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.	2. Name of Corporation			
60458	Daniel Abarr Mason Contractor, Inc.			
3. Street Address Principal Business Office		City	State	Zip
5 WOOD RIVER DR		HOPE VALLEY	RI	02832
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-539-2223	RHODE ISLAND			299

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

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

President Name			Vice President Name		
DANIEL ABARR			MAUREEN ABARR		
Street Address			Street Address		
5 WOOD RIVER DR			5 WOOD RIVER DR		
City	State	Zip	City	State	Zip
HOPE VALLEY	RI	02832	HOPE VALLEY	RI	02832
Secretary Name			**Treasurer Name**		
MAUREEN ABARR			DANIEL ABARR		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
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			Director Name		
DANIEL ABARR			MAUREEN ABARR		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name		
JOSIAH W. ABARR					
Street Address			Street Address		
5 WOOD RIVER DR					
City	State	Zip	City	State	Zip
HOPE VALLEY	RI	02832			

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*
400 NO PAR VALUE			400	ORIGINAL	NONE

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

[redacted] [redacted]

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 — 3/1/05 *Date*

DANIEL ABARR
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date FILED
Check No. MAR 15 2005 1879
By: By

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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	2. Name of Corporation			
60458	Daniel Abarr Mason Contractor, Inc.			
3. Street Address Principal Business Office		City	State	Zip
5 WOOD RIVER DR		HOPE VALLEY	RI	02832
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-539-2773	RHODE ISLAND			299

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

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

President Name			Vice President Name		
DANIEL ABARR			MAUREEN ABARR		
Street Address			Street Address		
5 WOOD RIVER DR			5 WOOD RIVER DR		
City	State	Zip	City	State	Zip
HOPE VALLEY	RI	02832	HOPE VALLEY	RI	02832
Secretary Name			**Treasurer Name**		
MAUREEN ABARR			DANIEL ABARR		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
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			Director Name		
DANIEL ABARR			MAUREEN ABARR		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
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)*** ☐ **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*
400 NO PAR VALUE			400	0216/NAR	NONE

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

[redacted]

60458

File Date 3.16.04
Check No. 1808
By ICP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Daniel Abarr — 3/1/04
Signature of Officer — *Date*

DANIEL ABARR
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

STOP
PLEASE READ INSTRUCTIONS

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.: 60458
2. Name of Corporation: Daniel Abarr Mason Contractor, Inc.
3. Street Address Principal Business Office: 5 WOOD RIVER DR
   City: HOPE VALLEY State: RI Zip: 02832
4. Business Phone No.: 401/539-2773
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 299
7. Brief Description of the Character of Business Conducted in Rhode Island: MASONRY CONTRACTING

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

President Name: DANIEL ABARR
Street Address: 5 WOOD RIVER DR
City: HOPE VALLEY State: RI Zip: 02832

Vice President Name: MAUREEN ABARR
Street Address: 5 WOOD RIVER DR
City: HOPE VALLEY State: RI Zip: 02832

Secretary Name: MAUREEN ABARR
Street Address: SAME AS ABOVE
City: State: Zip:

Treasurer Name: DANIEL ABARR
Street Address: SAME AS ABOVE
City: State: Zip:

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

Director Name: DANIEL ABARR
Street Address: SAME AS ABOVE
City: State: Zip:

Director Name: MAUREEN ABARR
Street Address: SAME AS ABOVE
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
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	ORIGINAL	NONE

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

* 60458 *

File Date: 4-11-03
Check No.: 1781
By: ICP
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: Daniel Abarr Jr. Date: 3/1/03
Print or Type Name of Officer: DANIEL ABARR
Title of Officer: PRESIDENT

Form 630 12/02

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

STOP
PLEASE READ INSTRUCTIONS

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.: 60458
2. Name of Corporation: Daniel Abarr Mason Contractor, Inc.
3. Street Address Principal Business Office: 5 WOOD RIVER DR — City: HOPE VALLEY — State: RI — Zip: 02832
4. Business Phone No.: 401-539-2773
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 299
7. Brief Description of the Character of Business Conducted in Rhode Island: MASONRY CONTRACTING (0299)

