



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 IN BLACK)

1. Corporate ID No. 125874		2. Name of Corporation Rafferty Fine Grading, Inc.			
3. Street Address Principal Business Office 4 Katie Lane		City Enfield	State CT	Zip 06082	
4. Business Phone No. 860-763-0100		5. State of Incorporation Connecticut		6. SIC Code 0075	
7. Brief Description of the Character of Business Conducted in Rhode Island Heavy & Highway Road construction					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Kurt F. Rafferty		Vice President Name Rhonda L. Rafferty			
Street Address 4 Katie Lane		Street Address 4 Katie Lane			
City Enfield	State CT	Zip 06082	City Enfield	State CT	Zip 06082
Secretary Name Rhonda L. Rafferty		Treasurer Name Kurt F. Rafferty			
Street Address Same		Street Address Same			
City	State	Zip	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name N/A		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	No Par Value		None		

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



1 2 5 8 7 4

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  
Rhonda L. Rafferty  
Print or Type Name of Officer  
Vice President  
Title of Officer

8/15/05  
Date

File Date 8/19/05  
Check No 3071  
By DA  
FOR SECRETARY OF STATE USE ONLY



**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. <b>125874</b>		2. Name of Corporation <b>RAFFERTY FINE GRADING, INC.</b>		
3. Street Address Principal Business Office <b>4 Katie Lane</b>		City <b>Enfield</b>	State <b>CT</b>	Zip <b>06082</b>
4. Business Phone No. <b>860-763-0100</b>		5. State of Incorporation <b>CONNECTICUT</b>		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>CONSTRUCTION</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Kurt F. Rafferty</b>		Vice President Name <b>Rhonda L. Rafferty</b>		
Street Address <b>4 Katie Lane</b>		Street Address <b>4 Katie Lane</b>		
City <b>Enfield</b>	State <b>CT</b>	Zip <b>06082</b>	City <b>Enfield</b>	State <b>CT</b>
Secretary Name <b>Rhonda L. Rafferty</b>		Treasurer Name <b>Kurt F. Rafferty</b>		
Street Address <b>4 Katie Lane</b>		Street Address <b>4 Katie Lane</b>		
City <b>Enfield</b>	State <b>CT</b>	Zip <b>06082</b>	City <b>Enfield</b>	State <b>CT</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>N/A</b>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares		Class/Series	Par Value	
<b>10,000 NO PAR VALUE</b>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES				
Number of Shares		Class/Series	Par Value	
<b>0</b>				

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



\* 1 2 5 8 7 4 \*

File Date **RECEIVED**  
Check No. **JAN 22 2004**  
By: **BY**  
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 **Rhonda L. Rafferty** Date **11/16/04**  
Print or Type Name of Officer  
**Vice 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 **125874** 2. Name of Corporation **RAFFERTY FINE GRADING, INC.**

3. Street Address Principal Business Office

**4 Katie Lane**

City **Enfield**

State **CT**

Zip **06082**

4. Business Phone No

**860-763-0100**

5. State of Incorporation  
**CONNECTICUT**

6. SIC Code

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

**Construction- Heavy Highway**

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Kurt F. Rafferty**

Vice President Name

**Rhonda L. Rafferty**

Street Address

**4 Katie Lane**

Street Address

**4 Katie Lane**

City **Enfield**

State **CT**

Zip **06082**

City **Enfield**

State **CT**

Zip **06082**

Secretary Name

**Rhonda L. Rafferty**

Treasurer Name

**Kurt F. Rafferty**

Street Address

**Same**

Street Address

**Same**

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

**N/A**

Director Name

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)

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

**10,000 NO PAR VALUE**

**None**

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



\* 1 2 5 8 7 4 \*

File Date: **05-16-03**

Check No.: **1593**

By: **2**

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.

**Rhonda L. Rafferty** **4/30/03**  
Signature of Officer Date

**Rhonda L. Rafferty**  
Print or Type Name of Officer

**Vice President**  
Title of Officer

Form 630 1202