



**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>39274</b>		2. Name of Corporation <b>Greene Construction, Inc.</b>					
3. Street Address Principal Business Office <b>1414 Atwood Avenue</b>				City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
4. Business Phone No. <b>273-6800</b>			5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>18</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL CONTRACTING</b>							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name <b>Alfred Carpionato</b>				Vice President Name <b>Alfred Carpionato</b>			
Street Address <b>1414 Atwood Avenue</b>				Street Address <b>1414 Atwood Avenue</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>		
Secretary Name <b>Alfred Carpionato</b>				Treasurer Name <b>Alfred Carpionato</b>			
Street Address <b>1414 Atwood Avenue</b>				Street Address <b>1414 Atwood Avenue</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name				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) <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>1,000 NO PAR VALUE</b>			<b>1,000</b>	<b>common</b>	<b>no par value</b>		

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



\*39274\*

File Date 6-1-05  
Check No. 1550  
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] 3/4/05  
Signature of Officer  
**Alfred Carpionato**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. 39274		2. Name of Corporation Greene Construction, Inc.		
3. Street Address Principal Business Office 1414 Atwood Avenue			City Johnston	State RI
4. Business Phone No. 273-6800		5. State of Incorporation RHODE ISLAND		6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTING				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Alfred Carpiionato		Vice President Name Alfred Carpiionato		
Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Alfred Carpiionato		Treasurer Name Alfred Carpiionato		
Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		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"/>				
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
1,000 NO PAR VALUE			1,000	common
				no par value

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



\* 3 9 2 7 4 \*

File Date 3/9/04  
Check No. 00000279  
By: W.  
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.

Alfred Carpiionato 2/11/04  
Signature of Officer Date  
Alfred Carpiionato  
Print or Type Name of Officer  
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. **39274** 2. Name of Corporation **Greene Construction, Inc.**  
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **18**  
7. Brief Description of the Character of Business Conducted in Rhode Island **general contracting**

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

President Name <b>Alfred Carpionato</b>	Vice President Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Secretary Name <b>Alfred Carpionato</b>	Treasurer Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

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 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	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>1,000 NO PAR VALUE</b>	<b>1,000 common no par value</b>

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



File Date: 4-30-03  
Check No.: 10980  
By: ICP

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.

*Alfred Carpionato* Date 3-24-03  
Signature of Officer

**Alfred Carpionato**  
Print or Type Name of Officer  
**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. **39274** 2. Name of Corporation **Greene Construction, Inc.**  
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **18**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**general contracting**

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

President Name	Alfred Carpionato	Vice President Name	Alfred Carpionato
Street Address	1414 Atwood Avenue	Street Address	1414 Atwood Avenue
City	Johnston RI 02919	City	Johnston RI 02919
Secretary Name	Alfred Carpionato	Treasurer Name	Alfred Carpionato
Street Address	1414 Atwood Avenue	Street Address	1414 Atwood Avenue
City	Johnston RI 02919	City	Johnston RI 02919

**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	
Director Name		Director Name	
Street Address		Street Address	
City		City	

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	common	no par value

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



\* 3 9 2 7 4 \*

File Date: 3/18/02  
Check No.: 002760  
By: TS

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.

*Alfred Carpionato*  
Signature of Officer \_\_\_\_\_ Date 3-5-02  
Print or Type Name of Officer Alfred Carpionato  
Title of Officer President



**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. **39274** 2. Name of Corporation **Greene Construction, Inc.**

3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC **98**

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

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

President Name <b>Alfred Carpionato</b>	Vice President Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>Johnston RI 02919</b>
Secretary Name <b>Alfred Carpionato</b>	Treasurer Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>Johnston RI 02919</b>

**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 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  
**1,000 NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 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: 3/2  
Check No: 15879  
By: [Signature]

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]  
Signature of Officer Date 2-8-01  
**Alfred Carpionato**  
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. **39274** 2. Name of Corporation **Greene Construction, Inc.**

3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **18**

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

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

President Name <b>Alfred Carpionato</b>	Vice President Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>Johnston RI 02919</b>
Secretary Name <b>Alfred Carpionato</b>	Treasurer Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>Johnston RI 02919</b>

**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 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  
**1,000 NO PAR VAL**

**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



File Date 3/21/00  
Check No. 9440  
By: [Signature]

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 3-7-00  
Print or Type Name of Officer \_\_\_\_\_  
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 **39274** 2. Name of Corporation **Greene Construction, Inc.**  
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **18**