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

President Name	Vice President Name
DANIEL ABARR	MAUREEN ABARR
Street Address: 5 WOOD RIVER DR	Street Address: 5 WOOD RIVER DR
City / State / Zip: HOPE VALLEY / RI / 02832	City / State / Zip: HOPE VALLEY / RI / 02832
Secretary Name	**Treasurer Name**
MAUREEN ABARR	DANIEL ABARR
Street Address: SAME AS ABOVE	Street Address: SAME AS ABOVE
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	Director Name
DANIEL ABARR	MAUREEN ABARR
Street Address: SAME AS ABOVE	Street Address: SAME AS ABOVE
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)*

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	ORIGINAL	NONE

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

* 6 0 4 5 8 *

File Date: 2-27-02

Check No: 1734

By: [redacted]

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: [redacted] Pres. — Date: 1/28/02

Print or Type Name of Officer: DANIEL ABARR

Title of Officer: PRESIDENT

Form 630 12/01

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 60458
2. Name of Corporation: Daniel Abarr Mason Contractor, Inc.
3. Street Address Principal Business Office: 5 WOOD RIVER DR | City: HOPE VALLEY | State: RI | Zip: 02832
4. Business Phone No.: 401 539-2773
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 299
7. Brief Description of the Character of Business Conducted in Rhode Island: MASONRY CONTRACTING (0799)

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

President Name	Vice President Name
DANIEL ABARR	MAUREEN ABARR
Street Address: 5 WOOD RIVER DR	Street Address: 5 WOOD RIVER DR
City: HOPE VALLEY State: RI Zip: 02832	City: HOPE VALLEY State: RI Zip: 02832
Secretary Name	**Treasurer Name**
MAUREEN ABARR	DANIEL ABARR
Street Address: SAME AS ABOVE	Street Address: SAME AS ABOVE
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	Director Name
DANIEL ABARR	MAUREEN ABARR
Street Address: SAME AS ABOVE	Street Address: SAME AS ABOVE
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*) ☐

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

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
400		NONE

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

* 6 0 4 5 8 *

File Date: 3/8

Check No.: 1683

By: JC

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 — Date: 2/25/01

Print or Type Name of Officer: DANIEL ABARR

Title of Officer: PRESIDENT

Form 630 12/00

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

STOP
PLEASE READ INSTRUCTIONS

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.: 60458
2. Name of Corporation: Daniel Abarr Mason Contractor, Inc.
3. Street Address Principal Business Office: 5 WOOD RIVER DR
   City: HOPE VALLEY State: RI Zip: 02832
4. Business Phone No.: 401-539-2773
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 299
7. Brief Description of the Character of Business Conducted in Rhode Island: MASONRY CONTRACTING

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

President Name: DANIEL K. ABARR	Vice President Name: MAUREEN E. ABARR
Street Address: 5 WOOD RIVER DR	Street Address: 5 WOOD RIVER DR
City: HOPE VALLEY State: RI Zip: 02832	City: HOPE VALLEY State: RI Zip: 02832
Secretary Name: MAUREEN E. ABARR	Treasurer Name: DANIEL K. ABARR
Street Address: SAME AS ABOVE	Street Address: SAME AS ABOVE
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: DANIEL K. ABARR	Director Name: MAUREEN E. ABARR
Street Address:	Street Address:
City: SAME AS ABOVE State: Zip:	City: SAME AS ABOVE State: Zip:
Director Name:	Director Name:
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
400 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
400	ORIGINAL	NONE

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

* 6 0 4 5 8 *

File Date: 2/28/00

Check No.: 11646

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.

