

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401 222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

ruing Period: January I - A		g Fee: \$50.00			
(FORM MUST BE TYPED IN BL. 1. Corporate ID No.	ACK) 2. Name of Corporation	<del> </del>	·····		
37255	WESTWOOD C				
3. Street Address Principal Busines	,		Ciry	State	Zip
1A LIENA ROSE WAY	03)		COVENTRY	RI	02816
4. Business Phone No.		5 State of Incorporation	COVENTAL	L``	and the second of the second o
4018288700		RHODE ISLAND			6. SIC Code 5710
7. Brief Description of the Charact	ter of Rusiness Conduc				
TO BUY SELL MORTGAGE	BUILD AND DEVE	ELOP REAL ESTATE			
8. NAMES AND ADDRESSE	S OF THE OFFICE	ERS ("N" BOX FOR ATTA		ACES BEFORE USING A	TTACHMENTS
President Name John R. Assalone			Vice President Name		
Sinci Address		······································	· Carmine Olivier	·1	
1A Liena Rose Way			Street Address		
	165.	<del>-12:</del>	. 1A Liena Rose W		
<i>Ciņ</i> Coventry	State RI	7 <i>ip</i> 02816	City	State	Zip
Secretary Name		105810	Coventry	RI	02816
Arnold N. Montaquil	1 =		None Name		
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SucciAddress 400 Reservoir Avent	ie Suite la		* Street Address		
		Tar.	•	· · · · · · · · · · · · · · · · · · ·	
Cu) Providence	State  - RI	7.ip 02907	Cin	State	Zip
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Street Address			Street Address  -		
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City	· State	Zip	·City	Siare	1Zip
n en		.1	4_4		
Director Name			* Director Name		
Sirver Address		<del></del>	-	<del></del>	<del></del>
Sirver Additiss			*Street Address		
City	Sinic	Zip	·Cin	State	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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.2,000 COMM NO PAR V	ALUE		500 shares	Common	No Par Value
	<del></del>		<u>'</u>		
					İ
This report must be signed		ha Dunaidana 16 aa Dua	- Jan Carana		<del></del>
rms report must be signed	in ink by either to	ne rresident, vice rre	sideni, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Trustee
<b>88</b> 2014 1 <b>88</b> 18 <b>8</b> 18 18 18 18 18 18 18 18 18 18 18 18 18	AUYON BUI				
3 7 2 5	5 5		Under negative of per	jury, I declare and affirm	that I have examined
			this report, including	any accompanying sche	dules and statements.
*37255 DBC 02/07/05 04	4:00:52 DM*	7		ts contained herein are tr	
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File Date 5-25-6	20				2/10/05
Check No 400016	a U 2	1	Signature of Officer		Date
Check No (060)	9 N J		Carmine Oli		
D/a/			Print or Type Name of	Officer	-
$R_{12}$ $O$ $O$	<del></del>		Vice Presid	ent	
FOR SECRETARY OF STATE U	JSE ONLY	_	Title of Officer	<del></del>	Form 630 12/0
		1			ווער נוווסי בער ווויסי



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222,3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50,00

