



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 72154		2. Name of Corporation W. H. PEPPE GENERAL CONTRACTOR, INC.			
3. Street Address Principal Business Office 1100 Smithfield Ave		City Lincoln	State RI		
4. Business Phone No. 401-722-1912		5. State of Incorporation RHODE ISLAND	6. SIC Code 59		
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CONSTRUCTION SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William H. Peppes		Vice President Name			
Street Address 7 Sutcliffe Ave		Street Address			
City Lincoln	State RI	City SAME	State SAME		
Zip 02865		Zip			
Secretary Name		Treasurer Name			
Street Address SAME		Street Address			
City	State	City	State		
Zip		Zip			
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		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
400 NO PAR VALUE			400 no par		

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



FILED

File Date **MAR 04 2005**
Check No. **By M60296**
By: **GMA**
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 **William H. Peppes** Date **2/28/05**
Print or Type Name of Officer **William H. Peppes**
Title of Officer **PRESIDENT**



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. PEPPES GENERAL CONTRACTOR, INC.			
3. Street Address Principal Business Office 1100 SMITHFIELD AVENUE		City LINCOLN	State RI	Zip 02865	
4. Business Phone No. 401-722-1912		5. State of Incorporation RHODE ISLAND		6. SIC Code 59	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CONSTRUCTION SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William H. Peppes			Vice President Name Same		
Street Address 1100 Smithfield Ave.			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 Same			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("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
400 NO PAR VALUE			400	Common	\$

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 1-5-04
Check No. 6361
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]
Signature of Officer Date

William H. Peppes
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. 72154 2. Name of Corporation W. H. PEPPE'S GENERAL CONTRACTOR, INC.
3. Street Address Principal Business Office 1100 Smithfield Ave City Lincoln State RI Zip 02865
4. Business Phone No. 401-722-1912 5. State of Incorporation RHODE ISLAND 6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island General Contractor

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

President Name William H. Peppes Street Address 30 Hankins Ave City Lincoln State RI Zip 02865	Vice President Name Same Street Address City State Zip
Secretary Name Street Address City State Zip	Treasurer Name Street Address City State Zip

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Same Street Address City State Zip	Director Name Same Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series 400 no Par Value
400 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
400 Shares Common no par val

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: 1-30-03

Check No.: 5857

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: William H. Peppes Date: 1-9-03

Print or Type Name of Officer: William H. Peppes

Title of Officer: 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. 72154	2. Name of Corporation W. H. PEPPES GENERAL CONTRACTOR, INC.
3. Street Address Principal Business Office 1100 Smithfield Ave	City Lincoln State RI Zip 02865
4. Business Phone No. 401-722-1912	5. State of Incorporation RHODE ISLAND
6. SIC Code 59	

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

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

President Name William H. Peppes	Vice President Name (Same)
Street Address 30 HARRIS AVE	Street Address (Same)
City Lincoln State RI Zip 02865	City State Zip
Secretary Name	Treasurer Name
Street Address (Same)	Street Address (Same)
City State Zip	City State Zip

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

Director Name William H. Peppes	Director Name (Same)
Street Address 30 HARRIS AVE	Street Address (Same)
City Lincoln State RI Zip 02865	City State Zip
Director Name	Director Name
Street Address (Same)	Street Address (Same)
City State Zip	City State Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
400 NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
400		NO

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: **1-2-02**

Check No.: **5345**

By: **2**

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.

W. H. Peppes 12-28-01
Signature of Officer Date

William H. Peppes
Print or Type Name of Officer

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. 72154 2. Name of Corporation W. H. PEPPES GENERAL CONTRACTOR, INC.
3. Street Address Principal Business Office 1100 SmithField AVE City Lincoln State RI Zip 02865
4. Business Phone No. 401-722-1912 5. State of Incorporation RHODE ISLAND 6. SIC Code 59

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

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

President Name <u>William H. Peppes</u>	Vice President Name <u>SAME</u>
Street Address <u>30 HARRIS AVE</u>	Street Address <u>SAME</u>
City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u>	City <u>SAME</u> State <u>SAME</u> Zip <u>SAME</u>
Secretary Name <u>II</u>	Treasurer Name <u>SAME</u>
Street Address <u>SAME</u>	Street Address <u>SAME</u>
City <u>SAME</u> State <u>SAME</u> Zip <u>SAME</u>	City <u>SAME</u> State <u>SAME</u> Zip <u>SAME</u>

