

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

Matthew A. Brown, Secretary of State

Corporations Durs 100 North Main St Providence, RI 02903-1; 401-222 30

	PRINTED IN BLACK)					
Corporate ID No	2 Name of Corps:	2 Name of Corporation				
54668		J & D Restoration Inc.				
Street Address Principal Bus	ïΛ		Johnston	State R.I	02919	
Business Phone No. 401-413-400	12	5 State of Incorporation RHODE ISLANI			6 SIC Code 414	
Brief Description of the Cha CONSTRUCTION	ractor of Business Conducte	rd in Rhode Island		··		
S. NAMES AND ADDRE President Name JOSEPH	SSES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) [FILL IN VICe President Name	SPACES BEFORE USIN	NG ATTACHMENTS	
LAKEN LAKEN	vood Or		Street Address			
Johnston	Suno R. I	02919	Gity	State	Zip	
Secretary Name	•		Treasurer Name	••••••	• • • • • • • • • • • • • • • • • • • •	
ticet Address			Street Address			
idy	State	Zψ	Cu_1	State	Zψ	
. NAMES AND ADDRE Director Name	SSES OF THE DIREC	TORS: ("X" BOX FOR A	ATTACHMENT) [FILL I Director Name	N SPACES BEFORE US	ING ATTACHMENT	
treet Address			Street Address			
in .	State	Zip	Cuy	State	Zφ	
In octor Name	•••••••	······································	Director Name			
ince Address			Street Address			
u_0	State	Zg.	City	State	Zφ	
O. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (ISSUED SHARES	 ("X" BOX FOR ATTAC	 HMENT) []	
number of Shares	Class Sones	Par Value	Number of Shares	Class/Sones	Par Value	
600 NO PAR VALUE			0			

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

The Date

The Date

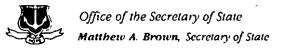
The Date

To Seph Rossi

Print or Type Name of Officer

Title of Officer

Title of Officer



2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 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 54668 J & D Restoration Inc. 3. Street Address Principal Business Office Zip State City 11 Lakewood Dr Johnston 02919 5 State of Incorporation 4. Business Phone No (401) 232-1594 **RHODE ISLAND** 414 7 Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION Vice President Name Joseph Rossi Street Address Street Address 11 Lakewood Dr Zip City State ZIp City State l 02919 Treasurer Name Joseph Rossi Street Address Street Address 11 Lakewood Dr City 7.ip City State Zip State 02919 RT Johnston ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name : Director Name Joseph Rossi Street Address Street Address 11 Lakewood Dr State City Zio 02919 Johnston RI Director Name Director Name Street Address Street Address Cuy Zip State Zip Cuy 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 Par Value No Par Value 100 **600 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 reincluding any accompanying schedules and statements, and that all statem contained herein are frue and correct. 2.23.04 File Date Check No. ∕Joseph Rossi Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 Rev. 12/03