(FORM MUST BE TYPED IN					
, I. Corporate ID No 37255	2. Name of Corpor	D CONST. INC.			
		D CONST. INC.			·
3. Sircer Address Principal Bu			Cin	Sinie	Zip
	\I	<del></del>	COVENTRY	RI	02816
4. Business Phone No.		5. State of Incorpora			6 SIC Code
4018288700	····	RHODE ISLA	<u>U</u>		5710
7. Brief Description of the Cho TO BUY SELL MORTGA	GE BUILD AND D	EVELOP REAL ESTAT			
8. NAMES AND ADDRE	SSES OF THE OFF	TCERS ("X" BOX FOR	<i>attachnent</i> ) 🛮 fill in si	ACES BEFORE USING A	TTACHMENTS
<i>President Name</i> John R. Assalone			Vice President Name	,	
Sirvet Address			- Carmine Olivier	(1	
1A Liena Rose Wa			Street Address	4	
٠			· 1A Liena Rose (		
<i>City</i> Coventry	State RI	Zip	City	State	Zip
Secretary Name	**********	02816	Coventry Tivasiirer Nanie	RI	02816
Arnold N. Montag			None		
	ulla	<del></del>		<del> </del>	
Street Address	onuo Cuito 3		* Street Address		
400 Reservoir Av				<del></del>	
City	State	Zip	*Cin	State	Zip
Providence	RI	,02907			<u> </u>
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS _
None			•		
Sirvet Address			-Sircei Address		
City	State	Zip	·Ciry	State	Zip
Director Name			Director Name	k	
			•		
Sireet Address			*Sircet Address	<del></del>	<del></del>
			<u> </u>		
City	:Srate	Zip	.Ciņ	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT)		" BOX FOR ATTACHME	<u>₩</u>
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Total Control	
	CROSSERICS		Number by Shares	Class/Serles	Par Value
2,000 COMM NO PAR	R VALUE		500 shares	Common	No Par Value
					į
This report must be sign	ned in ink by eithe	er the President, Vice	President, Secretary, Assi.	stant Secretary, Treas	urer, Receiver or Truste
	<b>18 6</b>				_
3 7 2			Under penalty of pe	rjury, I declare and affirm	that I have examined
	·		this report, including	g an <u>y ac</u> companying sche	dules and statements,
137255 DBC 01/09/0	4 Q2;23:53 PM*		and that all statemer	its contained herein are tr	ue and correct.
File Date 2 - 3 -	U	]	/11/0/		
4 1 4 4	VV 0 1 1		/ WIL		/////
Check No. IC	とひゅり	7	Signation of Officer	$\Delta$ .	Date
	<u> </u>	-	/ALMir	F Oxivier.	•
B <u>v:</u>	Che		Print or Type Name of	Officer	· · · · · · · · · · · · · · · · · · ·
FOR SECRETARY OF STAT	TE LICE ONLY	-	1/10	- KNO.S'ARAT	-
L. SICKETART OF STAT	E OSE ONLY		Title of Officer	<u> </u>	Form 630 12/0



(FORM MUST BE TYPED IN BLACK)

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-223-3040

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

2. Name of Corporation 1. Corporate ID No. \*37255\* WESTWOOD CONST. INC. 3. Street Address Principal Business Office City State 1A LIENA ROSE WAY COVENTRY RI 02816 4. Business Phone No. 5. State of Incorporation 6 SIC Code 4018288700 **RHODE ISLAND** 5710 7. Brief Description of the Character of Business Conducted in Rhode Island
TO BUY SELL MORTGAGE BUILD AND DEVELOP REAL ESTATE 8. NAMES AND ADDRESSES OF THE OFFICERS 1"X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name John R. Assalone · Carmine Olivieri Street Address Sireei Address 1A Liena Rose Way . 1A Liena Rose Way Cin State State Zip RI Coventry Coventry 02816 RI 02816 Secretary Name Treasurer Name Arnold N. Montaquila None Sireei Address Street Address 400 Reservoir Avenue, Suite 3A City State State Zip Providence 02907 RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address ·Street Address City State Zip State 7.ip Director Name Director Name Sircei Address Street Address City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT). AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Class/Series Par Value 500 2,000 COMM NO PAR VALUE No Par Value Common 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 helein are true and correct. \*37255 DBC1/13/0312:06:43 PM\* File Date\_ Date Signature of Office Check No. ZS ALO Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01