Daniel K. Abarr Jr. 2/21/2000
Signature of Officer *Date*

DANIEL K. ABARR
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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
60458	Daniel Abarr Mason Contractor, Inc.		
3. Street Address Principal Business Office: 5 WOOD RIVER DR	City: HOPE VALLEY	State: RI	Zip: 02832
4. Business Phone No.: 401-539-2773	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 299
7. Brief Description of the Character of Business Conducted in Rhode Island: MASONRY CONTRACTING			

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

President Name	Street Address	City	State	Zip
DANIEL K. ABARR	5 WOOD RIVER DR	HOPE VALLEY	RI	02832

Vice President Name	Street Address	City	State	Zip
MAUREEN E. ABARR	5 WOOD RIVER DR	HOPE VALLEY	RI	02832

Secretary Name	Street Address	City	State	Zip
MAUREEN E ABARR	SAME AS ABOVE			

Treasurer Name	Street Address	City	State	Zip
DANIEL K. ABARR	SAME AS ABOVE			

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

Director Name	Street Address	City	State	Zip
DANIEL K. ABARR	SAME AS ABOVE			

Director Name	Street Address	City	State	Zip
MAUREEN E. ABARR	SAME AS ABOVE			

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	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	Par Value	Number of Shares	Class/Series	Par Value
400 SHS NO PAR VAL			400		NONE

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

[redacted] [redacted]

* 6 0 4 5 8 *

File Date: 1/21/99

Check No.: 1800

By: [redacted]

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.

Daniel K. Abarr 1/21/99
Signature of Officer *Date*

DANIEL K. ABARR
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

STOP. PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
60458	Daniel Abarr Mason Contractor, Inc.

3. Street Address Principal Business Office	City	State	Zip
5 WOOD RIVER DR	HOPE VALLEY	RI	02832

4. Business Phone No	5. State of Incorporation	6. SIC Code
401-539-2773	RHODE ISLAND	0299

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

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

President Name	Vice President Name
DANIEL K. ABARR	MAUREEN E. ABARR
Street Address: 5 WOOD RIVER DR	Street Address: 5 WOOD RIVER DR
City: HOPE VALLEY State: RI Zip: 02832	City: HOPE VALLEY State: RI Zip: 02832
Secretary Name	**Treasurer Name**
MAUREEN E ABARR	DANIEL K ABARR
Street Address: 5 WOOD RIVER DR	Street Address: 5 WOOD RIVER DR
City: HOPE VALLEY State: RI Zip: 02832	City: HOPE VALLEY State: RI Zip: 02832

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

Director Name	Director Name
DANIEL K ABARR	
Street Address: 5 WOOD RIVER DR	Street Address:
City: HOPE VALLEY State: RI Zip: 02832	City: State: Zip:
Director Name	**Director Name**
MAUREEN E ABARR	
Street Address: 5 WOOD RIVER DR	Street Address:
City: HOPE VALLEY State: RI Zip: 02832	City: State: Zip:

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

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

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
NONE		

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

[redacted]

File Date: 4-3-98

Check No.: 1537

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Daniel K. Abarr — 3/1/98
Signature of Officer — *Date*

DANIEL K. ABARR
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

STOP! (PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM)

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			
60458	Daniel Abarr Mason Contractor, Inc.			
3. Street Address Principal Business Office		City	State	Zip
5 WOOD RIVER DR		HOPE VALLEY	RI	02832
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-539-2773	RHODE ISLAND			0249

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

MASONRY CONTRACTING

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

President Name			Vice President Name		
DANIEL K. ABARR			MAUREEN ABARR		
Street Address			Street Address		
5 WOOD RIVER DR			5 WOOD RIVER DR		
City	State	Zip	City	State	Zip
HOPE VALLEY	RI	02832	HOPE VALLEY	RI	02832
Secretary Name			**Treasurer Name**		
MAUREEN ABARR			DANIEL ABARR		
Street Address			Street Address		
5 WOOD RIVER DR			5 WOOD RIVER DR		
City	State	Zip	City	State	Zip
HOPE VALLEY	RI	02832	HOPE VALLEY	RI	02832

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

10. SHARES AUTHORIZED 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 VAL			400		0

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

[redacted] * 6 0 4 5 8 * [redacted]

File Date: 4/30/97

Check No.: 1478

By: GAA

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.

