



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 OR PRINTED IN BLACK)

1. Corporate ID No. 95669		2. Name of Corporation R. P. Masiello, Inc.			
3. Street Address Principal Business Office 38 Main Street			City Boylston	State MA	Zip 01505
4. Business Phone No. (508) 869-6501		5. State of Incorporation MASSACHUSETTS			6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTING BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David R. Masiello			Vice President Name None		
Street Address 266 Ball Hill Road			Street Address		
City Princeton	State MA	Zip 01541	City	State	Zip
Secretary Name / Clerk Kristin J. LeBlanc			Treasurer Name David R. Masiello		
Street Address 491 5th Mass Tpk			Street Address 266 Ball Hill Road		
City Fitchburg	State MA	Zip 01420	City Princeton	State MA	Zip 01541
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David R. Masiello			Director Name		
Street Address 266 Ball Hill Road			Street Address		
City Princeton	State MA	Zip 01541	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
12,500 NO PAR VALUE			1000 shares	Common	No Par Value

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



File Date **FILED**
Check No **FEB 28 2005 29095**
By **KB**
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.

David R. Masiello 2/18/05
Signature of Officer Date
David R. Masiello
Print or Type Name of Officer
President
Title of Officer



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 PRINTED IN BLACK)

1. Corporate ID No. 95669		2. Name of Corporation R. P. Masiello, Inc.			
3. Street Address Principal Business Office 38 Main Street			City Boylston	State MA	Zip 01505
4. Business Phone No. (508) 869-6501		5. State of Incorporation MASSACHUSETTS			6. SIC Code 59
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTING BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David R. Masiello			Vice President Name None		
Street Address 266 Ball Hill Road			Street Address		
City Princeton	State MA	Zip 01541	City	State	Zip
Secretary/Clerk: Kristin J. LeBlanc			Treasurer Name David R. Masiello		
Street Address 61 Fox Meadow Road			Street Address 266 Ball Hill Road		
City Fitchburg Leominster	State MA	Zip 01453	City Princeton	State MA	Zip 01541
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David R. Masiello			Director Name		
Street Address 266 Ball Hill Road			Street Address		
City Princeton	State MA	Zip 01541	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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 NO PAR VALUE			1000 shares	Common	No Par Value

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



* 9 5 6 6 9 *

File Date 2-25-04
Check No. 20917
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 [Signature] Date 2/9/04
David R. Masiello
Print or Type Name of Officer
President
Title of Officer



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 2003

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

95669

R. P. Masiello, Inc.

3. Street Address Principal Business Office

38 Main Street

City

Boylston

State

MA

Zip

01505

4. Business Phone No.

(508) 869-6501

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

59

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

To carry on and conduct a general contracting business, and all other legal purposes.

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

President Name

David R. Masiello

Vice President Name

None

Street Address

266 Bald Hill Road

Street Address

City

Princeton

State

MA

Zip

01541

City

State

Zip

Secretary Name /Clerk:

Kristin J. LeBlanc

Treasurer Name

David R. Masiello

Street Address

61 Fox Meadow Road

Street Address

266 Bald Hill Road

City

Leominster

State

MA

Zip

01453

City

Princeton

State

MA

Zip

01541

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

Director Name

David R. Masiello

Director Name

Street Address

266 Bald Hill Road

Street Address

City

Princeton

State

MA

Zip

01541

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

12,500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000 shares

Common

No Par Value

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



* 9 5 6 6 9 *

File Date: 2/3/03

Check No. 24755

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] RESIDENT 1/31/03
Signature of Officer Date

David R. Masiello
Print or Type Name of Officer

President
Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

95669

2. Name of Corporation

R. P. Masiello, Inc.

3. Street Address Principal Business Office

38 Main Street

City

Boylston

State

MA

Zip

01505

4. Business Phone No.

(508) 869-6501

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

59

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

To carry on and conduct a general contracting business, and all other legal purposes.