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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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Filing Period: Janua	ry 1-March 1 •	Filing Fec: \$50.00			1881
FORM MUST BE TYPED IN I	BLACK)				
I. Corporate ID No.	2. Name of Corport	atlon — · · · · · · ·	- •		
37255		D CONST. INC.			
3. Street Address Principal Busin	ess Office		City	State	Zip
lA Liena Rose	Way		Coventry	RI	02816
t. Business Phone No.		5. State of Incorporation	Ť		6. SIC Code
401-828 <b>-</b> 8700		RHODE ISLAND			5710
7. Brief Description of the Chara	cter of Business Conducted	in Rhode Island			
To buy, sell,	mortgage, bu:	ild and devlop rea	l estate		
		ICERS (*x* box for attach		ES BEFORE USING ATTA	CHMENTS
resident Name			Vice President Name		<b>-</b>
John R. Assal	one		Carmine Olivie	eri	
ireet Address			Street Address		
lA Liena Rose	Way		Same		
Stry	State	Zip	City	State	Zip
Coventry	RI	02816	•		
ecretary Name		*****	Deasurer Name		
Arnold N. Mon	taquila				
ireer Address			Street Address		
400 Reservoir	Ave., Suite	3A			
Dity	State	Zip	City	State	Zip
Provindence	RI	02907			·
. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
None					
treet Address			Street Address		
lity	State	Zip	City	State	Zip
			•		
Director Name		• • •	Director Name		
			•		
treet Address			Street Address		
Hy	State	Zip	Chy	State	Zip
O. SHARES AUTHORIZ	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(T)
UTHORIZED SHARES			ISSUEE) SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR	VALUE				
			500	Common	No Par

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

5

	* 3 7 2 5 5 *
File Date:	3.25.02
Check No.:	1260
	Ĉ.
FOR SECRETARY O	F 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.

Signal decorption

Date

Objects

rint or Type Name 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

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HORM MUST BE TYPED IN I					
1. Corporate ID No.	2. Name of Corpora				
37255		CONST. INC.			
3. Street Address Principal Busin	ress Office		* City	State	Zip
lA Liena Rose	Way		Coventry	RI	02816
4. Business Phone No.		5. State of Incorporatio		-	6. SIC Code
(401) 828-8700		RHODE ISLA	AND		5710
7. Brief Description of the Chara				,	
To buy, sell,	mortgage, buil	ld and develop r	eal estate		
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS CX* BOX FOR ATT	ACHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
President Name			Vice President Name		
John R. Assalo	one		Carmine Olivi	eri	
Street Address			Street Address		
lA Liena Rose	Way		Same		
City	State	Zip	City	State	Zip
Coventry	RI	02816		!	1
Secretary Name	•	• •• • • • •	Treasurer Name	• • • • • •	
Arnold N. Mont	taquila		None		
Street Address			Street Address		
400 Reservoir	Avenue, Suite	3A			
City	State	Zip	Clly	State	Zip
Providence	RI	02907	:	•	
9. NAMES AND ADDR			TTACHMENT) FILL IN SPA	CES BEFORE USING ATT.	ACHMENTS
Director Name		•	Director Name	· · <del>-</del> · · ·	
None			;		
Street Address			Street Address		
			•		
City	State	Zip	:Cuy	State	l Zip
			•		:
Director Name	•••		Director Name	••••••••••	•••••••••••
Street Address			Street Address		
			;		
City	Stote	Zip	City	State	· ZIp
10. SHARES AUTHORI	ZED (*X* BOX FOR ATT	ACHMENT)	11. ŠIĪARĒŠ ISSUĒT	) ("X" BOX FOR ATTACHMEN"	n Çi
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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nis report must be si	gned in ink by eith	her the President, Vic	e President, Secretary, A	ssistant Secretary, Treas	urer, Receiver or T
[ ] [ ]	AFRIC 1949 40 018 1140 1 0140 1 014	<b>(83</b> )			
[ ]		<b>       </b>			

Under penalty of perfury, 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.

