

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Filing Period: January 1 (FORM MUST BE TYPED OR)	l - March 1 🔸	NNUAL REPO Filing Fee: \$50.00	RT FOR THE YEAR	R 2005	<u> </u>
1. Corporate II) No.					<u></u>
72154	2. Name of Corp. W. H. PEP	PES GENERAL CONTRA	CTOR INC		
	ness Office MITHFIELD		city Lincoln	State R7	^{zip} 02865
4. Business Phone No. 7	22-1912	5: State of Incorporati	on -	72.214	6. SIC Code
7 Brief Discription of the Chara TO PROVIDE CONS	nctor of Business Conduction SERVIC	RHODE ISLA ed in Rhode Island ES.	ND	<u> </u>	59
8. NAMES AND ADDRES President Name VI Am Since Address	SES OF THE OFFICE	CERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SI	PACES BËFORE USING	ATTACHMENTS
Silver Madaress	utclif	re gro	Street Address	<u></u>	
-L1001n	State R	- Zip 0286	5 City	say A ME	Zφ
Secretary Name		***************************************	Treasurer Name		
Street Address	Sami	5	Street Address		
City	State	Zip	City	State	Ζφ
O. NAMES AND ADDRESS	SES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Sirect Address		10/10/10/10/10/10/10/10/10/10/10/10/10/1	Şirvet Address	7 - 97	
Girji	State	(Zup // V	City	State TY 1	Zip
Hrector Name	$\sim U$		Director Name	2. E	
irvi Address			Street Address	δ	
Nity	State	Zip	City	State	Ζφ
O. SHARES AUTHORIZE		ATTACHMENT)	11. SHARES ISSUED (*x	BOX FOR ATTACHM	ENT)
iumber of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE		<u> </u>	400		no per
This report must t	pe signed in ink by	either the President, Vice	President, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee
			Under penalty of perjur	y, I dectare and affirm that	I have examined this rep
F-1	LEU		including any accompa- contained herein are tru	nying schedules and statem	ents, and that all stateme

Form 630 Rev. 12/03

Date



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 OR PRINTED IN BLACK)

1. Corporate ID No. 72154	2. Name of Corporation W. H. DEDDES C	ENERAL CONTRACTOR			
3. Street Address Principal Business C	HFIELD 1		City LIACOLA	State RI	zφ 02865
4. Business Phone No. 401 - 722 - V9 7. Brief Description of the Character of	of Business Conducted in	5. State of Incorporation RHODE ISLAND Rhode Island			6. SIC Code 59
TO PROVIDE CONSTRUC	CTION SERVICES.		*		
8. NAMES AND ADDRESSES President Name	•		Vice President Name	PACES BEFORE USING A	TACHMENTS
William Sircei Address 100 SMI	71-1-0	per	Street Address	54me	
1100 Smi	th field	AVE-			
•••	State PI	^{7.4} 02865	Clty	State	Zίρ
Secretary Name			Treasurer Name		
Street Address			Stroet Address		
City	State	Ζφ	City	State	Zip
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	IS: ("X" BOX FOR ATT	TACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address	8 1 1		Street Address		
City 11 n.	State	Zip	City	State	Ζφ
Director Name	1	.J	Director Name		
Street Address			Street Address		
City	State	Ζφ	City	State	Zψ
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHME	תיא (זיא (זיא
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
400 NO PAR VALUE			400	Common	শ্ৰ
This report must be s	igned in ink by eith	er the President, Vice P		ry, I declare and affirm that I anying schedules and stateme	have examined this report
Check No. Q3Q By:FOR SECRETARY OF STA	TE USE ONLY		Signature of Officer WILL & W. Print or Type Name of Officer Title of Officer	H. Peppe	Date



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		PORT FOR	THE	YEAR	2003
Filing Period: January 1-March 1 🔸	Filing Fee: \$50.00				