100 North Main Street, Providence, RI 02903-13, 401-222-30

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

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1921 of 1 1927

TORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 54668 3. Street Address Principal Business Office 11 Lakewood Dr 4. Business Phone No. (401) 232–1594 7. Brief Description of the Character of Business Conducted in Baconstruction 8. NAMES AND ADDRESSES OF THE OFFICE President Name JOSEPH ROSSI Street Address	S State of Incorporate RHODE ISLA	ND	State RI . S BEFORE USING ATTAC	Zip 02919 6. SIC Code 414
54668 J & D Restoral 3. Street Address Principal Business Office 11 Lakewood Dr 4. Business Phone No (401) 232-1594 7. Brief Description of the Character of Business Conducted in F Construction 8. NAMES AND ADDRESSES OF THE OFFIC President Name JOSeph Rossi	S State of Incorporate RHODE ISLA	Johnston ND TACHMENT) FILL IN SPACE	RI	02919 6. SIC Code
3. Street Address Principal Business Office 11 Lakewood Dr 4. Business Phone No (401) 232-1594 7. Brief Description of the Character of Business Conducted in F Construction 8. NAMES AND ADDRESSES OF THE OFFIC President Name Joseph Rossi	5 State of Incorporate RHODE ISLA thode Island	Johnston ND TACHMENT) FILL IN SPACE	RI	02919 6. SIC Code
11 Lakewood Dr 4. Business Phone No (401) 232-1594 7. Brief Description of the Character of Business Conducted in E Construction 8. NAMES AND ADDRESSES OF THE OFFIC President Name Joseph Rossi	RHODE ISLA	Johnston ND TACHMENT) FILL IN SPACE	RI	02919 6. SIC Code
4. Business Phone No (401) 232-1594 7. Brief Description of the Character of Business Conducted in E Construction 8. NAMES AND ADDRESSES OF THE OFFIC President Name Joseph Rossi	RHODE ISLA	ND TACHMENT) FILL IN SPACE		6. SIC Code
(401) 232-1594 7. Brief Description of the Character of Business Conducted in E Construction 8. NAMES AND ADDRESSES OF THE OFFIC President Name Joseph Rossi	RHODE ISLA	ND TACHMENT) FILL IN SPACE	S BEFORE USING ATTAC	
7. Brief Description of the Character of Business Conducted in F Construction 8. NAMES AND ADDRESSES OF THE OFFIC President Name Joseph Rossi	hode Island	TACHMENT) FILL IN SPACE	S BEFORE USING ATTAC	414
Construction 8. NAMES AND ADDRESSES OF THE OFFIC President Name Joseph Rossi	hode Island	TACHMENT) FILL IN SPACE	S BEFORE USING ATTAC	
President Name Joseph Rossi	ERS ("X" BOX FOR AT		S BEFORE USING ATTAC	
President Name Joseph Rossi				THMENTS
_				JUNENIS
Street Address				
		Street Address		•
11 Lakewood Dr				
City State	Zip	City	State	Zip
Johnston RI	02919			
Secretary Name		Treasurer Name		
		Joseph Rossi		
Street Address		Street Address		
		11 Lakewood 1	Dr	
City State	Zıp	City	State	Zip
		Johnston	RI	02919
9. NAMES AND ADDRESSES OF THE DIREC	TORS ("X" BOX FOR .	ATTACHMENT) FILL IN SPAC	CES BEFORE USING ATT.	ACHMENTS
Director Name		Director Name		·
Joseph Rossi				
Street Address		Street Address		
11 Lakewood Dr				
City State	2.1p	City	State	Zıp
Johnston RI	02919			
Director Name	027-7	Director Name		
Street Address		Street Address		
City State	Zip	City	State	Zip .
10. SHARES AUTHORIZED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	T)
ALTTHORIZED SHARES		SSUED SHARES	· ·	
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE		100	Common	No Par Valu

* 5 4 6 6 8 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
File Date: 2(20/03	that all statements contained herein are true and correct. Const. 2-18-03 Support of Officer Date Joseph Rossi
FOR SECRETARY OF STATE USE ONLY	Print of Type Name of Officer President Rule of Officer 5 Farm 616 12/02

Edward S. Inman, III. Secretary of St. Corporations Divisi-100 North Main Street, Providence, RI 02903-13 401-222-30-



ining rental junuar	,	FILING PEE: \$50.00			DASTRI CTIO	
(FORM MUST BE TYPED IN BL	.ACK)					
1 Corporate ID No	2 Name of Corpora	ttion				
54668	J & D Resto	oration Inc.				
3. Street Address Principal Busines	ss Office		City	State	Zip	
11 Lakewood D	r		Johnston	RI	02919	
4 Business Phone No		5 State of Incorporati			6 SIC Code	
(401) 232-1594 7 Brief Description of the Charact	er of Business Conducted	RHODE ISLA in Rhode Island	NU		414	
Construction 8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	CHMENTS	
Joseph Rossi			Street Address			
11 Lakewood Dr						
Johnston	State RI	^{Zip} 02919	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Joseph Rossi			
			ll Lakewood Dr			
City	State	Zip	Cup	State	Zip	
			Johnston	RI	02919	
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR A	(TTACHMENT) FILL IN SPAC Director Name	CES BEFORE USING ATTA	ACHMENTS	
Joseph Rossi			Street Address			
11 Lakewood Dr	•					
City	State	Zip	City	State	Zip	
Johnston Director Name	RI	02919	Director Name			
			Director Name			
Street Address			Street Address			
City	State	Z1p	City	State	Zip	
10. SHARES AUTHORIZI	E D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	r)	
AUTHORIZED SHARES			ISSUED SHARES			
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
Number of Shares 600 NO 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 Truste 1 INCOME BUSY BURIES BUILD BURGE FOR THEIR

