



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

Corporations Div.  
100 North Main St  
Providence RI 02903-11  
401 222 31

**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. <b>68771</b>		2 Name of Corporation <b>RAVENELLE BUILDERS, INC.</b>			
3 Street Address Principal Business Office <b>31 WIDOW SWEETS ROAD</b>		City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>	
4 Business Phone No. <b>401-294-2890</b>		5 State of Incorporation <b>RHODE ISLAND</b>		6 SIC Code <b>34</b>	
7 Brief Description of the Character of Business Conducted in Rhode Island <b>CONTRACTING &amp; SUBCONTRACTING FOR THE CONSTRUCTION OF BUILDINGS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DANIEL RAVENELLE</b>			Vice President Name		
Street Address <b>31 WIDOW SWEETS RD</b>			Street Address <b>NONE</b>		
City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
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 <b>NONE</b>			Director Name		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
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
<b>100</b>	<b>COMM NO PAR VALUE</b>		<b>100</b>	<b>SHS</b>	<b>NONE</b>

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



File Date **1-20-05**  
Check No **0255**  
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

I, the undersigned, certify that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**[Signature]** **1-2-5**  
Signature of Officer Date  
**DANIEL RAVENELLE**  
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 D  
100 North Main  
Providence, RI 02901  
401.22

**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. 68771		2. Name of Corporation RAVENELLE BUILDERS, INC.			
3. Street Address Principal Business Office 31 WIDOW SWEETS RD		City EXETER	State RI	Zip 02822	
4. Business Phone No 401-294-2890		5. State of Incorporation RHODE ISLAND		6. SIC Code 34	
7. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTING & SUBCONTRACTING FOR THE CONSTRUCTION OF BUILDINGS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANIEL RAVENELLE		Vice President Name NONE			
Street Address 31 WIDOW SWEETS RD		Street Address NONE			
City EXETER	State RI	Zip 02822	City NONE	State NONE	
Secretary Name NONE		Treasurer Name NONE			
Street Address NONE		Street Address NONE			
City NONE	State NONE	Zip NONE	City NONE	State NONE	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name NONE			
Street Address NONE		Street Address NONE			
City NONE	State NONE	Zip NONE	City NONE	State NONE	
Director Name NONE		Director Name NONE			
Street Address NONE		Street Address NONE			
City NONE	State NONE	Zip NONE	City NONE	State NONE	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM NO PAR VALUE		100	SHS	NONE

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



\* 6 8 7 7 1 \*

File Date 2/17/04  
Check No. 5893  
By: ls.  
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.

D. R. Ravelle  
Signature of Officer  
DANIEL RAVENELLE  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer  
Date 2/12/04



**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. **68771** 2. Name of Corporation **RAVENELLE BUILDERS, INC.**  
3. Street Address Principal Business Office **31 WIDOW SWEETS RD** City **EXETER** State **RI** Zip **02822**  
4. Business Phone No. **401-294-2890** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Building & Remodeling Contractors**

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

President Name <b>DANIEL RAVENELLE</b>	Vice President Name <b>NONE</b>
Street Address <b>31 WIDOW SWEETS RD</b>	Street Address <b>NONE</b>
City State Zip <b>EXETER RI 02822</b>	City State Zip <b></b>
Secretary Name <b>None</b>	Treasurer Name <b>None</b>
Street Address <b></b>	Street Address <b></b>
City State Zip <b></b>	City State Zip <b></b>

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

Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b></b>	Street Address <b></b>
City State Zip <b></b>	City State Zip <b></b>
Director Name <b></b>	Director Name <b></b>
Street Address <b></b>	Street Address <b></b>
City State Zip <b></b>	City State Zip <b></b>

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>100 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>SHS</b>	<b>NONE</b>

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



\* 6 8 7 7 1 \*

File Date **1-29-03**  
Check No. **SSS2**  
By **UP**

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

**Daniel Kelle** 1-27-03  
Signature of Officer Date  
**DANIEL RAVENELLE**  
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 02903-1331  
401-222-3044



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. **68771** 2. Name of Corporation **RAVENELLE BUILDERS, INC.**  
3. Street Address Principal Business Office **31 WIDOW SWEETS RD** City **EXETER** State **RI** Zip **02822**  
4. Business Phone No. **401-294-2890** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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

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

President Name <b>DANIEL RAVENELLE</b>	Vice President Name <b>NONE</b>
Street Address <b>31 WIDOW SWEETS RD</b>	Street Address
City <b>EXETER,</b> State <b>RI</b> Zip <b>02822</b>	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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b>	Director Name <b>NONE</b>
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)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 SHS NONE**

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



\* 6 8 7 7 1 \*

File Date 1-18-02  
Check No. 5324  
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