(FORM MUST BE TYPED OR PRINTE	ED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation		· · · · · · · · · · · · · · · · · · ·	 - -	
72154	W. H. PEPPES	GENERAL CONTRACTO			·
3. Street Address Principal Business C	t 4 field a	100	circincoln	State RI	zip 028651
4. Business Phone No.		S. State of Incorporation			6. SIC Code
401-72	2-1912	RHODE ISLAND			59 '
7. Brief Description of the Character		PUPUM	Contracto	2	,
8. NAMES AND ADDRESS		•		ORE USING ATTACHM	ENTS
President Name	Il Down	1.05	· Vice President Name		i
Street Address	i H. Repp) ()	Street Address	ته معمد م	+
1 30 H	4121616	AVE	:	4mE	l l
in Lincoln	State RI	· 219 02865	City:	State	Zip
Secretary Name			Treasurer Name		
•			<u>:</u>		
Street Address	-	•	Street Address	•	
City	'State	1 Zip	-	1.1	, -
1 C.1.7	I	(ZIP	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BÖX FOR ATTÃO	CHMENT) [FILL IN SPACES B	 EFORE USING ATTACH	MENTS
Director Name		•	: Director Name		-1
			•		j
Street Address			; Street Address]
City	State	Zip	: . City	T _{State}	Zip
	A traffic war to the	4 ,			
Director Name	Same		· Director Name	"54mE	
Street Address			: Street Address		
	•		•		1
City	State	Zip	City	State	Zip
, , , , , , , , , , , , , , , , , , , ,		مراسات بمهادة		<u> </u> 	
10. SHARES AUTHORIZED AUTHORIZED SHARES	CAN BOX FOR ATTACH	IMENT)	11. SHARES ISSUED (*x* B	OX FOR ATTACHMENT)	1
Number of Shares	Class/Series 400	10 or Value	Number of Shares	Class/Series	Par Value
400 NO DAR VALUE	100		400 SHANES	(1)	hoper va
400 NO PAR VALUE			400 SHANCE	, common	! no pare va
				1	
			1	<u> </u>	
This report must be signe	d in ink by either	the President, Vice P	resident, Secretary, Assistar	it Secretary, Treasurer,	Receiver or Trustee
[183 12 138 138 138 138 148	I I			
		Ĭ			

	* 7 2 1 5 4 *
	* 7 2 1 5 4 *
File Date:	1.30.03
Check No.:	5857
Ву:	UP
FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I dee	clare and affirm that I have examined
this report, including any acco	ompanying schedules and statements, an
that all statements contained.	perein are true and correct.
wiets	y- 1-9-03
Signature of Officer	Date
William H.	Pappes
Print or Type Name of Officer	•

PRESIDENT

Title of Officer

Form 630 12/02



FOR SECRETARY OF STATE USE ONLY .

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

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

Office of the Secretary	of State				401-222-3040
PROFIT CORPC	RATION Al	NNUAL REP	ORT FOR THE	YEAR	STOP PLEASE READ (INSTRUCTIONS
(FORM MUST BE TYPED IN BLACK		0	•		
1. Corporate ID No.	2. Name of Corporation	 			
72154]	ENERAL CONTRACTOR	•		
3. Street Address Principal Business Of	ffield "	4VE	Cincoln	State R. I	2ip 02865
4. Business Phone No. 401 - 722	-1912 _	S. State of Incorporation RHODE ISLAND			6. SIC Code 59
7. Bilef Description of the Character of General	us l Co	orthactor	(ENT) FILL IN SPACES BEF	ODE LICING ATTACUM	ENTS
8. NAMES AND ADDRESSE President Name William	i 4. Pe		Vice President Name	(G4me)-	ENIO
	trucs		Street Address	-	
Lincoln	State RZ	Zip 62865	City	State	Zip
Secretary Name			Treasurer Name	•	
Street Address	SAMC)		Street Address	Same 5	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC		EFORE USING ATTACH	IMENTS
Director Name William Street Address	nlf_Pe	eppes	Director Name	-/\ -	
30 <u>k</u>	tannis.	Ave	City	Sane)	Zip
LINCOM: "I	NI	02865	: Director Name	J. 10 10 10 10 10 10 10 10 10 10 10 10 10	
/		<u></u>		<u> </u>	
Street Address	jane)		Street Address	sque)	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHN	(ENT)	11. SHARES ISSUED ('x'	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	· Par Value
400 NO PAR VALUE		, ,	1/06		100
		- 	400		
This report must be signed	d in ink by either to	he President, Vice Pr	Under penalty of perjur this report, including a	nt Secretary, Treasure ry, I declare and affirm th ny accompanying schedu lained herein are true an	at I have examined les and statements, and