* 5 4 6 6 8 *	Under penalty of perjury, I declare and affirm that I have examined
61-19-02 File Date:	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No : 3/20	Superificion Space Joseph Rossi
Ву	Print or Type Name of Office President
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2001

STOI

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1 Corporate IS \$668 3 New D' Restoration Inc. 3. Street Address Principal Business Office City 719 State 11 Lakewood Drive Johnston RI 4. Business Phone No. SRHOBE" YSTAND 401-232-1594

2. 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 11 Lakewood Drive City State Zip Cita State Lip Johnston RI 02919 Secretary Name Treasurer Name Joseph Rossi Street Address Street Address ll Lakewood Drive City State Citi State Zip 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 Zip Zip Johnston RI 02919 Director Name Director Name Street Address Street Address State 710 City State 210 City 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Class/Series Par Value 600 SHS NO PAR VAL 100 Common No par value

* 5 4 6 6 8 *	Under penalty of perjury, I declare and affirm that I have examined
ile Date:	this report including any accompanying schedules and statements, are that all statements contined person are true and correct. Signature of Officer Date
Check No :	Petit or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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Filing Period: Janua	ry I-March I •	Filing Fee: \$50.00			1881 37 11
(FORM MUST BE TYPED IN B	LACKI				
1. Corporate ID No. 54668	2 Name of Corpora	toration Inc.			
3 Street Address Principal Busin	ess Office		City	State	Zip
11 Lakewood Dri 4. Business Phone No.	ive	5. State of Incorporation	Johnston	RI	02919 6. SIC Code
401-232-1594 2. Brief Description of the Charac	cter of Business Conducted	RHODE ISLAND in Rhode Island			414
Construction 8. NAMES AND ADDRI President Name	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTA	CHMENTS
Joseph Rossi Street Address			Street Address		
11 Lakewood Dri	State	Zıp	City	State	Zıp
Johnston Secretary Name	ŖĮ	02919	Tieosurei Name		
Street Address			Joseph Rossi		
City	State	Ζιρ	11 Lakewood _{City} Johnston	Drive State RI	zip 02919
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Joseph Rossi			Street Address		
11 Lakewood Dri					
Johnston	State RI	02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED) (*X* BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Vulue	Number of Shares	Class/Series	Par Value
600 SHS NO PAR	VAL		100	Common	No par va

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 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a
File Date: 2/14/100	that all statements abntained nevel are true and correct.
Check No.:	Joseph Rossi Print or Type Name of Officer President
FOR SECRETARY OF STATE USE ONLY	Title of Officer

Form 630 121

James R. Langevin, Secretary of St Corporations Divis.
100 North Main Street, Providence, RI 02903-12 401-222-30

