



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
109 1/2 North Main Street
Providence, RI 02903-1335
(401) 222-3940

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)

Form with sections for Corporate ID No, Name of Corporation, Street Address, Business Phone No, State of Incorporation, Brief Description of Business, Names and Addresses of Officers, and Names and Addresses of Directors.

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



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

Signature of Officer: Cheryl Dyer, Date: 1-10-05

Print or Type Name of Officer: Cheryl Dyer

Title of Officer: Vice President

File Date: 1/12/05, Check No: 2620, BY: DA, FOR SECRETARY OF STATE USE ONLY



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 IN BLACK)

1. Corporate ID No. 97972		2. Name of Corporation ROWLAND DYER BUILDERS, INC.			
3. Street Address Principal Business Office 590 DUGWAY BRIDGE ROAD			City WEST KINGSTON	State RI	Zip 02892
4. Business Phone No. 4017830824		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, BUILDING, GENERAL CONTRACTING.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rowland Dyer, Jr.			Vice President Name Cheryl Dyer		
Street Address 590 Dugway Bridge Road			Street Address 590 Dugway Bridge Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Cheryl Dyer			Treasurer Name Rowland Dyer Jr.		
Street Address 590 Dugway Bridge Road			Street Address 590 Dugway Bridge Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rowland Dyer, Jr.			Director Name Cheryl Dyer		
Street Address 590 Dugway Bridge Road			Street Address 590 Dugway Bridge Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
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
1000	Common	NO PAR VALUE	100	Common	No Par

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



9 7 9 7 2

97972 DBC 12/29/03 11:53:11 AM

File Date 1-2-04

Check No. 2385

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.

Cheryl A Dyer 1-2-04
Signature of Officer Date

Cheryl A Dyer
Print or Type Name of Officer

Vice President
Title of Officer



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. **97972** 2. Name of Corporation **ROWLAND DYER BUILDERS, INC.**
3. Street Address Principal Business Office **590 Dugway Bridge Road**
4. Business Phone No. **(401) 783-0824** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Construction Contractor

City **West Kingston** State **RI** Zip **02892**
6. SIC Code **34**

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

President Name **Rowland Dyer, Jr.**
Street Address **590 Dugway Bridge Road**
City **West Kingston** State **RI** Zip **02892**

Vice President Name **Cheryl Dyer**
Street Address **590 Dugway Bridge Road**
City **West Kingston** State **RI** Zip **02892**

Secretary Name **Cheryl Dyer**
Street Address **590 Dugway Bridge Road**
City **West Kingston** State **RI** Zip **02892**

Treasurer Name **Rowland Dyer, Jr.**
Street Address **590 Dugway Bridge Road**
City **West Kingston** State **RI** Zip **02892**

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

Director Name **Rowland Dyer, Jr.**
Street Address **590 Dugway Bridge Road**
City **West Kingston** State **RI** Zip **02892**

Director Name **Cheryl Dyer**
Street Address **590 Dugway Bridge Road**
City **West Kingston** State **RI** Zip **02892**

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

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



* 9 7 9 7 2 *

File Date: 1-17-03
Check No.: 2128
By: up

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.

Cheryl A Dyer 1-15-03
Signature of Officer Date

Cheryl A. Dyer
Print or Type Name of Officer

Vice President
Title of Officer



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. **97972** 2. Name of Corporation **Rowland Dyer Builders, Inc.**
3. Street Address Principal Business Office **590 Dugway Bridge Road** City **West Kingston** State **RI** Zip **02892**
4. Business Phone No. **(401) 783-0824** 5. State of Incorporation **Rhode Island** 6. SIC Code **34**
7. Brief Description of the Character of Business Conducted in Rhode Island
Construction Contractor

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

President Name Rowland Dyer, Jr. Street Address 590 Dugway Bridge Road City West Kingston State RI Zip 02892	Vice President Name Cheryl Dyer Street Address 590 Dugway Bridge Road City West Kingston State RI Zip 02892
Secretary Name Cheryl Dyer Street Address 590 Dugway Bridge Road City West Kingston State RI Zip 02892	Treasurer Name Rowland Dyer, Jr. Street Address 590 Dugway Bridge Road City West Kingston State RI Zip 02892

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

Director Name Rowland Dyer, Jr. Street Address 590 Dugway Bridge Road City West Kingston State RI Zip 02892	Director Name Cheryl Dyer Street Address 590 Dugway Bridge Road City West Kingston State RI Zip 02892
--	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	COMM	NO PAR VALUE

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

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

RECEIVED STATE
CORPORATIONS DIVISION
JAN 28 11 49 AM '02

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

File Date: **FILED**
JAN 28 2002
Check No.:
By: **By CAM 280313**
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: **Cheryl A. Dyer** Date: **1-21-02**
Print or Type Name of Officer: **Cheryl A. Dyer**
Title of Officer: **V. Pres.**



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: **97972** 2. Name of Corporation: **ROWLAND DYER BUILDERS, INC.**
 3. Street Address Principal Business Office: **590 DUGWAY BRIDGE ROAD** City: **WEST KINGSTON** State: **RI** Zip: **02892**
 4. Business Phone No: **(401) 783-0824** 5. State of Incorporation: **RHODE ISLAND** 6. SIC Code: **34**