3-13-0 1

File Date: 2748

Check No.: 2

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

Signature of Officer

Ambe

Title of Officer

Date

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

02816

State

RΙ

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

City

Coventry

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

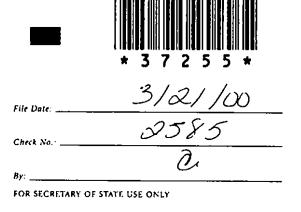
lA Liena Rose Way

1. Corporate ID No. 37255

2. Name of Corporation WESTWOOD CONST. INC.

4. Business Phone No. (401) 828-8700		5. State of Incorporation RHODE ISLAN			6. SIC Code <b>5710</b>
7. Brief Description of the Charac	ter of Business Conducted	in Rhode Island			
To buy, sell, π 8. NAMES AND ADDRI	ortgage, buil	d and develop re	ACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
John R. Assalon Street Address	ie.		Carmine Oli Street Address	vieri	
lA Liena Rose W	lay		Same		
City	State	Zip	City	State	Zip
Coventry	RI	02816			
Secretary Name			Treasurer Name		
Arnold N. Monta	quila		None		
Street Address			Street Address		
400 Reservoir A	venue, Suite	3A			
City	State	Zip	City	State	Zip
Providence	RI	02907			
9. NAMES AND ADDRI Director Name	ESSES OF THE DIR	ECTORS (*X* BOX FOR A)	TTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS
None			Street Address		
City	State	Zip	City	State	ZIp
Director Name			Director Name		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR ATI	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 COM NO PAR	VAL				
			500	Common	No Par
his report must be sta	med in the by sit	her the President Vic	500 e President, Secretary, As		

T Trustee



Under penalty of perjury, I declare and affirm that I have examined villareant, actualing any accompanying schedules and statements, and s contained herein are true and correct. 3-20-00 Date <u>John R. Assalone</u> Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	K)				
I. Corporate ID No.	2. Name of Corpor				
37255		DD CONST. INC.		<b></b> .	
3. Street Address Principal Business O	ffice		City	State	- T Zip
lA Liena Rose Way  1. Business Phone No.			Coventry	RI	02816
(401) 828-8700		S. State of Incorporation RHODE ISLA		_	6. SIC Code 5710
7. Brief Description of the Character o				_	•
To buy, sell, more					
BENAMES AND ADDRESS	ES OF THE OF	ICERS ("X" BOX FOR ATTA		S BEFORE USING ATTAC	HMENTS :
			Vice President Name		
John R. Assalone			Carmine Oli	vieri	
			Street Address		
lA Liena Rose Way		***	Sarn:	• _	
·	State	Zip	Cliy	State	Zip
Coventry	RI	02816			
ecretary Name			Treasurer Name		
Arnold N. Montaqu:	ila		None		•
Street Address 400 Recorpoir Appar	nua Cuita	3 /	Street Address		
400 Reservoir Aver			•		
City Providence	State RI	zip 02816	City	State	Zip
			<i>.</i> :		
9 NAMES AND ADDRESS	ES OF THE DIR	ECTORS ("X" BOX FOR AT		ES BEFORE USING ATTA	CHMENTS : 22
Director Name None			Director Name		
			•		
Street Address			Street Address		
716.	<b>6</b>			•	
City	State	Zip	City	1 State	Zip
Director Name	•		· · · · · · · · · · · · · · · · · · ·		<b>l.</b>
Meetor Name			Director Name		
Street Address			<b>.</b>		
crere Address			Street Address		
lity-	Crata	<b>9</b> 7.		_	<b>1</b>
117	State	Zip	City	State	¹ ZIp
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10. SHARES AUTHORIZED	CX BOX FOR AT	FACHMENT)		("X" BOX FOR ATTACHMENT	) Land
AUTHORIZED SHARES	Clanteritie	<b>6</b>	ISSUFED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Far Value
2000 COM NO PAR V	AL		500	common	no par
			300	Common	no par
his report must be signed	<b>d in ink</b> by eit	her the President. Vice	President, Secretary Ass	sistant Secretary Treasu	irer. Receiver or T
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84 11		BIII IEEI			

	* 3 7 2 5 5 *	
File Date:	pb23,99	
Gheck No	3400	
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 c	
Signature of Officer Do	1/17/49 ne
Print or Type Name of Officer	
Title of Officer	

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

#### STOP PHASERIAD INSTRICTIONS

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN I	BLACK)				
1. Corporate ID No.	2. Name of Carpara	tion -			<del>-</del>
37255	WESTWOO	D CONST. INC.			
3. Street Address Principal Busin	ess Office		City	State	Zìp
45 Nooseneck Hil	ll Road		Ŵ. Greenwich	RI	02817
4. Business Phone No.		5. State of Incorporation	7		6. SIC Code
(401) 397-8700		RHODE ISLAI	ND		5710
7. Brief Description of the Chard To buy, sell, mo	cter of Business Conducted in presented in the contract of the	n Rhode Islahd			37.10
8. NAMES AND ADDR President Name	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT)  Vice President Name		
John R. Assalone	<u>!</u>		Carmine Olivieri		
Street Address	-		Street Address		
45 Nooseneck Hil	1 Road		same		
City	State	Zip	Gity	State	Zip
W. Greenwich	RI	02817	•		• •
Secretary Name			Treasurer Name		• • •
Arnold N. Montac	uila 💮		None		
Street Address			Street Address		
400 Reservoir Av	venue, Ste. 3A				
City	State	Zip	City	State	Zip
Providence	RI	02907			
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT)		
Director Name			Director Name		
None					
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 AUTHORI	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	(ד
AUTHORIZED) SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 COM NO PAR	VAL		500	common	no par