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

TEORM MUST BE TY	PED IN BLACK)				
1 Corporate ID No. 546 (2 Name of Corpo. 38 J&D Res	toration Inc.		·	
3. Street Address Princi	pal Business Office		Cats	State	Zip
ll La	kewood Drive		Johnston	RI	02919
4 Business Phone No	•	5 State of Incorporation 8 HODE ISL		•	6. SIC Code
	32-1594		AND		414
	he Character of Business Conducted	I in Rhode Island			
-	truction				
8. NAMES AND President Name	ADDRESSES OF THE OF	FICERS (*X* BOX FOR ATT	Vice President Name	BEFORE USING ATTACHM	IENTS
	h Rossi		vice Freshaent Name		
Street Address	1 10331		Street Address		
	kewood Drive				
City	State	Zip	City	State	Zip
Johns	ton RI	02919			
Secretary Name			Treasurer Name		
			Joseph Ross:	i	
Street Address			Street Address		
			ll Lakewood		=
City	State	Zip	City - v	State	Zip
			Johnston	RI	02919
9. NAMES AND Director Name	ADDRESSES OF THE DIE	RECTORS ("X" BOX FOR A	ATTACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTACE	IMENTS
Joseph	n Rossi				
Street Address			Street Address	•	, ,
	kewood Drive			_	
City	State	Zip	City	State	Zip
Johns	ton RI	02919			
Director Name			Director Name		
Street Address			Street Address		· -
			Will Hamiles		
City	State	Zip	City	State	Zip
**				•	
10. SHARES AUT AUTHORZED SHARES	'HORIZED (*x* box for at	TACHMENT)	11. SHARES ISSUED (ISSUED SHARES	("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO	PAR VAL		100	Common	No par valı
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	* 5 4 6 6 8 *	L'order consiter of partiers I declare and affirm that I have examined
		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, ar
File Date	1441	that all statements contained herein are true and correct. Signature of Officer Date
Bv	De De	Joseph Rossi Print or Type Name of Officer
	OF STATE USE ONLY	President



James R. Langevin, Secretary of S Corporations Divis 100 North Main Street, Providence, RI 02903-1

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOI PENSORIA INVERLOTION

Filing Period: Janu	iary I-March 1 •	Filing Fee: \$50.00)			TXX.RUC
(FORM MUST BE TYPED IN 1. Corporate ID No.	FBLACK) 2 Name of Corpora J & D Resto	tion				
54668	J & D Resto	ration inc.				
4. Business Phone No.	Ewood Dr	State of Incorporate RHODE ISL	Johnstor AND	1	R. I	2ip 02919 6. SIC Code 0414
7 Brief Description of the Char CAR 6 8. NAMES AND ADD	racter of Business Conducted i OSM Try RESSES OF THE OFFI			·		
Toseph	R. Rossi		Vice President Name			
Street Address			Street Address			
Sime	State Sim E	zip Same	City	•	State	Zip
Secretary Name	JiHM &	Javae	Treasurer Name			
Street Address			Street Address			
City	State	Zip	Ctty		State	Zip
9. NAMES AND ADD Director Name	RESSES OF THE DIRE	ECTORS (*x* box for)	ATTACHMENT) Director Name			:
Street Address		•	Street Address			
City	State	Zip	City		State	Zip
Director Name			Director Name			·
Street Address			Street Address			
City	State	Zıp	City		State	Zip
10. SHARES AUTHOR	IZED (*x* box for att)	ACHMENT)	11. SHARES ISS	SUED (*x	* BOX FOR ATTACHMEN	;T)
Number of Shares 6	Class/Series	Par Value	Number of Shares	Ō	Class/Series	Par Value
600 SHS NO PAR	VAL					

File Date:	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all valuements contained herein are true and correct. Declar
7	En. 21.12

James R. Langevin, Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-133

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.0	iling	Period:	January	1-March 1	•	Filing	Fee:	\$50.00
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Class/Series

Par Value

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FORM MUST BE	TYPED IN	BLACK)

Number of Shares

600 SHS NO PAR VAL

1. Corporate ID No.	2 Name of Corporal	tion			
54668	J & D Rest	toration Inc.			
3. Street Address Principal Busine	ss Office		City	State	Zip
11 Lakewood D	rive		Johnston	RI	02919
4. Business Phone Na		5. State of Incorporation			6. SIC Code
401-232-1594		RHODE ISL	AND		0414
7. Brief Description of the Charact	ter of Business Conducted ii	n Rhode Island			
Construction					
8. NAMES AND ADDRE President Name	SSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) Vice President Name		
Joseph Rossi			Title Freshalm France		
Street Address			Street Address		
11 Lakewood D	rivo				
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Secretary Name		04,-,	Treasurer Name		•
Street Address			Joseph Rossi	•	
			11 Lakewood	Drive	
City	State	Zip	City	State	Zip
			Johnston	RI	02919
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT)		
Director Name			Director Name		
Joseph Rossi					
Street Address			Street Address		
11 Lakewood D					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Director Name			Director Name		
Street Address			Street Address		
City	State	Z.(p	City	State	Zip
10. SHARES AUTHORIZ	ED AND ISSUED ("X" BOX FOR ATTACHMEN"	r)		
AUTHORIZED SHARES			ISSUED SHARES		