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

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

President Name ROWLAND DYER, JR.	Vice President Name CHERYL DYER
Street Address 590 DUGWAY BRIDGE ROAD	Street Address 590 DUGWAY BRIDGE ROAD
City State Zip WEST KINGSTON RI 02892	City State Zip WEST KINGSTON RI 02892
Secretary Name CHERYL DYER	Treasurer Name ROWLAND DYER, JR.
Street Address 590 DUGWAY BRIDGE ROAD	Street Address 590 DUGWAY BRIDGE ROAD
City State Zip WEST KINGSTON RI 02892	City State Zip WEST KINGSTON RI 02892

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

Director Name ROWLAND DYER, JR.	Director Name CHERYL DYER
Street Address 590 DUGWAY BRIDGE ROAD	Street Address 590 DUGWAY BRIDGE ROAD
City State Zip WEST KINGSTON RI 02892	City State Zip WEST KINGSTON RI 02892
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
1,000	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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



* 9 7 9 7 2 *

File Date: 1/29

Check No.: 1599

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.

X Cheryl A. Dyer 1-24-01
Signature of Officer Date

X CHERYL A. DYER
Print or Type Name of Officer

X Vice 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. **97972** 2. Name of Corporation **ROWLAND DYER BUILDERS, INC.**
3. Street Address Principal Business Office **485 SAND TURN ROAD** City **WEST KINGSTON** State **RI** Zip **02892**
4. Business Phone No. **(401) 783-0824** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**
7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION CONTRACTOR

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name **ROWLAND DYER, JR.** Vice President Name **CHERYL DYER**
Street Address **485 SAND TURN ROAD** Street Address **485 SAND TURN ROAD**
City **WEST KINGSTON** State **RI** Zip **02892** City **WEST KINGSTON** State **RI** Zip **02892**
Secretary Name **CHERYL DYER** Treasurer Name **ROWLAND DYER, JR.**
Street Address **485 SAND TURN ROAD** Street Address **485 SAND TURN ROAD**
City **WEST KINGSTON** State **RI** Zip **02892** City **WEST KINGSTON** State **RI** Zip **02892**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **ROWLAND DYER, JR.** Director Name **CHERYL DYER**
Street Address **485 SAND TURN ROAD** Street Address **485 SAND TURN ROAD**
City **WEST KINGSTON** State **RI** Zip **02892** City **WEST KINGSTON** State **RI** Zip **02892**
Director Name _____ Director Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 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
1,000 COMM NO PAR VALUE **100** **COMMON** **NO PAR**

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



File Date 2-1-00
Check No. 144/2
By: C
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.
X Cheryl Dyer 1/26/00
Signature of Officer Date
CHERYL DYER
Print or Type Name of Officer
VICE 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. **97972** 2. Name of Corporation **ROWLAND DYER BUILDERS, INC.**
3. Street Address Principal Business Office City State Zip
485 Sand Turn Road West Kingston RI 02892
4. Business Phone No. (401) 783-0824 5. State of Incorporation **RHODE ISLAND** 6. SIC Code 0034

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

Construction Contractor

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

President Name Rowland Dyer, Jr. Street Address 485 Sand Turn Road City State Zip West Kingston RI 02892	Vice President Name Cheryl Dyer Street Address 485 Sand Turn Road City State Zip West Kingston RI 02892
Secretary Name Cheryl Dyer Street Address 485 Sand Turn Road City State Zip West Kingston RI 02892	Treasurer Name Rowland Dyer, Jr. Street Address 485 Sand Turn Road City State Zip West Kingston RI 02892

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

Director Name Rowland Dyer, Jr. Street Address 485 Sand Turn Road City State Zip West Kingston RI 02892	Director Name Cheryl Dyer Street Address 485 Sand Turn Road City State Zip West Kingston RI 02892
Director Name Street Address City State Zip	Director Name Street Address City State Zip

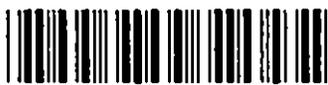
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	NO PAR

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



* 9 7 9 7 2 *

File Date: Jan 29, 09

Check No.: 0050

By: JD

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 Cheryl Dyer Date 1/28/99

Print or Type Name of Officer Cheryl Dyer

Title of Officer V. Pres.



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. **97972** 2. Name of Corporation **ROWLAND DYER BUILDERS, INC.**
3. Street Address Principal Business Office **485 SAND TURN ROAD** City **WEST KINGSTON** State **RI** Zip **02892**
4. Business Phone No. **(401) 783-0824** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

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

CONSTRUCTION CONTRACTOR

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

President Name ROWLAND DYER, JR.	Vice President Name CHERYL DYER
Street Address 485 SAND TURN ROAD	Street Address 485 SAND TURN ROAD
City State Zip WEST KINGSTON RI 02892	City State Zip WEST KINGSTON RI 02892
Secretary Name CHERYL DYER	Treasurer Name ROWLAND DYER, JR.
Street Address 485 SAND TURN ROAD	Street Address 485 SAND TURN ROAD
City State Zip WEST KINGSTON RI 02892	City State Zip WEST KINGSTON RI 02892

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

Director Name ROWLAND DYER, JR.	Director Name CHERYL DYER
Street Address 485 SAND TURN ROAD	Street Address 485 SAND TURN ROAD
City State Zip WEST KINGSTON RI 02892	City State Zip WEST KINGSTON RI 02892
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
1000	COMMON	NO PAR VALUE

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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

File Date 6.8.98

Check No. 658

By IUP

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.

Cheryl Dyer 6/7/98
Signature of Officer Date

Cheryl Dyer
Print or Type Name of Officer

Vice Pres.
Title of Officer