Title of Officer

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)



. Corporate ID No. 72154	2. Name of Corporation W. H. PEPPI	S GENERAL CONTR	ACTOR, INC.	·	
1. Business Phone No. 401-72 a	i+HF1eld 1-1912	AVE 5. State of Incorporation RHODE ISLAND	Cincoln	State RI	21p 0286 6. SIC 50ge
3. NAMES AND ADDRE	en eus l SSES OF THE OFFICE	CO TT14C ERS (*x* box for attach)		S BEFORE USING ATTACHN	MENTS
WIII14m Bireel Address 30 H	H-Pepp HUKIS A	VE	. Street Address	Same	
Lincoln	State R7	01865	City	State	Zip
Secretary Name Street Address	11 Can 11		Treasurer Name Street Address	SAME	
City	SAME State	Zip	City	State	Zip
9. NAMES AND ADDRE		_	HMENT) FILL IN SPA Director Name Street Address	CES BEFORE USING ATTAC	HMENTS
Lincoln	State R7	02865	City	State	Zip
Director Name	•		Director Name	_	
Street Address	STME		Street Address	Same	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZZD SHARES	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Number of Shares 400	Class/Series SH	Par Value O	Number of Shares	Class/Series	Par Value
400 SHS NO PAR	VALUE		400	545	· ()
			ı		
This sames much be si-	and in into his sister	e the Dessident Vice D		esistant Cograture Transcer	Decelver of

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

	* 7 2 1 5 4 *
File Date:	1/9.
Check No.: _	4872
	De.

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.

Win H	· Pay	1	1/2/01	•
Signature of Officer	IL W	200	Date	

DRESIDEN



File Date:

FOR SECRETARY OF STATE USE ONLY

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

STOP.
PLEASE RESULT
INSTRUCTIONS

1. Corporate ID No. 154		S GENERAL CONTRA	CIOR INC		
	t			·	+· =
3. Street Address Principal Busine	mittlele	1 Ave	City Lincoln	State RI	210 02865
	22-1912	S. State of Incorporation RHODE ISLAND	· <u>-</u>		i 6. SIC gode
7. Brief Description of the Charac		chode Island Contract	or		
· , · · · · · · · · · · · · ·	ESSES OF THE OFFIC	ERS ("X" BOX FOR ATTACHM	(ENT) FILL IN SPACES BEF	ORE USING ATTACH	IMENTS
President Name Will4	m H. Pa	epp-es	Vice President Name	1/	
Street Address 30 H	4nn18 4		Street Address	,	- ,
cin Lincoln	State P_T	21002865	City	State	Zip
Secretary Name			Treasurer Name	•	
Street Address			Street Address	4	- -
City	State	Zip	City	State	Zip
9. NAMES AND ADDRI	ESSES OF THE DIREC	TORS ("X" BOX FOR ATTAC	HMENT) CFILL IN SPACES BI	EFORE USING ATTA	CHMENTS
Director Name		AND CHARLESTON	Director Name	1/	
Street Address			Street Address	/(
City	State	Zip	City	State	Zip
Director Name		·····I································	Director Name	,b	***************************************
Street Address			Street Address	<u> </u>	
City	State	Zip .	City	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X* 8	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS NO PAR	VALUE		400 SHS NO	PAR U	141CE
	.,.				, L
This report must be si	gned in ink by eithe	er the President, Vice P	resident, Secretary, Assistar	nt Secretary, Treasu	rer, Receiver or Trust

Print or Type Name of Officer

PRESIDENT

Title of Officer

Signature of Officer

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.