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

Number of Shares

100

Common

* 5 4 6 6 8 *	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, ar
File Date:	signature of Officer Joseph Ross;
Ву:	Print or Type Name of Office
FOR SECRETARY OF STATE USE ONLY	Title of Officer

No Par Value

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantatio James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-36

Filing Period: January 1-March 1

Filing Fee: \$50.00

		PLEASE TYPE OR PRI	NT IN BLACK INK.		
1. CORPORATE ID NO.	2. HAME OF CORPORATION				
54668	J & D Re	estoration Inc.			
3 streét adoress prohápal businéss óff	1		any —	SIATE	ZP COOK
. 1 1/	1 0		i Ti i	DT	1 400 0
BUSHESS PHONE HO	L.V	STATE OF PICORPORATION	Johnston	<u> </u>	029 19
1	;	RHODE ISL	חמג		1 . 1 . 1
232-1599	4 1	KIIODE 150	nii D		10919
7. BRIEF DESCRIPTION OF THE CHARACTER OF E	LUSINESS COHOUCTED IN RHOOF ISLAM	0			
Caro	enter				
	B. NAME	S AND ADDRE	SSES OF THE OFFIC	ERS	
PRESIDENT HAME			VICE PRESIDENT HAME		
Joe Ros	121		1	•	
STREET ADDRESS			STREET ADDRESS		
JAME_A	S ABOVE				
ary	STATE	ZIP COOE	αιν	STATE	T ze coos
SECRETARY NAME		·			
SCULLIAN HOUSE	\ /		TREASURER HAVE	/	
STREET ADDRESS	_\./		STREET ADDRESS		
	X		X		
ary	STAID	72P CODE	· atv	STATE	ZP COO€
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4 - 4 mm	B. HAME	ES AND ADDRE	SSES OF THE DIRE	CTORS	
DRECTOR NAME			1 OFFECTOR NAME		······································
STREET ADDRESS			STREET ADDRESS		
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απν	STATE	ZP C008	i any	STATE	ZP 000E
DIRECTOR NAME	سادية المسائد		ORECTOR HAVE		
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STREET ADDRESS			STREET ADDRESS		
απγ	STATE	20° COOK	ίαπν	STATE	ZP COCÉ
- 40	1	-			
	10. SHA	RES AUTHORI	ZED AND ISSUED		
	AUTHORIZED SHARES			ISSUED SHARES	
MUKBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERVES	PARYALIE
600 SHS NO	PAR VAI.				I
					
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Denn			IED IN INK by either the int Secretary, Treasurer, Re	caivar or Truston	
Fies	106111, VICE F18310811	i, occicialy, Assista	ini Georgiary, Treasurer, ne	ceiver or mustee	
			Under penalty of per	jury, I declare and a	ffirm that I have examined
			report, including any all statements contain	accompanying sche ned herein are true a	dules and statements, and nd correct.
1.1.	Δ/)		()	11 // //	, .
File Date:	76		Signature of Officer	<u> </u>	ssl
' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11.		Signal Circle	100	
Check No:	טן		<u> </u>		<u>0\$\$ 1</u>
\mathbb{N}	11/0		Print or Type Name of	f Officer	
By:	11 (4		Presid	En t	12-21-9
For Secretary of S	itate Use Only		Title of Officer	<i></i>	Date
		DETACH BOTTOM	BEFORE RETURNING		FORM 31_12/95