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

	* 3 7 2	5 5 *
File Date:	3.17.98	
Check No.:	4047	
Ву:	100	
FOR SECRETA	ARY 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.

CARMINE OLIVIERI

Print or Type Name of Officer

Title of Officer

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

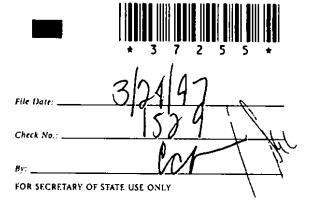
### 301.277.3030

#### 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 37255 WESTWOOD CONST. INC. 3. Street Address Principal Business Office City State Zip 45 Nooseneck Hill Road West Greenwich RI 02817 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 397-8700 **RHODE ISLAND** 5710 7. Brief Description of the Character of Business Conducted in Rhode Island To buy, sell, mortgage, build and develop real estate 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) President Name Vice President Name John R. Assalone Carmine Olivieri Street Address Street Address 45 Nooseneck Hill Road 45 Nooseneck Hill Road State Zip West Greenwich 02817 RI West Greenwich 02817 RI Secretary Name Treasurer Name Arnold N. Montaquila None Street Address Street Address Calart Tower, Suite 3A, 400 Reservoir Avenue City City State Zip Providence RI 02907 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*x\* BOX FOR ATTACHMENT) Director Name Director Name None Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City State ZIp City State ZIp10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shures Class/Series Par Value Number of Shares Class/Series Par Value 2000 COM NO PAR VAL 500 Common no par

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

Title 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, Signature of Officer Print or Type Name 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

EDBM 21 12/05

Filing Period: January 1-March 1

Filing	Fee: \$50.00	-	

1. CORPORATE ID HO.	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.	<del></del>	
37255 3. STREET ADDRESS PRINCIPAL BUSINESS OF FI		OOD CONST. INC.	Tair	STATE	
45					
45 Nooseneck I	Hill_Road	5. STATE OF INCORPORATION	West Greenwich	RI	02817
(401) 397-8700	)	RHODE I	SLAND		5710
7. BRIEF DESCRIPTION OF THE CHARACTER OF B	USINESS CONDUCTED IN RHODE IS	LAND			
To buv. sell.	mortgage, hu	ild and develor	real estate		
PRESIDENT NAME	8 NAI	AES AND ADDR	real estate.	CERS	
	. NE		VICE PRESIDENT NAME		
JOHN R. ASSALO STREET ADDRESS	JNE		CARMINE OLIVIER STREET ADDRESS	I	
45 Nooseneck l	Hill Road		45 Nooseneck Hill Road		
tiny Constant	STATE	∑th CODE	ату	STATE	2)P COOE
West Greenwich	RI	02817	West Greenwich	RI	02817
ARNOLD N. MONT	TAQUILA				
STREET ADDRESS			STREET ADDRESS		
Calart Tower, Ste.	3A, 400 Res	ervoir Avenue	aiv	I STATE	72P 0008
Providence	RI	02907	1		
DIRECTOR HAVE	9. NA A		ESSES OF THE DIR	ECTORS	<del></del>
DITECTOR PARE			DIRECTOR NAME		
STREET ADDRESS	·····		STREET ADDRESS		
OTY	STATE	ZIP COOCE	ату	STATE	ZEP C0104:
DIRECTOR NAME	1		D'RECTOR HAVE		
					ļ
STREET ADDRESS			STREET ADDRESS		
aiy	STATE	ZIP COD€	CITY	STATE	Z⊅ C00€
	<u> </u>				
	1 0 . S H	ARÉS AUTHOR	IZED AND ISSUED		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PARVALLE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	DIDWING.
			manager of devects	UCCS / Striks	PAR VALUE
2000 COM NO	PAR VAL		500	Common_	wa par
· · · · · · · · · · · · · · · · · · ·			_ <u></u>		
	This	report must be SIG	NED IN INK by either the	<b>!</b>	
Presid	dent, Vice Preside	nt, Secretary, Assis	tant Secretary, Treasurer, I	Receiver or Truste	e <b>T</b>
			Under passity of	pe iny, I declare and	affirm that I have examined this
		• •	recording a all them his cor		edules and statements, and that and correct.
,/1,	8/16		V/X/	<b>7</b> /	
File Date: 4/	0/16		Sign ture off	Sr T	
Check No: 1815			_ <b>W</b> ohr	B. ASSOJO	ne
	_	_		e of Officer	
By: For Secretary of Sta				dent	3/5/96
	815 W.	•		• •	ne alclar
For Secretary of Sta	ite Use Only	_	Title of Officer	<u> </u>	υ <u>ρ''Ψ</u>