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

FOR SECRETARY OF STATE USE ONLY

Filing Period: January	y I-March 1 •	Filing Fee: \$50.00			NSTRUCTION.
(FORM MUST BE TYPED IN BL.					
1. Corporate ID No. 72154	W. H. PEPPE	es general conti	RACTOR, INC.		
3. Street Address Principal Busines. 1100 Sm 1-		40 E	LINCOLA	State R7	02865
4. Business Phone No. 401-722		5. State of Incorporation RHODE ISLAN	D		6. SIC Code 59
7. Brief Description of the Characte		Rhode Island			
8. NAMES AND ADDRE	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTACH	MENTS
	m H-Pa	ppes	Vice President Name	<u>C</u>	
Street Address 1100	Smith Re	ild 4 ve	Street Address	SAME	
city Lincoln	State RI	52865	_ City	State	Zip
Secretary Name		••••••••••	Treasurer Name		-
Street Address) tut	,	Street Address	SANE	
City	State	Zip	City	State	Zip
9 NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) [FILL IN SPACE	ES BEFORE USING ATTA	HMENTS
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		Director Name	•••••••••••	·
Street Address	······································		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT)	ACHMENT)"	11. SHARES ISSUED (*X BOX FOR ATTACHMENT)	U
AUTHORIZED SHARES			ISSUED SHARES		1
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value .
400 SHS NO PAR	/ALUE	· ···	400	Common	0
				i i i i i i i i i i i i i i i i i i i	Passiver of Trusto
This report must be sig	rned in ink by eiti	ner the President, Vice	President, Secretary, Ass	istant Secretary, Ireasu	rer, Receiver or muster
<u> </u>	7 2 1 5 4	nui 1001 ★		erjury, I declare and affirm ng any accompanying sche	
1.21	199			contained herein are true	
File Date:	<u> </u>		Signature of Officer	4/28	
Check No.:	206		William	m H. Popper	· ·