[redacted] Pres. 3/31/97
Signature of Officer Date

DANIEL ABARR
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO	2. NAME OF CORPORATION
60458	Daniel Abarr Mason Contractor, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
5 WOOD RIVER DR	HOPE VALLEY	RI	02832

4. BUSINESS PHONE NO	5. STATE OF INCORPORATION	6. SIC CODE
401-539-2723	RHODE ISLAND	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

MASONRY CONTRACTING

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
DANIEL K. ABARR	5 WOOD RIVER DR	HOPE VALLEY	RI	02832

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
MAUREEN E. ABARR	5 WOOD RIVER DR	HOPE VALLEY	RI	02832

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
MAUREEN E. ABARR	5 WOOD RIVER DR	HOPE VALLEY	RI	02832

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
DANIEL K. ABARR	5 WOOD RIVER DR	HOPE VALLEY	RI	02832

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
DANIEL K. ABARR	5 WOOD RIVER DR	HOPE VALLEY	RI	02832
MAUREEN E. ABARR	5 WOOD RIVER DR	HOPE VALLEY	RI	02832

DIRECTOR NAME	STREET ADDRESS	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 VAL			400		NO PAR VAL.

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.

Daniel K Abarr Pres.
Signature of Officer

DANIEL K. ABARR
Print or Type Name of Officer

PRESIDENT
Title of Officer

2/29/96
Date

File Date: 3/25/96

Check No: 1365

By:

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

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 REPOR
Please Type or Pri
File Annually – Jan. 1 - March
Filing Fee $50.(
Make Checks Payable to: Secretary of Sta

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

Corporate ID: 0060458 Annual Report for the year: 1995

Name of Corporation: Daniel Abarr Mason Contractor, Inc.

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

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

NONE

Phone: ( )

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

5 WOOD RIVER DR.
HOPE VALLEY RI 02832

Phone: (401) 539-2073

Business Entity is (check one):

[✓] Business Corporation (See RIGL Chapter 7-1.1)

[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

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

MASONRY CONTRACTING

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP
PRESIDENT: DANIEL K. ABARR	5 WOOD RIVER DR	HOPE VALLEY RI	02
VICE PRESIDENT:	STREET ADDRESS	CITY/STATE	ZI
SECRETARY: MAUREEN E. ABARR	5 WOOD RIVER DR	HOPE VALLEY RI	02
TREASURER: MAUREEN E. ABARR	5 WOOD RIVER DR	HOPE VALLEY RI	028
DANIEL K ABARR	5 WOOD RIVER DR	HOPE VALLEY RI	028

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP
DANIEL K ABARR	5 WOOD RIVER DR	HOPE VALLEY RI	028
MAUREEN E. ABARR	5 WOOD RIVER DR	HOPE VALLEY RI	02883

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 460 Class / Series NO PAR-VALUE	Number of Shares Class / Series

Date 1/31, 19 95

By: Daniel K. Abarr
DANIEL K. ABARR
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING 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.

DANIEL K. ABARR
5 WOODRIVER DRIVE
HOPE VALLEY RI 02832

FILED
FEB 24 1995
By: DAK

13/6

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: 0060458 Annual Report for the year: 1994

Name of Business Entity: Daniel Abarr Mason 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:

Phone:

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

5 WOODRIVER DR
HOPEVALLEY.RI 02832

Phone (401) 539-2773

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:

DANIEL K. ABARR (PRES.)
5 WOODRIVER DR
HOPE VALLEY, RI 02832

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

MASONRY CONTRACTING

Date of Organization: 5/15/81

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☑ PRESIDENT (Check One)	DANIEL K. ABARR	5 WOODRIVER DR	HOPE VALLEY RI	02832
☐ CHIEF OPERATING OFFICER OR ☑ VICE PRESIDENT (Check One)	MAUREEN E ABARR	5 WOODRIVER DR	HOPE VALLEY RI	02832
☐ CUSTODIAN OF RECORDS OR ☑ SECRETARY (Check One)	DANIEL K. ABARR	SAME AS ABOVE		
☐ CHIEF FINANCIAL OFFICER OR ☑ TREASURER (Check One)	MAUREEN E. ABARR	SAME AS ABOVE		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
DANIEL K. ABARR	5 WOODRIVER DR	HOPE VALLEY RI	02832
MAUREEN E. ABARR	5 WOODRIVER DR	HOPEVALLEY RI	02832

NUMBER OF SHARES AUTHORIZED (If Applicable) 400	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 400	NUMBER 400
CLASS COMMON	CLASS COMMON
SERIES #1	SERIES #1
PAR VALUE OR WITHOUT PAR NO PAR VALUE	PAR VALUE OR WITHOUT PAR NO PAR VALUE

Date 2/28/94, 19

By: Daniel Abarr Pres

DANIEL ABARR
PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

FILED
MAR 0 1 1994
By [illegible]

Form 3 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.

