

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

Matthew A. Brown, Secretary of State

Corporations Division 106 North Main Street Providence, RI 02993-1335.

401 222 3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Corperede ID No	2 Name of Corporate	on			
95669 Micot Address Frincipal Bas	R. P. Masiello	Inc.	- Car	State	Zψ
38 Main Stree			Boylston	MA	01505
(508) 869-650	)1	5 State of Incorporation			G SIC Code
Buef D. scription of the Cha	ractor of Business Conducted i		T\$		59
	ACTING BUSINESS	ic. 7457 bay paid 477	ACUMENT) ENLINE	DACEC BEFARE HEING	TATACUMENTS
r selent Name	SSES OF THE OFFICER	S: ("X" BOX FOR ATT	Vice President Name	SPACES BEFORE USING	ATTACHMENTS
David R. Masi	ello		None		
erser Address 266 Ball Hill	Road		Street Address		
(d)	Stone	Z:fr	Cit <sub>1</sub>	State	Zφ
Princeton Princeton Vibre /Clerk	MA	01541	Tre water Maine		
Kristin J. Le	Blanc		David R. Masie	110	
491 5th Mass	Tpk		Street Address 266 Ball Hill F	Road	
Citi	State	Zψ	Ct <sup>2</sup> i	State	Zip
Fitchburg	MA MA	01420 Drs: <i>("X" box for a</i>	Princeton	MA   SPACES BEFORE USI:	01541 NG ATTACHMENTS
Director Name		A DOATOR A	Firector Name		
David R. Masi	ello		Street Address		
266 Ball Hill	Road		SHOPE MEMORY		
Princeton	Sure MA	<sup>Ζψ</sup> 01541	City	State	Zφ
Drex for Name		J	Director Name		l
Suicet Selations			Spend Address		
STORY AND OTHER			Street Address		
(a)	State	Zıp	$CH_{\Gamma}$	State	Zip
10. SHARES AUTHORI	 ZED ("X" BOX FOR A	 ITACHMENT) □	11. SHARES ISSUED (	 "X" BOX FOR ATTACH	  MENT) []
AUTHOIGZED SHARES			ISSUED SHARES		- - 1 a. 37
Number of Shares	Class/Sones	Par Voixe	Number of Stures	Gass/Series	Par Value
12,500 NO PAR VALU	<u>E</u>		1000 shares	Common	No Par Valu
This report mu	st be <b>signed in ink</b> by e	ither the President, Vice	President, Secretary, Assista	nt Secretary, Treasurer,	Receiver or Trustee
	l ITSING IGIGI GING GING GIN	6 1811 1881			
			Under penalty of per	jury, I declare and affirm th	hat I have examined this
····		_	including any accom- contained herein are	panying schedules and statement and correct.	tements, and that all state
Tile Date [1]	ED		- Total	The line content	2/18/05
<del></del>	00 - 1919	<	Signature of Officer	<u>~</u>	Date
Check NoFEB	28 7005 2909	<b>-</b>	David R. Ma		
Ву: <b>Ву</b> :	MD	_   ,	Print or Type Name of President	Officer	
_ /	OF STATE USE ONLY		Tale at Others		