Print or Type Name of Officer

Title of Officer

RUSIDE



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

401-277-3040
STOP
PLEASE READ,
INSTRUCTIONS

CORLANGER BE TUBER IN DEA	CK)				
FORM MUST BE TYPED IN BLA. . Corporate ID No.	2. Name of Corporation		<u> </u>		
•	i i	•	·		
1. Street Address Principal Business	ا کارونی W، H. PEPPE	S GENERAL CONTR	ACTOR, INC.———	State 17	Zip O > Ci / -
1100 5	MITH FIELD	o AVE	Lincoln	3""" PJ	21002865
. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 726	2-1912	PHODE ISLAND)		0059
7. Brief Description of the Character	of Business Conducted in Ri	rode Island	<u>,</u>		
ben-	ena-	CONTICO			
8. NAMES AND ADDRES	SES OF THE OFFICE	RS (X BOX FOR ATTACH	•	<u>. </u>	
President Name	10 00 11	Paranos	Vice President Name		
Street Address	4 101 -	Reppes	Street Address		
30 H	4-12 12 15	4VE 210 02865		,	
City	State 107	219 67 2015	Clty	State	Zip
LINCOLT	164	02868	•		
Secretary Name			Treasurer Name) + NI	7
· • =		<u> </u>	<u>′</u>	/	
Street Address	(Whi	T	Street Address		
		7	· cu-	State	Zip
Sity	State	Zip	City	Sidite	1 2 7
9. NAMES AND ADDRES	SES OF THE DIREC	TORS (*X* BOX FOR ATTA	CHMENT)		
Director Name	SES OF THE DIREC	TORS TA BOATON ATTA	Director Name		·
			<u> </u>		
Street Address			Street Address		
			•		
	,				······································
City	State	Zip	City	1 State	Zip
	State	Zip 7.	5	4 State	Zip
City Director Name	States A W	2 to	City Director Name	4 State	Zip
Director Name	State) A W	21p	5	1 State	Zip
Director Name	State	21p	Director Name	4 state	Zip
Director Name Street Address	State State	Zip Zip	Director Name	State State	Zip Zip
Director Name Street Address	SAW	7.6	Director Name Street Address City		Zip
Director Name Street Address City	State	Zip	Director Name Street Address		Zip
Director Name Street Address City 10. SHARES AUTHORIZE AUTHORIZE	State ED ("X" BOX FOR ATTAC	Z(p	Director Name Street Address City 11. SHARES ISSUED (*)	(* BOX-FOR ATTACHMENT.	Zip
Director Name Street Address City	State	Z(p	Director Name Street Address City 11. SHARES ISSUED (*)		Zip
Director Name Street Address City 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 400	State ED ("X" BOX FOR ATTAC Class/Series 2HS	Z(p	Director Name Street Address City 11. SHARES ISSUED (*)	(* BOX-FOR ATTACHMENT.	Zip
Director Name Street Address City 10. SHARES AUTHORIZE AUTHORIZED SHARES	State ED ("X" BOX FOR ATTAC Class/Series 2HS	Z(p	Director Name Street Address City 11. SHARES ISSUED (*)	(* BOX-FOR ATTACHMENT.	Zip
Director Name Street Address City 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 400	State ED ("X" BOX FOR ATTAC Class/Series 2HS	Z(p	Director Name Street Address City 11. SHARES ISSUED (*)	(* BOX-FOR ATTACHMENT.	Zip
Director Name Street Address City 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 400 400 SHS NO PAR V	State ED (*X* BOX FOR ATTAC Class/Series 2HS /ALUE	Zip HMENT) Par Value 12 D	Director Name Street Address City 11. SHARES ISSUED (*) ISSUED SHARES Number of Shares	Class/Series	Zip Par Value
Director Name Street Address City 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 400 400 SHS NO PAR V	State ED (*X* BOX FOR ATTAC Class/Series 2HS /ALUE	Zip HMENT) Par Value 12 D	Director Name Street Address City 11. SHARES ISSUED (*)	Class/Series	Zip Par Value

	1 5 4 4
.File Date:	1 0837
Check No.:	100 lm
By:	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	Deg-	12/18/	197
Signature of Officer		Date	
William	H. Re	ppes	

Print or Type Name of Officer

PRESIDENT



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 RE TYPED IN BL	ACK)				THIS TORSE
1. Corporate ID No. 2. Name of Corporation					
<u>72154</u>		S GENERAL CONTR	ACTOR, INC.		
3. Street Address Principal Business	office THFieLD	AVE	Lincoun	State RI	²¹⁹ 02865
4. Business Phone No. 401 - 722 -		5. State of Incorporation RHODE ISLAND)		6. SIC Code 0059
7. Brief Description of the Character of Business Conducted in Rhode Island 9 enen ac Construction					
8. NAMES AND ADDRES					
President Name WILLIAM H. Peppes			Vice President Name	me AS	Pres
Street Address HA	nuis A	VE.	Street Address		
Lincoln	State RJ	²¹⁹ 02865	City	State	Zip
Secretary Name	3 4mc 4	s. ipnes	Treasurer Name	'Ame 45	Pres.
Street Address			Street Address		
Clty	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT)		
Director Name 9 AM AS pres. Director Name SAME AS PRES.				Res	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED AND ISSUED (*x	BOX FOR ATTACHMENT).			-
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS NO PAR V	ALUE	·	400	Common	NO PAR
This report must be sig	ned in ink by eithe	r the President, Vice P	President, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Trustee

PROFIT CORPORATION ANNUAL REPORT

2. NAME OF CORPORATION

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

1. CORPORATE ID NO.

PLEASE TYPE OR PRINT IN BLACK INK.