DANIEL K. ABARR
5 WOODRIVER DRIVE
HOPE VALLEY RI 02832

Filing Fee $50.00

1192 JM

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 0060459 Annual Report for the year 1993

FIRST: The name of the corporation is Daniel Abarr Mason Contractor, Inc

SECOND: It is incorporated under the laws of STATE OF RHODE ISLAND

THIRD: Character of business, briefly stated, is MASONRY CONTRACTING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 5 WOODRIVER DR, HOPE VALLEY 02832

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

Name	Office	Address (including number, street, zip code)
DANIEL K ABARR	Director	5 WOODRIVER DR, HOPE VALLEY
MAUREEN E. ABARR	Director	SAME AS ABOVE
	Director	
DANIEL K. ABARR	President	SAME AS ABOVE
MAUREEN E. ABARR	Vice President	"
MAUREEN E. ABARR	Secretary	"
DANIEL K. ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400			NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400			NO PAR VALUE

PAID
FEB 24 1993
SECRETARY OF STATE

Dated 2/2 19 93

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr Pres
DANIEL ABARR

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

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

RC 1053 cu #

Corporate ID 0060458 RC Annual Report for the year 1992

FIRST: The name of the corporation is Daniel Abarr Mason Contractor, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MASONRY CONTRACTING

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

FIFTH: Business address in Rhode Island 5 WOOD RIVER DR, HOPE VALLEY, RI 02832

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

Name	Office	Address (including number, street, zip code)
DANIEL K. ABARR	Director	5 WOOD RIVER DR, HOPE VALLEY 02832
MAUREEN E. ABARR	Director	" "
	Director	
DANIEL K. ABARR	President	SAME AS ABOVE
MAUREEN E. ABARR	Vice President	"
DANIEL K. ABARR	Secretary	"
MAUREEN E. ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400			NO PAR VALUE

PAID
FEB 21 1992
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400			NO PAR VALUE

Dated 1/30 1992

DANIEL ABARR MASON CONTRACTOR, INC.
(Name of Corporation)

By Daniel Abarr Pres.

(Report must be signed by an officer)

Title PRESIDENT

Form 31 1/85

Filing Fee $50.00

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

SS

Corporate ID 0060459 Annual Report for the year 1991

FIRST: The name of the corporation is Daniel Abarr Mason Contractor, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MASONRY CONSTRUCTION

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 5 WOODRIVER DR, HOPE VALLEY 02832

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	5 WOODRIVER DR, HOPE VALLEY, RI 02832
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares 400 Class NO-PAR-VALUE Series

Par Value or statement that shares are without par value NO PAR VALUE

PAID

FEB 14 1991

SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares 400 Class NO PAR VALUE Series

Par Value or statement that shares are without par value NO PAR VALUE

Dated 1/15 19 91

DANIEL ABARR
MASON CONTRACTOR INC.
5 WOODRIVER DRIVE
HOPE VALLEY, RI 02832

(Name of Corporation)

By Daniel Abarr Pres.

(Report must be signed by an officer)

Title PRESIDENT

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID UNKNOWN Annual Report for the year 1990

FIRST: The name of the corporation is DANIEL ABARR MASON CONTRACTOR INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MASONRY CONTRACTING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares 400 Class NO PAR-VALUE Series PAID

Par Value or statement that shares are without par value: NO-PAR VALUE

MAY 17 1990

SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares 400 Class NO-PAR VALUE Series

Par Value or statement that shares are without par value: NO-PAR VALUE

Dated 2/27 1990

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr President

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ....1988....