D. Ravenelle 1-15-02  
Signature of Officer Date  
**DANIEL RAVENELLE**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**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. **68771** 2. Name of Corporation **RAVENELLE BUILDERS, INC.**  
3. Street Address Principal Business Office **31 WIDOW SWEETS RD** City **EXETER** State **RI** Zip **02822**  
4. Business Phone No. **401-294-2890** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**  
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name <b>DANIEL RAVENELLE</b>	Vice President Name <i>None</i>
Street Address <b>31 WIDOW SWEETS RD</b>	Street Address
City <b>EXETER</b> State <b>RI</b> Zip <b>02822</b>	City State Zip
Secretary Name <b>NONE</b>	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <i>None</i>	Director Name <i>None</i>
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)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>100 SHS COMM NO PAR VALUE</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>SHS</b>	<b>NONE</b>

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



\* 6 8 7 7 1 \*

File Date: Jan 11  
Check No: 5023  
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] 1-9-01  
Signature of Officer Date  
**DANIEL RAVENELLE**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**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. **68771** 2. Name of Corporation **RAVENELLE BUILDERS, INC.**  
3. Street Address Principal Business Office **31 WIDOW SWEETS ROAD** City **EXETER** State **RI** Zip **02822**  
4. Business Phone No. **401-294-2890** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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

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

President Name <b>DANIEL RAVENELLE</b>	Vice President Name <b>NONE</b>
Street Address <b>31 WIDOW SWEETS ROAD</b>	Street Address
City <b>EXETER</b> State <b>RI</b> Zip <b>02822</b>	City State Zip
Secretary Name <b>NONE</b>	Treasurer Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 SHS COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>SHS</b>	<b>NONE</b>

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



\* 6 8 7 7 1 \*

File Date: 1/4/00  
Check No.: 4650  
By: CC

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.

Daniel Ravelle 1-3-99  
Signature of Officer Date  
**DANIEL RAVENELLE**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**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. <b>68771</b>		2. Name of Corporation <b>RAVENELLE BUILDERS, INC.</b>	
3. Street Address Principal Business Office <b>31 WIDOW SWEETS ROAD</b>		City <b>EXETER</b>	State <b>RI</b>
4. Business Phone No. <b>401-294-2890</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>34</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>New Construction + Remodeling of Residential + Commercial</b>	

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

President Name <b>DANIEL RAVENELLE</b>	Vice President Name
Street Address <b>31 WIDOW SWEETS ROAD</b>	Street Address
City <b>EXETER</b>	City
State <b>RI</b>	State
Zip <b>02822</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) FILL IN SPACES BEFORE USING ATTACHMENTS**

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)**

Number of Shares	Class/Series	Par Value
<b>100 SHS</b>	<b>COMM</b>	<b>NO PAR VALUE</b>

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

Number of Shares	Class/Series	Par Value
<b>NONE</b>		

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



\* 6 8 7 7 1 \*

File Date: 1/14/99

Check No.: 4321

By: CDR [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: 12/26/98

**DANIEL RAVENELLE**

**PRESIDENT**



**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: **68771** 2. Name of Corporation: **RAVENELLE BUILDERS, INC.**  
3. Street Address Principal Business Office: **31 WIDOW SWEETS RD** City: **EXETER** State: **RI** Zip: **02822**  
4. Business Phone No.: **(401) 294-2890** 5. State of Incorporation: **RHODE ISLAND** 6. SIC Code: **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island:  
**Building Construction + Re-modeling**

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

President Name <b>DANIEL RAVENELLE</b>	Vice President Name <b>NONE</b>
Street Address <b>31 WIDOW SWEETS RD</b>	Street Address
City <b>EXETER</b> State <b>RI</b> Zip <b>02822</b>	City State Zip
Secretary Name <b>NONE</b>	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>NONE</b>	Director Name <b>NONE</b>
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)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>100 SHS</b>	<b>COMM</b>	<b>NO PAR VALUE</b>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>SHS</b>	<b>NONE</b>

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



File Date: **4.7.98**  
Check No.: **3987**  
By: **1UP**  
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: **Daniel Ravenelle** Date: **4/5**  
Print or Type Name of Officer: **DANIEL RAVENELLE**  
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 02903-13  
401-277-30



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

*on check*

1. Corporate ID No. **68771** 2. Name of Corporation **RAVENELLE BUILDERS, INC.**  
3. Street Address Principal Business Office **31 WIDOW SWEETS ROAD** City **EXETER** State **RI** Zip **02822**  
4. Business Phone No. **(401) 294-2890** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Building Contractors, Residential**

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

President Name <b>DANIEL RAVENELLE</b> Street Address <b>31 WIDOW SWEETS ROAD</b> City <b>EXETER</b> State <b>RI</b> Zip <b>02822</b>	Vice President Name <b>SAME</b> Street Address <b>SAME</b> City _____ State _____ Zip _____
Secretary Name <b>SAME</b> Street Address <b>SAME</b> City _____ State _____ Zip _____	Treasurer Name <b>SAME</b> Street Address <b>SAME</b> City _____ State _____ Zip _____

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

Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____	Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____
Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____	Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 SHS COMM NO PAR VALUE</b>			<b>None</b>	<b>None</b>	<b>None</b>

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



\* 6 8 7 7 1 \*

File Date: **3-10-97**  
Check No.: **3501**  
By: **UP / PC**  
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.  
**Daniel Ravanelle** 1-28-97  
Signature of Officer Date  
**DANIEL RAVENELLE**  
Print or Type Name of Officer  
**President**  
Title of Officer

