

Check No.

FOR SECRETARY OF STATE USE ONLY

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

· · · · · · · · · · · · · · · · · ·
-
de
- 4.
•
1
'S
•
e
ar Value
**
r or Truste
07 17 11510
_
mined
nents,
_
1-05
ו

William G. Dawley
Print or Type Name of Officer

Form 630 12/01

President

Title of Officer



Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Stree Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

2004

Filing Period: January 1 - M. (FORM MUST BE TYPED OR PRIN		Fee: \$50.00				
1. Corporate ID No	2. Name of Corporation		-			
104068	W. G. D. Constru	ction, Inc.				
3. Street Address Principal Business O	Tice		City	State	Zip	
307 Oliphant La	ane, Unit 28	}	Middletown	R.I.	02842	
4. Business Phone No.		5. State of Incorporation	<u> </u>		6 SIC Code	
401-849-6144		RHODE ISLAND				
7. Brief Description of the Character of TO ENGAGE IN THE BUS	f Business Conducted in R INESS OF WOODWO	hode Island	DING			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) FILL IN SPA	CES BEFORE USING A	TTACHMENTS	
President Name			Vice President Name			
William G. Dawl	ey					
Street Address			Street Address			
8 Warner Street	·					
City	State	Zip	Cuy:	State	Zip	
Newport	R.I.	02840	: {·····		<u> </u>	
Secretary Name			Treasurer Name	_		
Street Address		*****	William G. Dawley Street Address			
			8 Warner Street			
City	State	Zip	: 0 Warner Stre	State		
	Junt	24	•		Zip	
9. NAMES AND ADDRESSES	I OF THE DIRECTORS	 	Newport	R.I.	1 02840	
Director Name		. (x box lox xiii	Director Name	FACES BEFORE USING	ALLACIMENTS	
Street Address	<u>. </u>	<u> </u>	Street Address			
City.	State	Zψ	City	State	Zip	
					'	
Director Name	* ·····	<i>.</i>	Director Name			
				•		
Street Address			Stroet Address	 	.	
City	State	Zíp	City	State	Zip	
10. SHARES AUTHORIZED (("X" BOX FOR ATTA	 CHMENT) □	: 11. SHARES ISSUED ("X"	POVEOR ATTRACTURE	 	
AUTHORIZED SHARES			ISSUED SHARES	BOX FOR ATTACHME		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
				Character	7 di Tunte	
1,000 NO PAR VALUE			1,000		No Par Val.	
	_				The state of the s	
<u> </u>		<u> </u>	<u></u>		<u> </u>	
This report must be si	igned in ink by cithe	r the President, Vice Pr	esident, Secretary, Assistant !	Secretary, Treasurer, Rec	eiver 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 by early are rule and correct.

Signature of Officer

Dale

Print or Type Name of Officer

Title of Officer

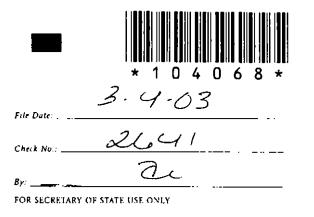


100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

ORM MUST BE TYPED OR PRIN						
Corporate ID No.	2. Name of Corporation					
104068 Street Address Principal Busines	W. G. D. Consti	ruction, Inc.	City	State		
•	•		•			
307 Oliphant Business Phone No.	Lane, Unit 2	5. State of Incorporation	Middletown	RI	02842 6 SIC Code	
401-849-6144 Brief Description of the Charact	ter of Business Conducted in Ri	RHODE ISLAND			0	
To engage in I. NAMES AND ADDRE			and stairbuildi IMENT) FILL IN SPACES B Vice President Name	ng BEFORE USING ATTACHI	MENTS	
William G. D	awley		Street Address			
8 Warner St.						
ity	State	Zip	City:	State	Zip	
Newport	RI	02840				
ecretary Name			Treasurer Name			
treet Address			William G. Da Street Address	ıwley		
			8 Warner St.			
ity	State	Zip	City	State	Zip	
. NAMES AND ADDRE Birector Name	SSES OF THE DIREC	IORS ("X" BOX FOR ATTA	Newport CHMENT) FILL IN SPACES Director Name	R I S BEFORE USING ATTAC	02840 HMENTS	
treet Address			Street Address			
ity	State	Ζιρ	City	State	Zip	
lirector Name			Director Name			
treet Address			Street Address			
lity	State	Zıp	City	State	Zip	
O. SHARES AUTHORIZ. UTHORIZED SHARES	ED ("X" BOX FOR ATTACE	IMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMENT)		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			1,000		No Par	Va 1