## 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 02903-13,35 401.222.3040

PROFIT CORPO Filing Period: January 1 - 1 FORM MUST BE TYPED OR PRI	March 1 • Filin	NUAL REPORT og Fee: \$50.00	FOR THE YEA	R2004	1
1 Corporate ID No	2. Name of Corporation	<u></u> ท	<del></del>	<u> </u>	<del> </del>
95669	R. P. Masiello, I	nc.			
3. Street Address Principal Business	: Office		City	State	Zip
38 Main Street			Boylston	MA	01505
4. Business Phine No.		5. State of Incorporation			6. SIC Code
(508) 869-6501	- uf B	MASSACHUSETTS	S		59
7. Brief Description of the Characte GENERAL CONTRACT		khoae isianu			
8. NAMES AND ADDRESSE	S OF THE OFFICERS	S: ("X" BOX FOR ATTA	CHMENT)           FILL IN S	SPACES BEFORE USING	G ATTACHMENTS
President Name	, , , , , , , , , , , , , , , , , , , ,	. ( / 25/11/5/11/11	Vice President Name		
David R. Masiello	)		None		
Street Address Ball			Street Address	- :	· <u>·</u>
266 <del>Bal</del> # Hill Roa	ad be				
Cuy	State	Zip	Cuy	State	Zíp
Princeton	MA MA	01541			
Secretary Name / Clerk:			Treasurer Name	110	
Kristin J. LeBlar			David R. Masie		
Street Address <del>61 Fox Meadow Roc</del>	491 5+h m.	ASS TPK	Street Address Ball 266 Bald Hill	Road	<u> </u>
City Fitch bung	State MA	ZIP 014 20	City	State MA	2ip 01541
<del>Leominster</del> -9	<del>15A -</del>	101433	Princeton_	1	1
9. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR ATT	, , ,	N SPACES BEFORE USI	NG ATTACHMENTS
Director Name David D. Macialle	•		Director Name		
David R. Masiello	<u>,                                      </u>	<u> </u>	Company Autobarra	-	
Street Address De.// 266 <del>Bal<b>4</b> H</del> ill Roa	ad		Street Address		
City	State	Zip	City	State	Z.(p
Princeton	MA	01541	•		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<del>viy</del>	""	··•			···•
10. SHARES AUTHORIZED	 	I TACHMENT) □	: 11. SHARES ISSUED /	("X" BOX FOR ATTACE	I HMENT) ∏
AUTHORIZED SHARES	, 2011 2 041 377		ISSUED SHARES		, ,
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			<u> </u>		
12,500 NO PAR VALUE			1000 shares	Common	No Par Value
		<u>.</u>	-	_ †	
					]
This report must be	e signed in ink hy eit	her the President Vice P	resident, Secretary, Assista	ant Secretary, Treasurer.	Receiver or Trustee
report ment of				,,	
1 (30))	A IBIAI AKIN AMA AMIN IBII IS	<b>©</b> 1			
		il .			
			I I - day assoles of as	aine. I dealers and affirm t	that I have examined this or
[ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [		II			that I have examined this restements, and that all staten
200	<del>7 3 0 0 7 *</del>	Ĺ	contained herein arg		
J.75	.()4		1	2+++	2/9/04
File Date	~ ~ \ \ -	·	Signature of Officer		Date
Check NoO	041/		• •	acialla	Pe tres
110	<del> </del>		David R. Ma		
By:		.   _	Print or Type Name o	oj Officer	
	STATE HISE ONE V		President		
FOR SECRETARY OF	STATE USE ONE!	_	Title of Officer		50-m 620 Day 17/02

Edward S. Inman, III. Secretary of State Corporations Durssian (1 North Many Street, Providence, RI 02903-1335

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

STOP PILAM READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTE					
1. Corporate ID No.	2. Name of Corporati				
95669	R. P. Masiello	o, Inc.	City	State	Zip
3 Street Address Principal Business (	ημιε		·	MA	01505
38 Main Street			Boylston	LIV	6 SIC Code
4 Business Phone No. (508) 869-6501		S State of Incorporation	TTO		59
7 Brief Description of the Character	of Rusiness Conducted in	MASSACHUSE Rivode Island	113		•
To carry on and c	onduct a gen	eral contracting	business, and all	other legal pur	^poses.
8. NAMES AND ADDRESS				EFORE USING ATTAC	
President Name David R. Masiello			Vice President Name NONE		
Street Address			Street Address		
266 Bald Hill Roa	nd				
Princeton	state FiA	<sup>2ip</sup> 01541	City	State	Zip
secretary Name /Clerk: Kristin J. LeBlar	nc		Treasuter Name David R. Masie	110	
Street Address			Street Address		
61 Fox Meadow Roa	ad		266 Bald Hill	Road	
c <sub>io</sub> Leominster	state MA	<sup>Zip</sup> 01453	Princeton	State MA	<sup>zφ</sup> 01541
9. NAMES AND ADDRESS	SES OF THE DIRE	CTORS (*X" BOX FOR AT	TACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
Director Name	_		Director Name		
David R. Masiello	0		Street Address		
Street Address	a.d		Street Address		
266 Bald Hill Roa	3U State	7:-	City	State	Zip
City	siare [r]A	2ip 01541	City	51411	••••
Princeton  Director Name	rin.	01341	Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
10. SHARES AUTHORIZE	D (*x* rox for atti	(CHMENT)	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
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