γ are of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPOR

Please Type or Pi File Annually - Jan. 1 - Marc Filing Fec \$50

Make Checks Payable to: Secretary of St

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 0054668 Corporate ID: 1995 Annual Report for the year: . D Restoration Inc. Name of Corporation: 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. Address and telephone of the principal office of business entity in Rhode Building & Remodeling Island (Provide street address - Not P.O. Box): 11 LAKEWOOLD Johnston R. I 02919 Phone: (401) 232-1594 THE NAMES OF THE PRESIDEN ZIP CO SECRETARY STREET ADDRESS CITY/STATE ZIP CO TREASURER STREET ADDRESS CITY/STATE ZIP CO: THE NAMES OF THE DIRECTORS ARE: NAME STREET ADDRESS CITY/STATE ZIP CO NAME STREET ADDRESS CITY/STATE Z:P COI NAME STREET ADDRESS ZIP COI NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider Number of Shares Class / Series Number of Shares Class / Series 800

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

Form 31 1/95

Filing Fee \$50.00 Payable to Secretary of State

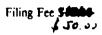
PLEASE TYPE or PRINT

File Annually LLC, Sept. 1 Nov. 1 CORP: Jan. 1 - March

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

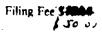
Corporate ID: OOSY668	Annual Report for the year: 1999
Name of Business Entity: 5 4 0 REITOLATION	<u> </u>
Business entity organized under the laws of the State of: RHOE IJLAND Federal Taxpayer Identification Number:	Business Entity is (check one). [*** Business Corporation (See RIGL Chapter 7-1-1) [] Professional Service Corporation (See RIGL Chapter 7-5-1) [] Limited Liability Company (See RIGL 7-16)
For foreign entity, address and telephone number of principal office:	Name, title and mailing address of contact person to whom communications may be directed: SOIEPH ROSSE, PRES
	11 LAKEWOOD OX
Phone. (SUMNITON AI OF 919
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
_ JUHNITON_ R.F. UL919	
	Date of Organization: 3113189
Phone: (401) 132 - 1594	Date of Qualification to do business in Rhode Island (if foreign entity).
CHIEF EXECUTIVE OF STREET PROPERTY CHIEF OR STREET PROPERTY CHIEF EXECUTIVE OF STREET PROPERTY CHIEF OF STREET PROPERTY C	THE OFFICERS ARE: ADDRESS CITY/STATE ZEP CO.
CHISTOPERALING OFFICI ROR VICL PRESIDENTIC CHISTOPE: STREET	LAKENDED DR JUHNITON RI US 91'
•	
CUSTODIAN OF RECORDS OR SECRETARY (Check Open STREET)	ADDRESS CHT//STATE ZIP CO
	ADDRESS CTY/S, ATE ZIPCO
JOJEPH POIST 11 THE NAMES OF T	THE DIRECTORS ARE:
NAME STREET	ADDRESS CITY.STATL MP.CO
NAMP SCHOOL SCHO	ADDRESS OR SUMMITON RI 0291
NAME STREET	ADDRESS CHY/STATE ZTP CO
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OPTST INDING (If Applicable)
NUMBER 600	NUMBER 100 (1094
CLASS COMMON	CLASS COMPON FEB 1 6 1994
SERIES	SERIES BY
PAR VALUE OR WITHOUT PAR NO PAR VALVE	PAR VALUE OR WITHOUT PAR NO PAR VALVE
Date FEB 15 19 99 By: .	Joseph R Rossi
	President



State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903 2190 mrce

Corporate ID 0054668	3	Annual Report for the ye	ar /9.93
First: The name	of the corporation isJ	& D Restoration, Inc.	
SECOND: It is inc	orporated under the laws of	Rhode Island	
THIRD: Character	r of business, briefly stated, is	Contractor - Builder	
FOURTH: If foreig	gn corporation, address of its	principal office	
FIFTH: Business a	ddress in Rhode Island1	1 Lakewood Dr. Johnston, RI	.02919
SIXTH: Names an	nd addresses of its directors ar	nd officers: Address (including numbe	(Attach rider if necessary)
	Director		
	Director		
	President	11 Lakewood Dr. Johnston,	
		dent	
	Secretary		
	Treasurer		
SEVENTH: Number	er of Shares authorized:	Carina	Par Value or statement that shares are without
600		Series PAID	par value NPV
000	COMMON	MAR 0 1 1993	NI V
Eіднтн: Numbei	of Shares issued:	SEC'Y OF STATE	Par Value or statement that
No of Shares	Class	Series	shares are without par value
100	COMMON	-	NPV
Dated Feb	25 19 93	(Name of Corporation)	
(Report must h	be signed by an officer)	Title President	



