

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 101.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00	

(FORM MUST BE TYPED OR PRIN	TED IN BIACK)				,
1. Corporate ID No	2. Name of Corporation		·		<u> </u>
120465	T.D. FARRELL (CONSTRUCTION, INC.		<u> </u>	
3. Street Address Principal Business C	· / // . •	Al RING O	City Ohn Dolla	State	Zip Anni/
4. Business Phone No.	on HICC	5. State of Incorporation	DIPHARettA	<u> </u>	30000
770-754-311		GEORGIA			6. SIC Code
7. Brief Description of the Character (GENERAL BUILDING C	of Business Conducted in I	Rbode Island RETAIL BUILDINGS			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
TIM FARA	RECL_				
1360 UNION H	ill Rd., B	LDG.12	Street Address	,	
AcphaRetta	State A	30004	City	State	Zip
Secretary Name Tim FARA	?ecc	· 	Treasurer Name		
Street Address			Street Address		
1360 UNION	1 HILL PA	· BLDG./2	•		
ALPHARettA	Siaic	30004	City	State	7.ip
9. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	: A <i>chment)</i>	TACES BEFORE USING	 ATTACHMENTS
Tim FARRI	ell		Director Name		
Street Address			Street Address	·	
1360 UNIO	Y HILL 1	9d. BLDG.12			
CIN ALPHARetH	State A	30004	City	State	Zip
Director Name	******************	· / · · · · · · · · · · · · · · · · · ·	Director Nume		
Street Address			Street Address		
City	State	Zψ .	City	State	Zip
					}
10. SHARES AUTHORIZED	("X" BOX FOR ATT	(CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	(TN [
AUTHORIZED SHARES Number of Shares	Class/Senis	Par Value	ISSUED SHARES Number of Shares	Class/Series	11
<u> </u>			rumos of sourts	Classysenes	Par Value
10,000 COMM \$0.10 PAR V	ALUE 	0.10	1,000.00	Common	0.10
<u> </u>	<u> </u>				
This report must be s	igned in ink by eith	er the President, Vice Pro	esident, Secretary, Assistant S	ecretary, Treasurer, Rec	eiver or Trustee
	11515 11511 66111 61616 9	11 01 0111 1501			
1 100121	*120465	 	Under penalty of perjury,	. I declare and affirm that I ying schedules and stateme	have examined this report,
g:the second			contained herein are true	and correct.	ins, and that an statements
File Date a	22.05		MAT	•	1/26/05
// <i>C</i>	1571		Signature of Officer		Date
Check No					
By: Print or Type Name of Officer					
	TE HEE ONLY		■ PRESIDA	ENT	
FOR SECRETARY OF STA	ALE USE ONLT		Title of Officer		Form 630 Pay 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 PRIN	TED IN BLACK)	3			
1. Corporate ID No	rate ID No 2. Name of Corporation				
3. Street Address Principal Business A	T.D. FARRELL (CONSTRUCTION, INC.			
1360 UNION 4 Business Phone No.	HILL Bd.	BLDG. 12	ALPhaRettA	State GA	30004
770-754-3		5. State of Incorporation GEORGIA			6. SIC Code
7. Brief Description of the Character GENERAL BUILDING C	of Business Conducted in F	Rhode Island			
8. NAMES AND ADDRESSES			CHMENT) FILL IN SPA	AČES BEFÖRE USING	ATT A CHANTENING
Tim FARA	2 / /	·	Vice President Name	ices before using ,	31 IVCHWENT2
1360 UNION /4	ill Rd. E	BCDG.12	Street Address		
ALPHARettA	State	30004	City	State	Zip
Jim FARRE		·	Treasurer Name		
Street Address & SAME A	5 ABOVE "		Street Address		
City	State	Zip	City	State	Ζίρ
9. NAMES AND ADDRESSES	I OF THE DIRECTOR:	 \$:	: ACHMENT) □ FILLIN S	PACES REFORE HEING	ITTA CHIATAINA
Tim FARRE	LL		Director Name	PACES BEFORE USING	ATTACHMENTS
1360 UNION.	HILL Rd.,	BCDG. 12	Sircet Address		
ALPha RettA	State A	30004	City	State	Zip
Director Name		·····	Director Name		
Street Address			Street Address		
City	State				
	Siate	Zίρ	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT) [11. SHARES ISSUED ("X"	BOX FOR ATTACHME	ן כ <i>דא</i> וֹם (<i>ד</i> אוֹ
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM \$0.10 PAR VAI	LUE		1.000	Common	\$0.10
This report must be si	gned in ink by cither	the President Vice Pre	sident, Secretary, Assistant S		<u> </u>
	,	we i vew dom, vice vic	sidem, Secretary, Assistant S	ecretary, Treasurer, Rec	eiver or Trustee
<u>* 1</u>	204.6.5		including any accompany contained herein are the	ang schedules and stateme	have examined this report, ents, and that all statements
File Date					
Check No Dote					
Mim PARRECC					
Print or Type Name of Officer .					
FOR SECRETARY OF STAT	E USE ONLY		Trile of Officer	CNC	<u> </u>
			····· of officer		



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>

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

120465

T.D. FARRELL CONSTRUCTION, INC.

3. Street Address Principal Business Office

1360 UNION HILL Rd. BLDG.12 4. Business Phone No

ALPHARELLA "Ba

770-754-3116

GEORGIA

7. Biles Description of the Character of Business Conducted in Rhode Island
REGISTERED to DO BUSINESS AS A GENERAL CONTRACTOR—NO BUSINESS ACTIVITY IN R

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

Vice President Name

Tim

FARRELL

Street Address

1360 Union HILL Rd, BLOG.12

City

Street Address

State

ZID

UNION HILL Rd,

ALPhaReHA

Street Address

Treasurer Name

Zip

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

Union HiLL Rd, BLDG.12

Street Address

Director Name

City

State

Zip

Director Name

Street Address

Street Address

City

State

Zip

City

State

ZIp

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

AUTHORIZEI) SHARES

Number of Shares

Class/Series

Par Volue

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

ISSUED SHARES

Number of Shares

10,000 COMM \$0.10 PAR VALUE

1,000

COMMON

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



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.

1/28/03

Ferni 630 12/02



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

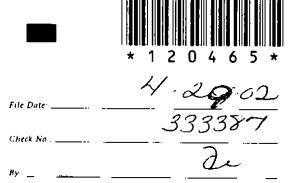
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PENSERIAL INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation T.D. FARRELL CONSTRUCTION, INC. 3. Street Address Principal Business Office Brief Description of the Character of Business Conducted in Rhode Island OMMERCIAL GENERAL CONT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name 1360 UNIONHICL Rd. Building 12 1960/ALPHARELLAGO "30004 State Z_{1D} Treasurer Name Hill Rd. Building 12 Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State State ZipDirector Name Director Name Street Address Street Address City State LIP 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 10,000 COMM \$0.10 PAR VALUE 1,000 Common

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	I have examined
this report, including any accompanying schedules	
that all statements contained herein are true and co	orrect.
Signature of Afficer Da	415/02
TIM PARRELL	. <u> </u>
PRISIDENTE PRISIDENTE	
Title of Officer	Form 530 12/01