



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main St.  
Providence, RI 02903-1  
401 222 36

# 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 54668		2. Name of Corporation J & D Restoration Inc.			
3. Street Address, Principal Business Office 11 LAKEWOOD DR			City Johnston	State R.I.	Zip 02919
4. Business Phone No 401-413-4002		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Rossi			Vice President Name		
Street Address 11 LAKEWOOD DR			Street Address		
City Johnston	State R.I.	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
600 NO PAR VALUE			0		

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

Signature of Officer: Joseph Rossi Date: 1-14-05  
Print or Type Name of Officer: Joseph Rossi  
Title of Officer: President

File Date	<b>FILED</b>
Check No.	<b>MAR 21 2005</b> 4172
By	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	



Office of the Secretary of State  
Matthew A. Brown, Secretary of State

100 North Main St.  
Providence, RI 02903-1  
401.222.3

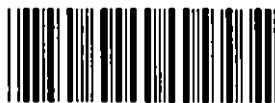
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 54668		2. Name of Corporation J & D Restoration Inc.			
3. Street Address Principal Business Office 11 Lakewood Dr			City Johnston	State RI	Zip 02919
4. Business Phone No (401) 232-1594		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Rossi			Vice President Name		
Street Address 11 Lakewood Dr			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name Joseph Rossi		
Street Address			Street Address 11 Lakewood Dr		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph Rossi			Director Name		
Street Address 11 Lakewood Dr			Street Address		
City	State	Zip	City	State	Zip
Johnston	RI	02919			
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
600 NO PAR VALUE			100	Common	No Par Value

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



\* 5 4 6 6 8 \*

File Date	2.23.04
Check No.	3878
By:	<i>[Signature]</i>
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

Joseph Rossi

Print or Type Name of Officer

President

Title of Officer

Date

2-21-04



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 02903-13  
401-222-30



**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.

54668

2. Name of Corporation

J & D Restoration Inc.

3. Street Address Principal Business Office

11 Lakewood Dr

City

Johnston

State

RI

Zip

02919

4. Business Phone No

(401) 232-1594

5. State of Incorporation

RHODE ISLAND

6. SIC Code

414

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

Construction

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

President Name

Joseph Rossi

Vice President Name

Street Address

11 Lakewood Dr

Street Address

City

Johnston

State

RI

Zip

02919

City

State

RI

Zip

02919

Secretary Name

Street Address

City

State

RI

Zip

02919

Treasurer Name

Joseph Rossi

Street Address

11 Lakewood Dr

City

Johnston

State

RI

Zip

02919

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

Director Name

Joseph Rossi

Director Name

Street Address

11 Lakewood Dr

Street Address

City

Johnston

State

RI

Zip

02919

City

State

RI

Zip

02919

Director Name

Street Address

City

State

RI

Zip

02919

Director Name

Street Address

City

State

RI

Zip

02919

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par Value

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



File Date:

2/20/03

Check No:

3470

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 of Officer

Joseph Rossi

Print or Type Name of Officer

President

Title of Officer

2-18-03

Date



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 02903-1340  
401-222-3000



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

54668

2 Name of Corporation

J & D Restoration Inc.

3 Street Address Principal Business Office

11 Lakewood Dr

City

Johnston

State

RI

Zip

02919

4 Business Phone No

(401) 232-1594

5 State of Incorporation

RHODE ISLAND

6 SIC Code

414

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

Construction

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

President Name

Joseph Rossi

Vice President Name

Street Address

11 Lakewood Dr

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

Secretary Name

Street Address

City

State

Zip

Treasurer Name

Joseph Rossi

Street Address

11 Lakewood Dr

City

Johnston

State

RI

Zip

02919

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

Director Name

Joseph Rossi

Director Name

Street Address

11 Lakewood Dr

Street Address

City

Johnston

State

RI

Zip

02919

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

600 NO PAR VALUE

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

100

Class/Series

Common

Par Value

No Par Value

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



\* 5 4 6 6 8 \*

File Date

2-19-02

Check No

3120

By

*Joseph Rossi*

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

Joseph Rossi

Print or Type Name of Officer

President

Title of Officer

Date

2-19-02



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

Corporations Division  
100 North Main Street, Providence, RI 02903-11  
401-222-3000



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **54868**

2. Name of Corporation **J & B Restoration Inc.**

3. Street Address Principal Business Office

City

State

Zip

**11 Lakewood Drive**

**Johnston**

**RI**

**02919**

4. Business Phone No.

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **5410**

**401-232-1594**

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

**Construction**

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

President Name

Vice President Name

**Joseph Rossi**

Street Address

Street Address

**11 Lakewood Drive**

City

State

Zip

City

State

Zip

**Johnston**

**RI**

**02919**

Secretary Name

Treasurer Name

**Joseph Rossi**

Street Address

Street Address

**11 Lakewood Drive**

City

State

Zip

City

State

Zip

**Johnston**

**RI**

**02919**

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

Director Name

Director Name

**Joseph Rossi**

Street Address

Street Address

**11 Lakewood Drive**

City

State

Zip

City

State

Zip

**Johnston**

**RI**

**02919**

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

**600 SHS NO PAR VAL**

**100**

**Common**

**No par value**

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



\* 5 4 6 6 8 \*

File Date:

**2/20**

Check No:

**2729**

By:

**Joseph Rossi**

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

**Joseph Rossi**  
Print or Type Name of Officer

**President**  
Title of Officer

**2-16-01**



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

James R. Langevin, Secretary of State  
Corporations Div.  
100 North Main Street, Providence, RI 02903-1  
401-222-3



**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. **54668** 2. Name of Corporation **J & D Restoration Inc.**

3. Street Address Principal Business Office **11 Lakewood Drive** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **401-232-1594** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**

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

**Construction**

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

President Name <b>Joseph Rossi</b>	Vice President Name
Street Address <b>11 Lakewood Drive</b>	Street Address
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City State Zip
Secretary Name	Treasurer Name <b>Joseph Rossi</b>
Street Address	Street Address <b>11 Lakewood Drive</b>
City State Zip	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

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

Director Name <b>Joseph Rossi</b>	Director Name
Street Address <b>11 Lakewood Drive</b>	Street Address
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

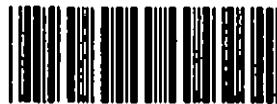
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

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

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No par val**

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



\* 5 4 6 6 8 \*

File Date: **2/14/00**

Check No.: **1824**

By: **CR**

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 **Joseph Rossi** Date **2-10-2000**

Print or Type Name of Officer **Joseph Rossi**

Title of Officer **President**



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 02903-1100  
401-222-3600



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **54668** 2. Name of Corporation **J & D Restoration Inc.**

3. Street Address Principal Business Office **11 Lakewood Drive** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **401-232-1594** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**

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

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

President Name <b>Joseph Rossi</b>	Vice President Name
Street Address <b>11 Lakewood Drive</b>	Street Address
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City State Zip
Secretary Name	Treasurer Name <b>Joseph Rossi</b>
Street Address	Street Address <b>11 Lakewood Drive</b>
City State Zip	City State Zip <b>Johnston RI 02919</b>

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

Director Name <b>Joseph Rossi</b>	Director Name
Street Address <b>11 Lakewood Drive</b>	Street Address
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	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
<b>600 SHS NO PAR VAL</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No par value</b>

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



\* 5 4 6 6 8 \*

File Date Feb 18, 99

Check No. 1441

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 of Officer Joseph Rossi Date 2-15-99

Print or Type Name of Officer Joseph Rossi

Title of Officer President



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 02903-1  
401-277-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **54668** 2. Name of Corporation **J & D Restoration Inc.**

3. Street Address Principal Business Office **11 Lakewood Dr** City **Johnston** State **R.I** Zip **02919**  
4. Business Phone No. **401-232-1594** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**

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

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

President Name <b>Joseph R. Rossi</b>	Vice President Name
Street Address <b>SAME</b>	Street Address
City <b>SAME</b>	City
State <b>SAME</b>	State
Zip <b>SAME</b>	Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

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

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

AUTHORIZED SHARES  
Number of Shares **0** Class/Series Par Value  
**600 SHS NO PAR VAL**

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

ISSUED SHARES  
Number of Shares **0** Class/Series Par Value

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



File Date: **1-27-98**  
Check No. **738**  
By: **JP**  
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 **Joseph R. Rossi** Date **1-12-98**  
Print or Type Name of Officer **Joseph R. Rossi**  
Title of Officer **President**





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  
401-277-3044



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.

54668

2. Name of Corporation

J & D Restoration Inc.

3. Street Address Principal Business Office

11 Lakewood Drive

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401-232-1594

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0414

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

Construction

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

President Name

Joseph Rossi

Vice President Name

Street Address

11 Lakewood Drive

Street Address

City

State

Zip

Johnston

RI

02919

City

State

Zip

Secretary Name

Street Address

Treasurer Name

Joseph Rossi

Street Address

11 Lakewood Drive

City

State

Zip

Johnston

RI

02919

City

State

Zip

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

Director Name

Joseph Rossi

Director Name

Street Address

11 Lakewood Drive

Street Address

City

State

Zip

Johnston

RI

02919

City

State

Zip

Director Name

Street Address

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par Value

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



\* 5 4 6 6 8 \*

File Date: 2-20-97

Check No.: 599

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 of Officer

Print or Type Name of Officer

Title of Officer

Date

# 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) 277-31

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. <b>54668</b>	2. NAME OF CORPORATION <b>J &amp; D Restoration Inc.</b>		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>11 Lakewood Dr</b>	CITY <b>Johnston</b>	STATE <b>R.I</b>	ZIP CODE <b>02919</b>
4. BUSINESS PHONE NO. <b>232-1594</b>	5. STATE OF INCORPORATION <b>RHODE ISLAND</b>		6. SIC CODE <b>0414</b>
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>CarPenter</b>			

B. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME <b>JOE Rossi</b>	VICE PRESIDENT NAME		
STREET ADDRESS <b>Same as above</b>	STREET ADDRESS		
CITY <b>Johnston</b>	STATE <b>R.I</b>	ZIP CODE <b>02919</b>	
SECRETARY NAME	TREASURER NAME		
STREET ADDRESS	STREET ADDRESS		
CITY	STATE	ZIP CODE	

B. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME	DIRECTOR NAME		
STREET ADDRESS	STREET ADDRESS		
CITY	STATE	ZIP CODE	
DIRECTOR NAME	DIRECTOR NAME		
STREET ADDRESS	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
600 SHS 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 report, including any accompanying schedules and statements, and all statements contained herein are true and correct.