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

Director Name <u>William H. Peppes</u>	Director Name <u>SAME</u>
Street Address <u>30 HARRIS AVE</u>	Street Address <u>SAME</u>
City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u>	City <u>SAME</u> State <u>SAME</u> Zip <u>SAME</u>
Director Name <u>SAME</u>	Director Name <u>SAME</u>
Street Address <u>SAME</u>	Street Address <u>SAME</u>
City <u>SAME</u> State <u>SAME</u> Zip <u>SAME</u>	City <u>SAME</u> State <u>SAME</u> Zip <u>SAME</u>

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

AUTHORIZED SHARES
Number of Shares 400 Class/Series SHS Par Value 0
400 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares 400 Class/Series SHS Par Value 0

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

By: W

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.

W. H. Peppes 1/3/01
Signature of Officer Date

William H. Peppes
Print or Type Name of Officer

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. <u>72154</u>		2. Name of Corporation <u>W. H. PEPPES GENERAL CONTRACTOR, INC.</u>			
3. Street Address Principal Business Office <u>1100 Smithfield Ave</u>		City <u>Lincoln</u>	State <u>RI</u> Zip <u>02865</u>		
4. Business Phone No. <u>401-722-1912</u>		5. State of Incorporation <u>RHODE ISLAND</u> 6. SIC Code <u>59</u>			
7. Brief Description of the Character of Business Conducted in Rhode Island <u>General Contractor</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>William H. Peppes</u>		Vice President Name <u>1/-</u>			
Street Address <u>30 Hannis Ave</u>		Street Address <u>1/-</u>			
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>1/-</u> State <u>1/-</u> Zip <u>1/-</u>		
Secretary Name <u>1/-</u>		Treasurer Name <u>1/-</u>			
Street Address <u>1/-</u>		Street Address <u>1/-</u>			
City <u>1/-</u>	State <u>1/-</u>	Zip <u>1/-</u>	City <u>1/-</u> State <u>1/-</u> Zip <u>1/-</u>		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>1/-</u>		Director Name <u>1/-</u>			
Street Address <u>1/-</u>		Street Address <u>1/-</u>			
City <u>1/-</u>	State <u>1/-</u>	Zip <u>1/-</u>	City <u>1/-</u> State <u>1/-</u> Zip <u>1/-</u>		
Director Name <u>1/-</u>		Director Name <u>1/-</u>			
Street Address <u>1/-</u>		Street Address <u>1/-</u>			
City <u>1/-</u>	State <u>1/-</u>	Zip <u>1/-</u>	City <u>1/-</u> State <u>1/-</u> Zip <u>1/-</u>		
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
<u>400 SHS NO PAR VALUE</u>			<u>400 SHS NO PAR VALUE</u>		

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: 1/28/00

Check No.: 3816

By: 2

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.

W H Peppes 1/28/00
Signature of Officer Date

William H. Peppes
Print or Type Name of Officer

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. 72154		2. Name of Corporation W. H. PEPPE'S GENERAL CONTRACTOR, INC.			
3. Street Address Principal Business Office 1100 Smith Field Ave			City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-722-1912		5. State of Incorporation RHODE ISLAND			6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island Gen. Contractor					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William H. Peppes			Vice President Name SAME		
Street Address 1100 Smith Field Ave			Street Address SAME		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address SAME			Street Address SAME		
City	State	Zip	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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("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
400 SHS NO PAR VALUE			400	Common	0

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: **1.4.99**

Check No.: **3306**

By: **[Signature]** /ac

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] 12/30/98

Signature of Officer Date

William H. Peppes

Print or Type Name of Officer

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. 72154		2. Name of Corporation W. H. PEPPES GENERAL CONTRACTOR, INC.			
3. Street Address Principal Business Office 1100 SMITHFIELD AVE		City Lincoln		State RI	Zip 02865
4. Business Phone No. (401) 722-1912		5. State of Incorporation RHODE ISLAND			6. SIC Code 0059
7. Brief Description of the Character of Business Conducted in Rhode Island General Contractors					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name William H. Peppes			Vice President Name		
Street Address 30 HARRIS AVE			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name			Treasurer Name SAME		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name SAME			Director Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares 400	Class/Series SHS	Par Value ND	Number of Shares NONE	Class/Series	Par Value
400 SHS NO PAR VALUE					