DETACH BOTTOM BEFORE RETURNING

Filing Fee \$50.00 Payable to: Secretary of State

## PLEASE TYPE of PRINT Conflict of The Secretary of State PLEASE TYPE of PRINT Conflict of The Secretary of State Conflict of The Secretary of State

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

0047851	1994
Corporate ID:	WESTWOOD CONSTRUCTION, INC.
Name of Business Entity:	
P.	Business Entity is (check one):
Business entity organized under the laws of the State of	Business Corporation (See RIGL Chapter 7-1-1)
federal Taxpayer Identification Names	Thrufessiona; Service Corporation (See RIGL Chapter 7-5.1)  [ ] Limited Liability Company (See RIGL 7-16)
For foreign entity, address and telephone number of principal officer	Name, title and mailing address of contact person to whom
	communications may be directed.
<del></del>	
Phone: ( )	— James PGregare — — — — — — — — — — — — — — — — — — —
Address and releptione of the principal office of business entity in	DI ANY - PIT WALL
Island (Provide street and ess - Not P.O. Box)	Brief statement of the character of business conducted in Rhode Island
36 Absalona Hill Rd.	ResideNINI + Consercial
Chepacher RI 02814	Constantion
	Date of Organization 7/26/88 7 - 27 - 88
Phone (401) 94 <u>9 0807 - 949-</u> 26	Date of Qualification in do business in Rhode Island (if foreign entity)
	- <del></del>
THE N	AMES OF THE OFFICERS ARE:
Joseph Janno III	566 Copper RO Glacester PI 0414
Control (Association) Control (Association)	
James P. Gresche 3	36 Absolown Hill Rd Chepactet RI ONLY
Joseph FANNETT.	565 Cooper RO Chocester R. 1 1814
JAMES P Greyore.	36ABSAIONA HIIRO CLEPGEHETRI 02814
THE NA	
	<u> </u>
Ziv	STRUTT ADDRESS C. ANIAM Z ROOF.
NAMI.	SINCULAR SKR
	·· <del>·····</del>
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (It Applicable)
NUMBER 500	NUMBER 500
CLASS	CLASS
SERIFS Comm on Stack	SERIES Common stock
PAR VALUL OR	PAR VALUE OR
WITHOUT PAR	WITHOUT PAR
Date 4-10-29 19-94	By Jan Jugar
	James P Gregore
	PRINT OR THE SAME OF THE PRINT
	milita a milk sek se
Fpm 3' 194	
	O 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

FILED

APR 1 4 1994

JOSEPH E. MARRAN, JR. 1456 255 MAIN ST , P D. BOX 1383 PAHTUCKET RI 02862

,714	MC
\ '	V'