FIRST: The name of the corporation is ....DANIEL ABARR MASON CONTRACTOR INC.....

SECOND: It is incorporated under the laws of ....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is ....MASONRY CONTRACTING.....

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

FIFTH: Business address in Rhode Island ....RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,.....

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 6/7 19 88

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year 1987

FIRST: The name of the corporation is DANIEL ABARR MASON CONTRACTOR INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MASONRY CONTRACTING

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

FIFTH: Business address in Rhode Island RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 6/7 1989

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ....1986....

FIRST: The name of the corporation is ....DANIEL ABARR MASON CONTRACTOR INC.....

SECOND: It is incorporated under the laws of ....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is ....MASONRY CONTRACTING.....

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

FIFTH: Business address in Rhode Island ....RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,.....

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

Name	Office	Address (including number, street, zip code)
DANIEL H ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 6/7 19 85

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ....1985....

FIRST: The name of the corporation is ....DANIEL ABARR MASON CONTRACTOR INC....

SECOND: It is incorporated under the laws of ....RHODE ISLAND....

THIRD: Character of business, briefly stated, is ....MASONRY CONTRACTING....

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

FIFTH: Business address in Rhode Island ....RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,....

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 6/17 19 85

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ...1984

FIRST: The name of the corporation is ...DANIEL ABARR MASON CONTRACTOR INC

SECOND: It is incorporated under the laws of ...RHODE ISLAND

THIRD: Character of business, briefly stated, is ...MASONRY CONTRACTING

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

FIFTH: Business address in Rhode Island ...RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 6/7 19 89

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ....1983....

FIRST: The name of the corporation is DANIEL ABARR MASON CONTRACTOR INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MASONRY CONTRACTING

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

FIFTH: Business address in Rhode Island RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 6/7 19 83

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

SECRETARY OF STATE
CORPORATIONS DIV.

JUL 12 4 24 PM '89

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ....1985....

FIRST: The name of the corporation is ....DANIEL ABARR MASON CONTRACTOR INC.....

.....

SECOND: It is incorporated under the laws of ....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is ....MASONRY CONTRACTING.....

.....

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

.....

FIFTH: Business address in Rhode Island ....RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,.....

.....

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 6/7 1985

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ...1989...

FIRST: The name of the corporation is ...DANIEL ABARR MASON CONTRACTOR INC.

SECOND: It is incorporated under the laws of ...RHODE ISLAND

THIRD: Character of business, briefly stated, is ...MASONRY CONTRACTING

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

FIFTH: Business address in Rhode Island ...RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY,
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

Rec'd & Filed OCT 19 1989
PLP#14 117758

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 10/12 19 89

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

(Report must be signed by an officer)

Title PRESIDENT

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ...1988...

FIRST: The name of the corporation is ...DANIEL ABARR MASON CONTRACTOR INC...

SECOND: It is incorporated under the laws of ...RHODE ISLAND...

THIRD: Character of business, briefly stated, is ...MASONRY CONTRACTING...

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

FIFTH: Business address in Rhode Island ...RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI...

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY,
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares 400 Class NO PAR-VALUE Series

Par Value or statement that shares are without par value: NO-PAR VALUE

EIGHTH: Number of Shares issued:

Rec'd & Filed OCT 13 1989
PUP#14 117758

No. of Shares Class Series

Par Value or statement that shares are without par value

Dated 10/12 19 89

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

(Report must be signed by an officer)

Title PRESIDENT

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ....1987....

FIRST: The name of the corporation is ....DANIEL ABARR MASON CONTRACTOR INC.....

SECOND: It is incorporated under the laws of ....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is ....MASONRY CONTRACTING.....

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

FIFTH: Business address in Rhode Island ....RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,.....

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY,
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Rec'd & Filed OCT 13 1989
PLP#14 117158

Dated 10/12 19 87

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

(Report must be signed by an officer)

Title PRESIDENT

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year 1986

FIRST: The name of the corporation is ....DANIEL ABARR MASON CONTRACTOR INC

SECOND: It is incorporated under the laws of ....RHODE ISLAND

THIRD: Character of business, briefly stated, is ....MASONRY CONTRACTING

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

FIFTH: Business address in Rhode Island ....RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY,
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Rec'd & Filed OCT 13 1989
PLP#4 117158

Dated 10/12 19 89

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

(Report must be signed by an officer)

Title PRESIDENT

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year 1985

FIRST: The name of the corporation is ....DANIEL A BARR MASON CONTRACTOR INC.