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. Title of Officer Form 630 12/02 ≪^{xx}≥ 5

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 INSTRUCTIONS (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 104068 W.G.D. Construction, 3 Street Address Principal Business Office State 305 Oliphant Lane, Suite 28 Middletown RI 02842 4 Rusiness Phone No 5 State of Incorporation 6 SIC Code (401) 849-6144 Rhode Island 0 7. Brief Description of the Character of Business Conducted in Rhode Island To engage in business of woodworking and stairbuilding 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Willaim G. Dawley Street Address Street Address 8 Warner Street City City State Newport RΙ 02840 Secretary Name Treasurer Name William G. Dawley William G. Dawley Street Address Street Address 8 Warner Street <u> 8 Warner Street</u> State 710 Newport 02840 Newport 02840 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMEND) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City City Zıp Director Name Director Name Street Address Street Address Ciry State Zip Cin 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 1000 No Par Value 1000 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,
File Date 1 - 23 - 02	and that all statements contained herein are true and correct
Check No 2250	Signature of Officer Date Date Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY STER M2678F 1	Title of Officer Form 639 12/69

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP ED ANI RUAD INSTRUCTIONS

riling	rerioa:	january	I-March	<i>!</i> •	Filing	ree: 33	0.00

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office 307 Oliphant Lane, St 4 Business Phone No. 401-849-6144 7. Brief Description of the Character of Business Co.	5. State of Incorporation RHODE ISLA		State R I	21p 02842
4 Business Phone No. 401-849-6144	5. State of Incorporation RHODE ISLA	1	RI	02842
		ND		6 SIC Code
				Ū
To engage in busines	s of woodworking a	and stairbuildin	g	
8. NAMES AND ADDRESSES OF TE President Name	IE OFFICERS ("X" BOX FOR ATTA	(CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
William G. Dawley Street Address		Michael Santo	S	
8 Warner Street		214 Morrison	Avenue	
City State	Zip	City	State	Zip
Newport RI	02840	Middletown	RI	02842
Secretary Name William G. Dawley		Villiam G. Da	wley	
Street Address		Street Address		
8 Warner Street		8 Warner Stre	et	
City State	Zip	City	State	Zip
Newport RI 9. NAMES AND ADDRESSES OF TE	02840 HE DIRECTORS ("X" BOX FOR AT	Newport FIACHMENT) FILL IN SPACE Director Name	R I es before using at	02840 TACHMENTS
Street Address		Street Address		
City State	Zıp	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 ATTACHME!	(זא
AUTHORIZED SHARES Number of Shares Class/Ser	res Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
		Numper of Shares	Gassystees	1 ar varue
1,000 SHARES NO PAR VAI	LUE	1,000		No Par Val
This report must be cioned in ink				

	The resident, secretary, rissistant secretary, ricesorer, ricesorer
* 1 0 4 0 6 8 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date 1/24	that all statements contained herein are true and correct.
Check No	Signature of Officer Date NICLIAM & DIWLCY Date
By FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer
TOR SECRETARY OF STATE CSC COLT	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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate 104068	a Name of Capora	Construction, Inc.	•		
3. Street Address Principal Busin			City	State	Zip
	hant Lane, S	uite No. 28	Middletown	R.I.	02842
4. Business Phone No.		⁵ RHUU'E''''TSL'AND			6. SIC Code
401-849-					
7. Brief Description of the Chara					
To engage	e in busines	s of woodworking	ng and stairbui	lding	
	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
President Name	a		Vice President Name		
	G. Dawley		Michael Santo	os	
Street Address	a		Street Address		
8 Warner			214 Morrison		
City	State	Zip	City	State	Zip
Newport	R.I.	02840	Middletown	R.I.	02842
Secretary Name	0 5 1		Treasurer Name	7	
	G. Dawley		William G. Da	awley	
Street Address	C		Street Address	.	
8 Warner			8 Warner Str		
Newport Newport	State R.I.	zip 02840	City	State	2ip
• .		· ·	Newport	R.I.	02840
9. NAMES AND ADDK Director Name	ESSES OF THE DIRI	ECTORS ("X" BOX FOR ATTA		BEFORE USING ATTA	ACHMENTS
Director frame			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
au.		•			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x	C BOX FOR ATTACHMENT	r)
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares 1,000 SHARES NO	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
.,Joe bilanto M	- AR VREUE		1000		No ParValue

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



File Date:	d-33-00	
	1582	·
Ву	7.1	
FOR SECRETA	RY 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 startingents gontained herein are true and correct. Miller Signature of Officer

PROS

Title of Officer