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

President Name

David R. Masiello

Vice President Name

None

Street Address

266 Ball Hill Road

Street Address

City

Princeton

State

MA

Zip

01541

City

State

Zip

Secretary Name /Clerk:

Kristin J. LeBlanc

Treasurer Name

David R. Masiello

Street Address

61 Fox Meadow Road

Street Address

266 Ball Hill Road

City

Leominster

State

MA

Zip

01453

City

Princeton

State

MA

Zip

01541

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

Director Name

David R. Masiello

Director Name

Street Address

266 Ball Hill Road

Street Address

City

Princeton

State

MA

Zip

01541

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

12,500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000 shares

Common

No Par Value

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



* 9 5 6 6 9 *

File Date: 1-24-02

Check No: 22541

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] - President 1/23/02

David R. Masiello

President

Title of Officer



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

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



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. **95669** 2. Name of Corporation **R. P. Masiello, Inc.**

3. Street Address Principal Business Office **38 Main Street** City **Boylston** State **MA** Zip **01505**
4. Business Phone No. **(508) 869-6501** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **59**

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

To carry on and conduct a general contracting business, and all other legal purposes.

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

President Name David R. Masiello	Vice President Name None
Street Address 266 Ball Hill Road	Street Address
City Princeton State MA Zip 01541	City State Zip
Secretary Name/Clerk: Kristen J. LeBlanc	Treasurer Name David R. Masiello
Street Address 61 Fox Meadow Road	Street Address 266 Ball Hill Road
City Leominster State MA Zip 01453	City Princeton State MA Zip 01541

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

Director Name David R. Masiello	Director Name
Street Address 266 Ball Hill Road	Street Address
City Princeton State MA Zip 01541	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
12,500 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 shares Common No Par Value

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



* 9 5 6 6 9 *

File Date 2/7

Check No. 19498

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] Date 2/5/01

David R. Masiello

Print or Type Name of Officer
President

Title of Officer



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
401-222-3040



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. **95889** 2. Name of Corporation **R. P. Masiello, Inc.**

3. Street Address Principal Business Office **38 Main Street** City **Boylston** State **MA** Zip **01505**

4. Business Phone No. **(508) 869-6501** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0059**

7. Brief Description of the Character of Business Conducted in Rhode Island
To carry on and conduct a general contracting business, and any other lawful purpose.

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

President Name **David R. Masiello** Vice President Name **None**

Street Address **266 Ball Hill Road** Street Address

City **Princeton** State **MA** Zip **01541** City State Zip

Secretary Name / CLERK: **Kristen J. LeBlanc** Treasurer Name **David R. Masiello**

Street Address **61 Fox Meadow Road** Street Address **266 Ball Hill Road**

City **Leominster** State **MA** Zip **01453** City **Princeton** State **MA** Zip **01541**

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

Director Name **David R. Masiello** Director Name

Street Address **266 Ball Hill Road** Street Address

City **Princeton** State **MA** Zip **01541** 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

12,500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value
1000 shares Common No Par Value

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



File Date: **Feb 8, 99**

Check No.: **15359**

By: **ID.**

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.

DAVID R. MASIELLO 2/5/99
Signature of Officer Date

DAVID R. MASIELLO

Print or Type Name of Officer

President

Title of Officer



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
401-277-3040



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.

95889

2. Name of Corporation

R. P. Masiello & Sons, Inc.

3. Street Address Principal Business Office

38 Main Street

City

Boylston

State

MA

Zip

01505

4. Business Phone No.

(508) 869-6501

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

0059

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

To carry on and conduct a general contracting business, and any other lawful purpose.

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

President Name

David R. Masiello

Street Address

266 Ball Hill Road

City

Princeton

State

MA

Zip

01541

Vice President Name

None

Street Address

City

State

Zip

Secretary Name /CLERK:

Kristen J. LeBlanc

Street Address

45 Brown Avenue

City

Leominster

State

MA

Zip

01453

Treasurer Name

David R. Masiello

Street Address

266 Ball Hill Road

City

Princeton

State

MA

Zip

01541

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

Director Name

David R. Masiello

Street Address

266 Ball Hill Road

City

Princeton

State

MA

Zip

01541

Director Name

Street Address

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

12,500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

No Par
Value

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



* 9 5 6 6 9 *

File Date: 3/6/98

Check No. 13735

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

David R. Masiello

Print or Type Name of Officer

President

Title of Officer

Date 2/25/98