72154	W. H.	PEPPES GENERAL	CONTRACTOR, INC.		
3. STREET ADORESS PRINCIPAL BUSINESS	S OFFICE		ary	STATE	20° C006
20 Han	KK Ave		Lincoln.	RI	02865
BUSINESS PHONE NO.		5. STATE OF INCORPORATION	1 1-11/2001/		6. SIC CODE
401 - 77	12-1912	RHODE IS	SLAND		0059
V	R OF BUSINESS CONOUCTED IN RHODE IS	1			37
pace acades into its chantiful	_				
	General	Contracto	14		
	8. NAM	AES AND ADDR	ESSES OF THE OFF	LCERS	
PRESIDENT NAME			VICE PRESIDENT HAME		
William H. PEppes					
REET ADDRESS			STREET ADDRESS		
ろひ ・	HAKKIS A	VE			*
N 1	STATE	20° 000€	CITY	STATE	ZIP C00E
tincoln	RI	02865		}	
CRETARY HAME			TREASURER NAME		- L
				Ca	
REET ADORESS	SAME		STREET ADORESS	-51-nE	
Υ	STATE	ZIP COOE	άπν	STATE	ZIP C00€
			1		
	9. N A N	AES AND ADDR	ESSES OF THE DIR	ECTORS	
ECTOR NAME	~		DIRECTOR NAME		
	SAME	·			
REET ADORESS	, 	<u>-</u> -	STREET ADDRESS		
Υ	STATE	ZIP COOE	ατΥ	STATE	ZIP CODE
Marian Maria					
RECTOR NAME			DIRECTOR NAME		
REET ADDRESS					
NEET POUNCSS			STREET ADORESS		
TY	STATE	T ZIP COD€	aty		
•	SIAIE	25 COUR	, cult	STATE	7IP CODE
			<u></u>		
<u> </u>	10 S H	ARES AUTHOR	IZED AND ISSUED		
	AUTHORIZED SHARES			ISSUED SHARES	
MUMBER OF SHARES	CLASS / SERVES	PAR VALUE	MUMBER OF SHARES	CLASS / SERTES	PAR VALUE
AOO GUG N	חוואי מאן א				
א כחכ טטד	O PAR VALUE				
					
	 -		_ 		<u> </u>
	This	report must be SIG	NED IN INK by either the		
Pr	esident. Vice Preside	nt. Secretary. Assist	ant Secretary, Treasurer, F	Receiver or Trustee	
	•	7,			
			Under penalty of p	perjury, I declare and a	ffirm that I have examined
/	tan et inner mer inner also in inner e		all statements con	ny accompanying sche tained herein are true a	dules and statements, and indigeneet.
1,17	1		/, . 5	10 11	Van -
File Date:	16		11/1	14 11	The state of the s
', <u>}</u>	11	1	Signature of Office	er f	//
Check No:	∀ ′ I.	ļ	W111.	14m 11	, FEPPES
, , , , , , , , , , , , , , , , , , ,		-1	Print or Type Name	e of Officer	· · · / / · · · ·
By: U	yes.		DAME	DE'N'T	· 10/02/
	of State Use Only	•		100 111	12/20/9
i or Sacratary o	- Clare Cas Offiny	1	Title of Officer		• Daté

DETACH DOTTON DEFONE DE

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 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.