File Date:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March  
Filing Fee \$50

Make Checks Payable to: Secretary of State

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

Corporate ID: 0054668

Annual Report for the year: 1995

Name of Corporation: J & D Restoration Inc.

Business entity organized under the laws of the State of: R.I.  
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (401) 232-1594

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

Building & Remodeling

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

11 Lakewood Dr.  
Johnston R.I. 02919

Phone: (401) 232-1594

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Joseph Ronald Rossi	11 Lakewood Dr	Johnston R.I.	02919

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
----------------	----------------	------------	----------

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
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**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

600

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

FILED  
FEB 01 1995  
B-100 #30  
0600

Date Jan 8, 1995

By:

Joseph R. Rossi

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

President

Form 31 1995

**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.

JOSEPH ROSSI  
11 LAKEWOOD DRIVE  
JOHNSTON RI 02919

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

Corporate ID: 0054668 Annual Report for the year: 1994

Name of Business Entity: J + D REITORTATION INC

Business entity organized under the laws of the State of: RIHODE ISLAND

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):

11 LAKEWOOD DR  
SMITHTON RI 02919

Phone: (401) 232-1594

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:

JOSEPH ROSSE, PRES  
11 LAKEWOOD DR  
SMITHTON RI 02919

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

CONSTRUCTION

Date of Organization: 3/13/89

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

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP/CO

JOSEPH ROSSE 11 LAKEWOOD DR, SMITHTON RI 02919

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP/CO

☐ CUSTODIAN OF RECORDS OR ☐ SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP/CO

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP/CO

JOSEPH ROSSE 11 LAKEWOOD DR, SMITHTON RI 02919

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP/CO

JOSEPH ROSSE 11 LAKEWOOD DR, SMITHTON RI 02919

NAME STREET ADDRESS CITY/STATE ZIP/CO

NAME STREET ADDRESS CITY/STATE ZIP/CO

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

Date FEB 15 19 94

By: Joseph R. Rossi

PRINT OR TYPE NAME OF OFFICER SIGNING Joseph R. Rossi

TITLE OF OFFICER SIGNING PRESIDENT

FILED  
FEB 16 1994  
BY 238075

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

2190 mrc

Corporate ID 0054668

Annual Report for the year 1993

FIRST: The name of the corporation is J & D Restoration, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Contractor - Builder

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 11 Lakewood Dr. Johnston, RI 02919

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Joseph R. Rossi

President

11 Lakewood Dr. Johnston, RI 02919

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

common

PAID

NPV

MAR 01 1993

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

common

SECY OF STATE

NPV

Dated Feb 25 1993

J & D Restoration, Inc.

(Name of Corporation)

By

Joseph Rossi

Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0054668

Annual Report for the year 1992

FIRST: The name of the corporation is J & D Restoration, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Contractor - Builder

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 11 Lakewood Dr., Johnston, RI 02919

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Joseph R. Rossi	President	11 Lakewood Dr. Johnston, RI 02919
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	common

Rec'd & Filed FEB 19 1992  
55 1894

Par Value  
or statement that  
shares are without  
par value

NPV

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	common

Par Value  
or statement that  
shares are without  
par value

NPV

Dated FEB 14 19 92

J & D Restoration, Inc.  
(Name of Corporation)

By Joseph Rossi

Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

TO BE FILED ANNUALLY BETWEEN  
January 1st and March 1st

Corporate ID 0054668 Annual Report for the year 1991

FIRST: The name of the corporation is J & D Restoration Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Building & Remodeling

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 11 Lakewood Dr Johnston R.I. 02919

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Joseph Rossi

President

11 Lakewood Dr Johnston R.I. 02919

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

PAID

JAN 03 1991

Series

SEC'Y OF STATE

Par Value  
or statement that  
shares are without  
par value

Dated Jan 1 19 91

J & D Restoration Inc  
(Name of Corporation)

By

Joseph Rossi

Title

President

(Report must be signed by an officer)

Filing Fee \$15.00

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

Corporate ID 0034660 Annual Report for the year 1990

FIRST: The name of the corporation is J & D Restoration Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Contractor, Builder

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Johnston R. I.

11 LAKEWOOD DR

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Joseph R Rossi

President

11 LAKEWOOD DR 02919

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

COMMON

**PAID**

NPV

**FEB 15 1990**

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

COMMON

**SEC'Y. OF STATE**

NPV

Dated January 25 19 90

(Name of Corporation)

By

Title

J & D Restoration Inc

Joseph Rossi

PRESIDENT

(Report must be signed by an officer)