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: **12/18/98**

Check No.: **2837**

By: **KP**

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 **William H. Peppes** Date **12/18/97**

Print or Type Name of Officer **William H. Peppes**

Title of Officer **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. 72154		2. Name of Corporation W. H. PEPES GENERAL CONTRACTOR, INC.			
3. Street Address Principal Business Office 1100 SMITHFIELD AVE			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-722-1912		5. State of Incorporation RHODE ISLAND			6. SIC Code 0059
7. Brief Description of the Character of Business Conducted in Rhode Island General Construction					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name William H. Peppes			Vice President Name SAME AS Pres.		
Street Address 30 HARRIS AVE			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name SAME AS. PRES			Treasurer Name SAME AS PRES.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name SAME AS PRES.			Director Name SAME AS PRES.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS NO PAR VALUE			400	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: **1/20/97**

Check No.: **2363**

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.

William H. Peppes 12/23/96

Signature of Officer
William H. Peppes

Print or Type Name of Officer
PEPES W H
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 72154		2. NAME OF CORPORATION W. H. PEPPES GENERAL CONTRACTOR, INC.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 30 HARRIS AVE				CITY Lincoln.	STATE RI	ZIP CODE 02865	
4. BUSINESS PHONE NO. 401-722-1912		5. STATE OF INCORPORATION RHODE ISLAND				6. SIC CODE 0059	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND General Contractor							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME William H. Peppes				VICE PRESIDENT NAME Same			
STREET ADDRESS 30 HARRIS AVE				STREET ADDRESS Same			
CITY Lincoln	STATE RI	ZIP CODE 02865		CITY	STATE	ZIP CODE	
SECRETARY NAME Same				TREASURER NAME Same			
STREET ADDRESS Same				STREET ADDRESS Same			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME Same				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES				ISSUED SHARES			
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE		NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
400 SHS	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: 1/1/96

Check No: 1947

By: [Signature]

For Secretary of State Use Only

Signature of Officer

William H. Peppes

Print or Type Name of Officer

PRESIDENT

Title of Officer

12/22/95

Date

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

1995

Corporate ID: _____ Annual Report for the year: _____

W. H. PEPPE'S GENERAL CONTRACTOR, INC.

Name of Corporation: _____

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

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (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 HARRIS AVE
LINCOLN, RI 02865

Phone: (401) 722-1912

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
William H. PEPPE'S	30 HARRIS AVE	LINCOLN, RI	
VICE PRESIDENT	11		
SECRETARY	11		
TREASURER	11		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

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

Number of Shares

Class / Series

Number of Shares

Class / Series

400

Comm.

400

Comm.

Date 1/10/95, 19

By: William H. PEPPE'S

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

William H. PEPPE'S

PRES.

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.

WILLIAM H. PEPPE'S
30 HARRIS AVENUE
LINCOLN RI 02865

FILED

JAN 11 1995

By gml
1545

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

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

Corporate ID: 0072154 Annual Report for the year: 1994

Name of Business Entity: W. H. PEPPE GENERAL CONTRACTOR, INC.

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

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

NA

Phone (401) 722-1912

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

30 HARRIS AVE
LINCOLN, RI 02865

Phone: (401) 722-1912

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:

William H. Peppes (PRES)
P.O. BOX 437
LINCOLN, RI 02865

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

General Contractor

Date of Organization 4/16/93

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)	William H. Peppes	30 HARRIS AVE Lincoln, RI	02865
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 400

CLASS Common

SERIES N/A

PAR VALUE OR WITHOUT PAR no par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS common

SERIES N/A

PAR VALUE OR WITHOUT PAR no par

Date 1/21/94

By: William H. Peppes

William H. PEPPE

PRINT OR TYPE NAME OF OFFICER SIGNING

Peppes

TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

WILLIAM H. PEPPE
30 HARRIS AVENUE
LINCOLN RI 02865