0072154 Corporate ID:	1995 Annual Percet for the year:
W. H. PEPPES GENERAL	Annual Report for the year:
Name of Corporation:	_ CUNTRACTOR, INC.
Business entity organized under the laws of the State of:	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: (401) 722-1912	Brief statement of the character of business conducted in Rhode Island:
Address and telephone of the principal office of business entity in Rhode	General Contractor
Island (Provide street address - Not P.O. Box):	
30 HARRIG 415	
Lincoln, R7 02865	
Phone: (401) 722 - 19/2	
THE NAMES OF	F THE OFFICERS ARE:
PRESIDENT STREET	T ADDRESS CITY/STATE ZIP CODE
WILLIAM H.PEPPES	30 HANNIGAVE LINCOLN, RZ
VICE PRESIDENT STREET	CT ADDRESS CITY/STATE 2JP CODE
	TT ADDRESS CITY/STATE ZIP CODE
	ET ADDRESS CITY/STATE 21P CODE.
THE NAMES OF	THE DIRECTORS ARE:
	TADDRESS CITY/STATE ZIP CODE
NAME STREET	TT ADDRESS CITY/STATE 72P CODE
NAME STREET	TADDRESS CTTY/STATE 72P 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
400 Comm.	400 Comm
Date 1 10 95 19 By:_	Win 4 Ron
PRINT	OR TYPE NAME OF OFFICER SIGNING WILLIAM H ROPPES
Form 31 1/95 TITLE 0	OF OFFICER SIGNING PRES-
DESIGNATED REGISTERED	AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated be	

WILLIAM H. PEPPES 50 HARRIS AVENUE LINCOLN RI 02865 FILED

JAN 1 1 1995

By 9 712 45

Filing Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

119278

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

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID:	Annual Report for the year: 1994
Name of Business Entity:	W. H. PEPPES GENERAL CONTRACTOR, INC.
Business entity organized under the laws of the State of: R]	Business Entity is (check one):
Federal Taxpayer Identification Number:	[≠] 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-S.1) [] Limited Liability Company (See RIGL 7-16)
For tolergic entity, address and telephone manuser or principal office	Name, title and mailing address of contact person to whom
<u> </u>	communications may be directed:
	<u> </u>
(4) 722 1812	P.C. BOX 437
Phone (401) 722-1912	Lincoln, RI 02865
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
_ 30 HANKIC AVE	General Contractor
Lincoln RI orset	'
	Date of Organization 4 16 93
Phone: (46) 722-1912	Date of Qualification to do business in Rhode Island (if foreign entity):
•	
☐ CHIEF EXECUTIVE OFFICER OR ☐ PRESIDENT COME ONE) STREE	THE OFFICERS ARE: CHYSTATE ZIP CODE
	HARRIS AVE LINCOLA, RT 02865 TANDRESS CONSTATE DECODE
☐ CHIEF OPERATING OFFICER OF ☐ VICE PRESIDENT (CNA) ONC) STREE	T ADDRESS CHYSTATE IPCODE
CUSTODIAN OF RECORDS OR SECRETARY (Cheb One) STREE	T ADDRESSI C: TY/STATE ZIP CODE
CHIEF FINANCIAL OFFICER OR TREASURER (Check One)	TADORESS CITY/STATE ZIPCODE
THE NAMES OF	THE DIRECTORS ARE: TADDRESS CITYSTATE 2IP CODE
NAME STREE	T ADDRESS CITY/STATE 2JP CODE
NAME STREE	T ADDRESS CITY/STATE. 7JP CODE
SIREE	T ADDRESS (TTY/STATE //PCODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 400	NUMBER 100
CLASS COMMON	CLASS COMMON FED 0 1 1394
SERIES n/4	SERIES MA SECT OF STAT
PAR VALUE OR WITHOUT PAR no. page	PAR VALUE OR NO PANE WITHOUT PAR
Date 1 2 1 19 94 By.	Will H. Pr
PRINT	WILLIAM H. PEPPES
TAIL .	Pees,
TITLE	OF OFFICEA SIGNISC
Form 31 1/94	
	SIDENT 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.

WILLIAM H. PEPPES 30 HARRIS AVENUE | LINCOLN RI 02665