SECOND: It is incorporated under the laws of ....RHODE ISLAND

THIRD: Character of business, briefly stated, is ....MASONRY CONTRACTING

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

FIFTH: Business address in Rhode Island ....RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,

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

Name	Office	Address (including number, street, zip code)
DANIEL A BARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY,
MAUREEN A BARR	Director	SAME AS ABOVE
	Director	
DANIEL A BARR	President	SAME AS ABOVE
MAUREEN A BARR	Vice President	"
DANIEL A BARR	Secretary	"
MAUREEN A BARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

Record & Filed OCT 13 1989

No. of Shares	Class	Series	Par Value or statement that shares are without par value
PUP#14 117758			

Dated 10/12 19 85

DANIEL H BARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

(Report must be signed by an officer)

Title PRESIDENT

1

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year ....1989....

FIRST: The name of the corporation is ....DANIEL ABARR MASON CONTRACTOR INC.....

SECOND: It is incorporated under the laws of ....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is ....MASONRY CONTRACTING.....

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

FIFTH: Business address in Rhode Island ....RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI.....

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY,
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Rec'd & Filed OCT 13 1989

PLP#14 117758

Dated 10/12 19 89

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

(Report must be signed by an officer)

Title PRESIDENT

Filing fee: $15.00

Paid 10-27-82

To be filed annually between January 1st and March 1st

60458

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is DANIEL ABARR MASON CONTRACTOR INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MASONRY CONTRACTING

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

FIFTH: Business address in Rhode Island

RR #1 BOX 136 HOPE VALLEY RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
DANIEL K. ABARR	Director	RR#1 BOX 136, HOPE VALLEY, RI 02832
MAUREEN ABARR	Director	SAME AS ABOVE
———	Director	
DANIEL K. ABARR	President	SAME AS ABOVE
MAUREEN B. ABARR	Vice President	"
DANIEL K. ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR VALUE		NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR VALUE		NO PAR VALUE

Dated: 1/20 1984

DANIEL ABARR MASON CONTRACTOR INC.
(Name of Corporation)

By: Daniel K. Abarr

Title PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for Information. 277-3040

FORM 31 11-82

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year 1983

FIRST: The name of the corporation is ....DANIEL ABARR MASON CONTRACTOR INC

SECOND: It is incorporated under the laws of ....RHODE ISLAND

THIRD: Character of business, briefly stated, is ....MASONRY CONTRACTING

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FIFTH: Business address in Rhode Island ....RR#1, 5 WOODRIVER DR., HOPE VALLEY, RI,

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY,
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

Rec'd & Filed OCT 13 1983

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 10/12 19 83

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

(Report must be signed by an officer)

Title PRESIDENT

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID..... Annual Report for the year 1992

FIRST: The name of the corporation is DANIEL ABARR MASON CONTRACTOR INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MASONRY CONTRACTING

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

FIFTH: Business address in Rhode Island RR#1, 5 WOODRIVER DR, HOPE VALLEY, RI,

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

Name	Office	Address (including number, street, zip code)
DANIEL ABARR	Director	RR#1, 5 WOODRIVER DR, HOPE VALLEY,
MAUREEN ABARR	Director	SAME AS ABOVE
	Director	
DANIEL ABARR	President	SAME AS ABOVE
MAUREEN ABARR	Vice President	"
DANIEL ABARR	Secretary	"
MAUREEN ABARR	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	NO PAR-VALUE		NO-PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Rec'd & Filed OCT 13 1989
PLP# 14 11775V

Dated 10/12 19 89

DANIEL ABARR MASON CONTRACTOR INC
(Name of Corporation)

By Daniel Abarr

(Report must be signed by an officer)

Title PRESIDENT