First: The	name of the corporation is	WESTWOOD CONSTRUCTION, INC.
SECOND: It	is incorporated under the laws of.	State of RI is Construction
THIRD: Cha	racter of business, briefly stated, is	is Construction
FOURTH: If	foreign corporation, address of its	s principal office
FIFTH: Busin	ness address in Rhode Island	565 Cooper Rd achet RI 02814
********************	Cheps	achet KI 02814
Sixth: Nam	es and addresses of its directors ar	and officers: (Attach rider if necessary)
,	Director	
*>	Director	
• • • • • • • • • • • • • • • • • • • •	Director	
De Sa		565 Comes Rd Cilo LIPT
The C	) Jy	565 Couper Rd Chapachet RT. sident 36 AbsolowA Will Rd Chapachet
Turnes 1	<del></del>	•
yol Sar	Secretary	
James 1	Treasurer Treasurer	36 AbsoloNA Will Rd Chepart
SEVENTH: N	umber of Shares authorized:	Par Value
No of Shares	Class	or statement that shares are without Senes par value
50	Comor	MAD SILO PAR VALUE
		MAR 3 0
Еібнтн: Nu	mber of Shares issued:	MAR 29 1993 Par Value or statement that
No of Shares	Class	shares are without
50		Series par value of No Par Uplue d
		PAY UNIOE
ر ک	3-26- <b>含</b> 19 53	Westwood Construction INC
	• • • • • • • • • • • • • • • • • • • •	(Name of Corporation)
		By James & Tregori
(Report n	nust be signed by an officer)	Title P

Form 31 1/85

orporate IDQ	037255	Annual Report for the year 1993		
FIRST: The name of the corporation is WESTWOOD CONST. INC.				
SECOND: It is inco	rporated under the laws of Rhoc	le Island		
real estate a	and do any and all thir	buy, sell, mortgage, build and develop		
FOURTH: If foreign	n corporation, address of its princi	pal office		
FIFTH: Business ad	Idress in Rhode IslandC/OArr	old N. Montaquila, Ltd., Calart Tower,		
Suite 3A, 400	Reservoir Avenue, Pro	vidence, RI 02907		
SIXTH: Names and	addresses of its directors and office	Cers: (Attach rider if necessary) Address (including number, street, zip code)		
	Director			
	Director			
	Director			
JOHN R. ASSAL	ONE President 1	620 Nooseneck Hill Rd., Coventry, RI 02		
JOHN R. ASSAL		SAME		
		Reservoir Ave., 3A, Prov., RI 02907		
JOHN R. ASSAL	•	620 Nooseneck Hill Rd., Coventry, RI 02		
SEVENTH: Number	of Shares authorized:	Par Value		
No of Shares	Class	or statement that shares are without Series nar value		
	VIGO	PAID par value		
2,000	common	MAR 2 < 1993 no par value		
Eighth: Number of	of Shares issued:	Par Value SECRETARY OF STATE or statement that		
No. of Shares	Class	Series or statement that shares are without par value		
500	common	no par value		
•				
Dated		ESTYPOD CONST. INC.		
	Ву	1		
(Report must be	signed by an officer) Titte.	PRESIDENT.		

Form 31 1/85

Corporate ID 0042851		Annual Report for the	year 1982
First: The name of the corpor	ration is	.WESTWOODCOMSTRU	CTION. INC
SECOND: It is incorporated uncompared the Second Character of business, I	der the laws ofbricfly stated, is	Tate of RI Construction	······································
FOURTH: If foreign corporation	n, address of its principa	al office	
	•	36 Absoalon	a Hill
SIXTH: Names and addresses o	f its directors and office	CTS: Address (including nu	(Attach rider if necessary) mber, street, zip code)
	Director  Director  Director	PAID MAR 1 3 1992	
bseph JANNOTTI	President 32	<b>y</b> .	Glocester RI a
Ames Gregoire Toseph Innotto	Secretary	565 Cooper R	4111 RD Clocester R d Claces Ter RTus 11 Ri Glacester ET
SEVENTH: Number of Shares a  No. of Shares  Co		2.6.27.22.5.5.16.15.16.17.17.17. Series	Par Value or statement that shares are without par value
500	Mass Stock	Series #	Par Value or statement that shares are without par value
Dated 2/34	19 92 (Name o	Weslwood J (Corporation)	The C
(Report must be signed by an o	officer) Title	Phan	

