



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 IN BLACK)

1. Corporate ID No. 134767		2. Name of Corporation Longley Construction Company, Inc.			
3. Street Address Principal Business Office 1279 STONY LANE			City NORTH KINGSTOWN	State RI	Zip 02852-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM GENERAL GROUNDWORK CONSTRUCTION AND OTHER BUILDING AND CONSTRUCTION SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Longley		Vice President Name Daniel Longley			
Street Address 1279 Stony Lane		Street Address 1279 Stony Lane			
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Secretary Name Daniel Longley		Treasurer Name Daniel Longley			
Street Address 1279 Stony Lane		Street Address 1279 Stony Lane			
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM NO PAR VALUE		100		Without Par

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



1 3 4 7 6 7

\*134767 DBC 01/04/05 10:43:29 AM\*

File Date **FILED**

Check No. APR 05 2005

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]* 1/28/05  
Signature of Officer Date  
Daniel Longley  
Print or Type Name of Officer  
President  
Title of Officer



**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. 134767		2. Name of Corporation Longley Construction Company, Inc.			
3. Street Address Principal Business Office 1279 Stony Lane			City N. Kingstown	State RI	Zip 02852
4. Business Phone No		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM GENERAL GROUNDWORK CONSTRUCTION AND OTHER BUILDING AND CONSTRUCTION SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Longley			Vice President Name Daniel Longley		
Street Address 1279 Stony Lane			Street Address 1279 Stony Lane		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Secretary Name Daniel Longley			Treasurer Name Daniel Longley		
Street Address 1279 Stony Lane			Street Address 1279 Stony Lane		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM NO PAR VALUE		100		without pa

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



\* 1 3 4 7 6 7 \*

File Date 3/17/04  
Check No. 2911  
By: SC  
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 Longley 1/25/04  
Signature of Officer Date

Daniel Longley, President  
Print or Type Name of Officer

Title of Officer