101-20 S

	* 9 5 6 6 9 *
File Date:	2/3/03
Check No	24755
By = FOR SECRETARY O	SIATE 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

TRESTORUE	1/31/03
Signature of Officer	Date
D- 34 D N3-13-	

David R. Masiello	 	
Print or Type Name of Officer		
President		

Title of Officer Ferm 630 17/07

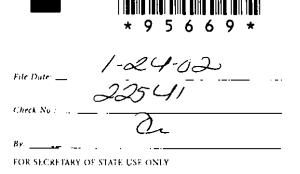
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-272-3040

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 95669 R. P. Masiello, Inc. 3. Street Address Principal Business Office City State 38 Main Street Boylston MA 4. Business Phone No. 5. State of Incorporation (508) 869-6501 **MASSACHUSETTS** 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. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name David R. Masiello None Street Address Street Address 266 Ball Hill Road  $Z_{ip}$ 01541 Princeton MA Secretary Name /Clerk: Treasurer Name Kristin J. LeBlanc David R. Masiello Street Address Street Address 61 Fox Meadow Road 266 Ball Hill Road City State State Leominster MA 01453 01541 Princeton MA FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Director Name David R. Masiello Street Address 266 Ball Hill ROad Princeton MA 01541 Director Name Director Name Street Address Street Address Cifi State State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES 249AHZ CERTZZI Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 12,500 NO PAR VALUE 1000 shares 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 report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

PERIDENT	1/23/ <u>02</u>	
Signature of Officer	Date	

David R. Masiello

President

Title of Officer

Form 639 12/01

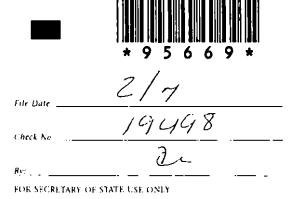
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### 2001



(FORM MU	ST BE TYPED IN BLA	C <b>K</b> )				
1 Corporate	ID No.	2. Name of Corporal				
	95669	R. P. Mas	iello, Inc.			
3. Street Add	iress Principal Business (	Office		City	State	Zıp
	38 Main Stre	et		Boylston	MA	01505
4. Business			5 State of Incorporation MASSACHUSE			6. SIC Code <b>59</b>
	(508) 869-65					
7 Brief Des	_	of Business Conducted in				
0.31434				acting business, and		•
B. NAMI		SES OF THE OFFI	CERS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACES BE Vice President Name	FURE USING ALTAC	uary 12
	David R. Mas	iello		None		
Street Addre		,,,,,,,		Street Address		
	266 Ball Hil	1 Road				
City		State	Zip	City	State	Zip
	Princeton	MA	01541			
Secretary No	۳۰/Cleŗk:			Treasurer Name		
Street Addre	Krist <b>ê</b> n J. L "	.eB1anc		David R. Masiello Street Address		
	61 Fox Meado	w Road		266 Ball Hill Roa	d	
City	,	State	Zip	City	State	Zip
	Leominster	MA	01453	Princeton	MA	01541
9. NAMI Director Na.		SES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES   Director Name	BEFORE USING ATTA	ACHMENTS
	David R. Mas	siello				
Street Addre				Street Address		
City	266 Ball Hil	l Road	914	City	State	Zip
CHI	Princeton		ziր 015 <b>4</b> 1	City	state	2.14
Director Na		MA	01341	Director Name		
Street Addre	,,,			Street Address		
City		State	Zip	City	State	Zip
10. SHAI		D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT	")
Number of	Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12.5	OO NO PAR VA	ALUE		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