State of Rhode Island and Frovidence Plantations Corporations division 270 West minister mall. PROVIDENCE. RHODE ISLAND 02903

Corporate ID	0054668		Annual Report for the	he year 1992
First:	The name of the	corporation isJ	& D Restoration. Inc.	······································
SECOND:	It is incorporat	ed under the laws of	Rhode Island	
THIRD:	Character of bus	iness, briefly stated, is	Contractor - Builds	er
Fourth:	If foreign corp	oration, address of its p	principal office	
Г ігти:	Business address	in Rhode Island 1.	l Lakewood Dr. Johnston.	
Ѕіхтн:	Names and address	esses of its directors an		(Attach rider if necessary)
	***************************************	Director		
	*****	Director		
		Director		······································
Joseph R.	Rossi	President	11 Lakewood Dr. Johnst	ton, RI 02919
• •••••••	***************************************	Vice Presid	lent	
	***************************************	Secretary		
······································	********************************	Treasurer		
Seventh	: Number of Sh	ares authorized:		Par Value
No. of Sha	res	Class	Series	or statement that shares are without par value
600		common	Rec'd & Filed FEB 19	NPV
Еібнтн:	Number of Sha	res issued:	Rec'd & Filed FEB 19	Par Value or statement that
No of Sha	ıes	Class	Series	shares are without par value
100		common	-	NPV
DatedF	Eb 14		J & D Restoration, Inc. (Name of Corporation) By Joseph Rossu	
(Re	port must be signed	hy an officer)	Title President	

TO DE INCU AIRIUANY DEIWE. January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 9054558		year 1991
FIRST: The name of the corporation is	J & C Restonatio	n Inc.
	aws of Rhode Isla	
THIRD: Character of business, briefly s	stated, is Building + Remobile	Ŋ
FOURTH: If foreign corporation, addre	ss of its principal office	
FIFTH: Business address in Rhode Islan	nd I Lakewood Dr	- Johnston R. I.
SIXTH: Names and addresses of its dire	Office Address (including nur	(Attach rider if necessary) mber, street, zip code)
Di	rantor	
T 1 D.	esident 11 Lake wood Dr	That PI again
		•
	ce President	······································
Tro		
SEVENTH: Number of Shares authorize	d:	Par Value or statement that
No. of Shares Class	Series	shares are without par value
	PAID	
EIGHTH: Number of Shares issued:	JAN 03 1991	Par Value or statement that
No. of Shares Class	SEC'Y OF STATE	shares are without par value
	THE TOTAL	
Dated Jan / 19 9/	(Name of Corporation)	on Inc
(Report must be signed by an officer)	Title President	

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE. RHODE ISLAND 02903

Corporate ID		Annual Report for the year	1.255 1.255
First:	The name of the corporation is	<u> </u>	
Second Third:		s Rhode Island is Contractor , Bhilde	
Fourth	: If foreign corporation, address of its	s principal office	•••••
Г ІГТН:		Johnston R. I L Or	
Sixth:	Names and addresses of its directors a	e Address (including number,	(Attach rider if necessary) street, zip code)
	Director Director Ross (President Vice President Secretary	t 11 LAKEWOOD Dr sident	
	Treasure		
SEVENTE No of Sh	R: Number of Shares authorized:	Series PAID	Par Value or statement that shares are without par value
EIGHTH:	ares Class	FEB 15 1990 SECTY. OF STATE	Par Value or statement that shares are without par value
Dated	January 25 19 90	(Name of Corporation)	in Inc
(R	eport must be signed by an officer)	Title CESTLENT	