**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 68771		2. NAME OF CORPORATION RAVENELLE BUILDERS, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 31 WIDOW SWEETS ROAD			CITY EXETER	STATE RI	ZIP CODE 02822
4. BUSINESS PHONE NO. 401-294-2890		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 0034 0059	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND CONSTRUCTION in Building + Repairing Homes / Commercial					
8. NAMES AND ADDRESSES OF THE OFFICERS			8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME DANIEL RAVENELLE			VICE PRESIDENT NAME		
STREET ADDRESS 31 WIDOW SWEETS ROAD			STREET ADDRESS		
CITY EXETER	STATE RI	ZIP CODE 02822	CITY	STATE	ZIP CODE
SECRETARY NAME			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	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
100 SHS COMM NO PAR VALUE			NONE		

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.

File Date:

4/10/96

Check No:

3175

By:

CP

For Secretary of State Use Only

Signature of Officer

DANIEL RAVENELLE

Print or Type Name of Officer

PRESIDENT

Title of Officer

2/5/96  
Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

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

Corporate ID: 0058771 Annual Report for the year: 1995

Name of Corporation: RAVENELLE BUILDERS, 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: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
31 WIDOW SWEETS Rd  
EXETER, R.I.  
02822  
 Phone: (401) 294-2890

Brief statement of the character of business conducted in Rhode Island:  
Contracting and Sub-Contracting  
for the construction of  
buildings

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>DANIEL RAVENELLE</u>	<u>EXETER, R.I.</u>	<u>02822</u>
VICE PRESIDENT	<u>"</u>		
SECRETARY	<u>"</u>		
TREASURER	<u>"</u>		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>100 common</u>	<u>NO PAR</u>		

Date: 1-29 19 95 By: Daniel Ravenelle

Form 31 1/95  
 PRINT OR TYPE NAME OF OFFICER SIGNING: DANIEL RAVENELLE  
 TITLE OF OFFICER SIGNING: Pres.

**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.

DANIEL RAVENELLE  
 31 WIDOW SWEETS ROAD  
 EXETER RI 02822

**PAID**  
 JUN 06 1995  
 \$2751  
 SECRETARY OF STATE

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 1

Corporate ID 0068771 Annual Report for the year 1994

Name of Business Entry RAVENELLE RAVENELLE BUILDERS, INC

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: [REDACTED]

Address and telephone of the principal office of business entity in Rhode Island (Provide street address. Not P.O. Box):  
31 WIDOW SWEETS RD  
EXETER, RI 02822

Phone: 401 294-2890

Business Entity (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

DAN RAVENELLE  
31 WIDOW SWEETS  
EXETER, RI 02822  
(401) 294-2890

Brief statement of the character of business conducted in Rhode Island

Building Trades

Date of Organization July 1992 (10/30/92)

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

THE NAMES OF THE OFFICERS ARE:

PRESIDENT/DIRECTOR  PRESIDENT/SECRETARY  
DAN RAVENELLE 31 WIDOW SWEETS EXETER, RI 02822

CHIEF OPERATING OFFICER  VICE PRESIDENT/CHAIRMAN

CHIEF FINANCIAL OFFICER  SECRETARY/TREASURER

CHIEF FINANCIAL OFFICER  TREASURER/CHAIRMAN

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 (if Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 100 NUMBER

CLASS Comm CLASS

SERIES SERIES

PAR VALUE OR WITHOUT PAR NO Par Val PAR VALUE OR WITHOUT PAR

Date FEB 27 19 94

By: [Signature]  
DANIEL RAVENELLE  
PRESIDENT/SECRETARY  
TREASURER

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

FILED  
MAR 7 1994  
3:20:00

DANIEL RAVENELLE  
31 WIDOW SWEET ROAD  
EXETER RI 02822

Filing Fee \$50.00

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

*PK*  
*1338* ✓

Corporate ID 0058771 Annual Report for the year 1993

FIRST: The name of the corporation is RAVENELLE BUILDERS, INC.

SECOND: It is incorporated under the laws of R.I. 7-1-51 GEN LAWS, 1956, 42 ANNOTATED

THIRD: Character of business, briefly stated, is CONSTRUCTION - Contracting + Sub Contract

*for construction of buildings and any and all other purposes for which corporations may exist under laws of STATE of R.I. + Prov Plantations*

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 31 WIDOW SWEET Rd  
EXETER, R.I. 02822

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

Name Office Address (including number, street, zip code)

Director

Director

Director

DANIEL RAVENELLE President 31 WIDOW SWEET Rd, EXETER, R.I. 02822

" " Vice President " "

" " Secretary " "

" " Treasurer " "

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

No. of Shares Class Series  
100 shares common stock - no par value

EIGHTH: Number of Shares issued:

MAR 03 1993

Par Value or statement that shares are without par value

No. of Shares Class Series  
SECY OF STATE

Dated 3/27 1993

RAVENELLE Builders Inc  
(Name of Corporation)

By Daniel Ruff

Title Pres

(Report must be signed by an officer)