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

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

President Name <b>Alfred Carpionato</b>	Vice President Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Secretary Name <b>Alfred Carpionato</b>	Treasurer Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

**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 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  
**1,000 NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 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 04-08-99  
Check No. 12121  
By: [Signature]

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]  
Signature of Officer  
**Alfred Carpionato**  
Print or Type Name of Officer  
**President**  
Date 3/9/99  
Title of Officer

**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. **39274**      2. Name of Corporation **Greene Construction, Inc.**  
3. Street Address Principal Business Office      City      State      Zip  
**1414 Atwood Avenue**      **Johnston**      **RI**      **02919**  
4. Business Phone No.      5. State of Incorporation  
**273-6800**      **RHODE ISLAND**  
6. SIC Code  
**0018**

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

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

President Name <b>Alfred Carpionato</b>	Vice President Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City      State      Zip <b>Johnston      RI      02919</b>	City      State      Zip <b>Johnston      RI      02919</b>
Secretary Name <b>Alfred Carpionato</b>	Treasurer Name <b>Alfred Carpionato</b>
Street Address <b>1414 Atwood Avenue</b>	Street Address <b>1414 Atwood Avenue</b>
City      State      Zip <b>Johnston      RI      02919</b>	City      State      Zip <b>Johnston      RI      02919</b>

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

Director Name	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)

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>common</b>	<b>no par value</b>

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



File Date: 3-11-98  
Check No.: 10008  
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  
Alfred Carpionato      MARCH 1, 1998  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. **39274** 2 Name of Corporation **Greene Construction, Inc.**

3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0018**

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

general contracting

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

President Name <b>Alfred Carpionato</b> Street Address <b>1414 Atwood Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Vice President Name <b>Alfred Carpionato</b> Street Address <b>1414 Atwood Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Secretary Name <b>Alfred Carpionato</b> Street Address <b>1414 Atwood Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Treasurer Name <b>Alfred Carpionato</b> Street Address <b>1414 Atwood Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

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

Director Name  Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip
Director Name  Street Address  City  State  Zip	Director Name  Street Address  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>1,000 NO PAR VAL</b>			<b>1,000</b>	<b>common</b>	<b>no par value</b>

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



File Date: 3/24/97  
Check No.: 6976  
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] 3/4/97  
Signature of Officer Date  
**Alfred Carpionato**  
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) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 39274		2. NAME OF CORPORATION Greene Construction, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1414 Atwood Avenue		CITY Johnston	STATE RI
4. BUSINESS PHONE NO. 273-6800		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 0018	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND general contracting			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Alfred Carpionato			VICE PRESIDENT NAME Alfred Carpionato		
STREET ADDRESS 1414 Atwood Avenue			STREET ADDRESS 1414 Atwood Avenue		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY Johnston	STATE RI	ZIP CODE 02919
SECRETARY NAME Alfred Carpionato			TREASURER NAME Alfred Carpionato		
STREET ADDRESS 1414 Atwood Avenue			STREET ADDRESS 1414 Atwood Avenue		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY Johnston	STATE RI	ZIP CODE 02919

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
1,000	NO PAR VAL		1,000	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.

*Alfred Carpionato*  
Signature of Officer

Alfred Carpionato  
Print or Type Name of Officer

President  
Title of Officer

2/21/96  
Date

File Date: 2/22/96  
Check No: 3718  
By: CP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



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

Corporate ID: 0039274 Annual Report for the year: 1995

Name of Corporation: Greene Construction, Inc.

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:  
general contracting

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1414 Atwood Avenue  
Johnston, RI 02919

