••••••••••••••••••••••••••		Providence, RI 029	003
SIXTH: Names and Name	d addresses of its directors as	nd officers: Address (including number, s	(Attach rider if necessary)
- James-Escobar	Director-	80-Ide Ave., East Pro	ovidence,-RI-02914-
	Director Director	740 Willett Ave., Eas	st Providence, RI 02915
James Escobar	President	,	
David Silveir	aVice Presi	dent	
	Secretary		
David_Silveir			
SEVENTH: Number	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1,000 no par	common	KAID	
Еібнтн: Number o	of Shares issued:	MAR 2 4 1993	Par Value
No. of Shares	Class	SECRETARY OF STATE	or statement that shares are without
.100 no par	-	Series	par value
Dated January	19 93	J. D. SILVEIRA, INC	Λ Λ΄
		By James J. Ercober	of J.D. Selvine
(Report must be	signed by an officer)	Title President	· /