Corporate ID	, 003725	55	Annual Report for the year	1991
First:	The name of the co	orporation is	UCCTUOMS CONCT THE	
Second	: It is incorporated	under the laws ofRh	ode Island	
Third: dev for	Character of busing real est	ess, briefly stated, is to tate and do any cations may lega	buy, sell, mortgage, k and all things necessar lly be formed.	ouild and ry and advisable
Fourth	: If foreign corpor	ation, address of its prin	cipal office	
<b>Г</b> ігтн:	Business address in	Rhode Island C/O A	rnold N. Montaquila, Lt	d., Calart Tower,
Sui	te 3A, 400 Re	eservoir Avenue,	Providence, RI 02907	
Sіхтн:	Names and address	ses of its directors and o	fficers: Address (including number, st	(Attach rider if necessary)
1	•••••	Director		
***************************************		Director		
(*)((************************	•••••••••••••••	Director		
JOHN R.	ASSALONE	President	1620 Nooseneck Hill Ra	
JOHN R.	ASSALONE	Vice President	SAME	02816
ARNOLD	N. MONTAQUILA	Secretary	SAME	······
JOHN R.	ASSALONE	Treasurer	1620 Nooseneck Hill Ro	
SEVENTE	H: Number of Sha	res authorized:		02816 Par Value
No. of Sh	ares	Class	Series DAII)	or statement that shares are without par value
2,00	0	common	JAN 3 U 1991	no par value
Еібнтн:	Number of Share	es issued:	CEC'Y OF STATE	Par Value
No. of Sh	sares	Class	Series Series	or statement that shares are without par value
50	0	common		no par value
Dated	1/25		STWOOD CONST. INC.	
(R	eport must be signed by		100 (7)	
Form 31 1/85			\	

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

カナ

Corporate ID 0047851	Annual Report for the year 1980
FIRST: The name of the corporation is	WESTWOOD CONSTRUCTION, INC.
SECOND: It is incorporated under the laws of Third: Character of business, briefly stated,	is Construction
FOURTH: If foreign corporation, address of i	ts principal office.
FIFTH: Business address in Rhode Island	27 Locust St Pawticket R.I. 02860
SIXTH: Names and addresses of its directors  Name Office  Director	and officers: (Attach rider if necessary)  de Address (including number, street, zip code)
Director	
Director	
Presiden  Presiden  Vice Pre	sident 27 Locust St Paut RT 02814
Joe Sannotto Secretar	1 d 0100 - 0-
James & Augonie Treasure	
SEVENTH: Number of Shares authorized:	Par Value
No of Shares 100 Class Comming	or statement that
Егдитн: Number of Shares issued:	Par Value or statement that
No of Shares 100 Class Coremor	shares are without par value
Dated 2/22 19 90	Westwood Construction TNC. (Name of Corporation)
(Report must be signed by an officer)	By James & Sugarier

Comments ID	PROVIDENCE, RE 47851	HODE ISLAND 02903	1989
Corporate IDFIRST: The name	of the corporation is	Annual Report for the yea WESTWOOD CONSTRUCTION	
SECOND: It is inco	orporated under the laws of	State of Rhode Contractor	Deland,
FOURTH: If foreig	n corporation, address of its pr	incipal office	
FIFTH: Business as	ddress in Rhode Island 27	Locust St Pw Cocester RF	t RI
	d addresses of its directors and		(Attach rider if necessary)
•••••	Director		
	Director		,
	Director		
Loseph /Anno;		Box ses Compa (	20 Court
	Tresident	Bax 565 Coope R	- PT DI
JAMES Gree Joseph /ANN	Vice Preside	nt of cocusy and	00 60 15
1	•	Box 565 Cooper	KID GLOGSE
JAMES Gre	JOME Treasurer	27 Joent &	T BYWY BJ
Seventh: Numbe	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
500	Common	PAID	
		FE6 13 1989	
Eіднтн: Number	of Shares issued:		Par Value or statement that
No. of Shares	Class	SEC'Y. OF STATE Senes	shares are without par value
200	Common.		
Dated 2/9	1987	Westwood Inc	
	. В	y Lannoll'	
(Report must be	e signed by an officer) T	itle General Cont	ractin
Form 31 1/85			J