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



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

1. Corporate ID No.

4. Business Phone No.

President Name

Street Address

Princeton

City

95669

3. Street Address Principal Business Office

38 Main Street

(508) 869-6501

David R. Masiello

266 Ball Hill Road

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

State

FILL IN SPACES BEFORE USING ATTACHMENTS

State

MA

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

5 State of Incorporation

01541

**MASSACHUSETTS** 

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

City

Boy1ston

Vice President Name

Print or Type Name of Officer President

litte of Officer

None

Street Address

City

01505

0059

6. SIC Code

Zip

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

2 Name of Corporation

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

MA

R. P. Masiello, Inc.

Secretary Name / CLERK: Kristen J. LeBlanc			Treasurer Name David R. Masiel	10		
Street Address			Street Address			_
61 Fox Meadow Road			266 Ball Hill R	oad		
City	State	Zip	Gity	State	Zip 01 5 4 1	
Leominster	MA	01453	Princeton	MA	01541	_
9. NAMES AND ADDRESSE	S OF THE DIR	ECTORS ("X" BOX FOR	R ATTACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS	. ,
Director Name			Director Name			
David R. Masiello						
Street Address			Street Address			
266 Ball Hill Road						
City	State	71f	City	State	Zip	
Princeton	MA	01541				
Director Name			Director Name			
Street Addiess			Street Address			-
City	Stare	Zip	City	State	Zip	
10. SHARES AUTHORIZED	("X" BOX FOR ATT	CACHMENT')	11. SHARES ISSUED	("X" BOX FOR ATTACHME	NT)	
AUTHORIZED SHARES			LSSUTED SHARES			
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value	
12,500 NO PAR VALU	E		1000 shares	Common	No Par	Value
·						
This report must be signe	<b>d in ink</b> hv eit	her the President 3	Vice President, Secretary, As	sistant Secretary, Trea	isurer. Receiver	or Truste
	,	,	· · · · · · · · · · · · · · · · · · ·	•		
						_
<b>*</b> 9	5 6 6	9 *	, , ,	perjury, I declare and aff.		
_			-	ing any accompanying s		ments, and
J-1	$\sim \Omega$ . $\Omega$	•	that all statements	contained herein are tr	ue and correct.	
File Date:	50126	<del></del>	1 5/34	4	2/5/9	G
10	390		- signature of Officer		Date .	
Check No	, J 70/		DAVID R. MA	SIELLO		



James R. Langevin, Secretary of State <u>ب ينتور</u> Corporations Division 100 North Main Street, Providence, RI 02903-1335



#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 •

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PLEASE EXSERT	RIAD

, iiing reriou. jun	mary 1- march 1	· I ming r	cc. \$30.00

FORM MUST BE TYPED IN BLAC	'K₹				
1. Corporate ID No.	2 Name of Corpora	tion			
95669	R. P. Masie	llo XXSăăă, inc.			
<ol> <li>Street Address Principal Business O</li> <li>38 Main Street</li> </ol>	ffice		cny Boylston	State MA	ziρ 01505
1. Business Phone No (508) 869-6501		5. State of Incorporation MASSACHU			6. SIC Code 0059
7. Brief Description of the Character o					
TO CAMPY ON AND CON B. NAMES AND ADDRESS President Name			business, and any (ACHMENT) Vice President Name	other lawful pur	pose.
David R. Masiello Street Address			None Street Address		
266 Ball Hill Road	State	Zip	City	State	Zip
Princeton Secretary Name / CLERK:	MA	01541	Treasurer Name	State	r.ip
Kristen J. LeBlanc			David R. Masie	2110	
15 Brown Avenue			266 Ball Hill	Road	
Sity	State	Zip	City	State	Zip
.eominster	MA	01453	Princeton	MA	01541
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR A	ATTACHMENT) Director Name		
David R. Masiello Street Address			Street Address		
266 Ball Hill Road					
City Designation	State	Zip	City	State	Zip
Princeton Director Name	MA	01541	Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZED	CX* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X" BOX FOR ATTACHMENT	7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 NO PAR VALU	JE		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 *
	3/1/98
File Date:	13735
Check No.:	
FOR SECRETARY O	F 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