Phone: (401) 273-6800

**THE NAMES OF THE OFFICERS ARE:**

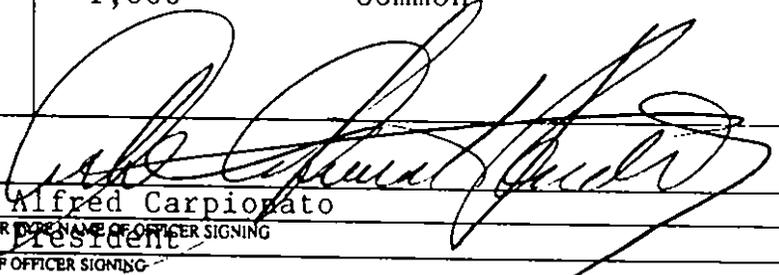
OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Alfred Carpionato</u>	<u>1414 Atwood Avenue</u>	<u>Johnston, RI</u>	<u>02919</u>
VICE PRESIDENT <u>Alfred Carpionato</u>	<u>1414 Atwood Avenue</u>	<u>Johnston, RI</u>	<u>02919</u>
SECRETARY <u>Alfred Carpionato</u>	<u>1414 Atwood Avenue</u>	<u>Johnston, RI</u>	<u>02919</u>
TREASURER <u>Alfred Carpionato</u>	<u>1414 Atwood Avenue</u>	<u>Johnston, RI</u>	<u>02919</u>
<u>Alfred Carpionato</u>	<u>1414 Atwood Avenue</u>	<u>Johnston, RI</u>	<u>02919</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>1,000</u>	<u>Common</u>	<u>1,000</u>	<u>Common</u>

Date 4-13, 1995

By:   
Alfred Carpionato  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

Form 31 1/95

**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.

ANGELO R. MAROCCO, ESQ.  
 1200 RESERVOIR AVENUE  
 CRANSTON RI 02920

**FILED**

MAY 30 1995

By: 131699

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT

*MYC ck# 3102 \$1500.00*

File Annually  
I.L.C. Sept. 1 - Nov. 1  
CORP. Jan. 1 - March 1

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

0039274

1994

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Business Entity: Greene Construction, Inc.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1414 Atwood Avenue

Johnston, RI 02919

Phone: ( 401 ) 273-6800

Business Entity is (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:

Alfred Carpionato, President

1414 Atwood Avenue

Johnston, RI 02919

Brief statement of the character of business conducted in Rhode Island:

general contracting

Date of Organization: 6/27/86

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

**THE NAMES OF THE OFFICERS ARE:**

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Alfred Carpionato	1414 Atwood Avenue	Johnston, RI	02919
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Alfred Carpionato	1414 Atwood Avenue	Johnston, RI	02919
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Alfred Carpionato	1414 Atwood Avenue	Johnston, RI	02919
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Alfred Carpionato	1414 Atwood Avenue	Johnston, RI	02919

**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 1,000

CLASS Common

SERIES --

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1,000

CLASS Common

SERIES --

PAR VALUE OR WITHOUT PAR No Par Value

**FILED**

**APR 25 1994**

By [Signature]

Date 4-20 19 94

By: [Signature]

Alfred Carpionato

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

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

Corporate ID 0039274 Annual Report for the year 1993

FIRST: The name of the corporation is Greene Construction, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general contracting

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI 02919

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Alfred Carpionato	President	1414 Atwood Ave., Johnston, RI 02919
same	Vice President	same
same	Secretary	same
same	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

Rec'd & Filed APR 5 1993

AMT# 29  
1793

Dated March 19, 19 93

Greene Construction, Inc.  
(Name of Corporation)  
By [Signature]  
Alfred Carpionato  
Title President

(Report must be signed by an officer)

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

Corporate ID 0038274 Annual Report for the year 1992

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Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Alfred Carpionato	President	1414 Atwood Ave., Johnston, RI 02919
same	Vice President	same
same	Secretary	same
same	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	PAID	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

Dated Feb 26, 19 92

Greene Construction, Inc.  
(Name of Corporation)

By Alfred Carpionato  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

PJM

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0039274 Annual Report for the year 1991

FIRST: The name of the corporation is Greene Construction, Inc.

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	Director	
	Director	
	Director	
Alfred Carpionato	President	1414 Atwood Avenue, Johnston, RI 02919
Alfred Carpionato	Vice President	same
Alfred Carpionato	Secretary	same
Alfred Carpionato	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--PAID	No Par Value

APR 26 1991

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	---	No Par Value

SECY OF STATF

Dated 3/6/91 19 91

Greene Construction, Inc.  
(Name of Corporation)  
By Alfred Carpionato  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

AT

Corporate ID 0099274 Annual Report for the year 1990

FIRST: The name of the corporation is Greene Construction, Inc.

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Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Alfred Carpionato	President	1414 Atwood Avenue, Johnston, RI 02919
Philip H. Hayden	Vice President	same
Alfred Carpionato	Secretary	1414 Atwood Avenue, Johnston, RI 02919
Alfred Carpionato	Treasurer	1414 Atwood Avenue, Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	PAID MAR 16 1990	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	SEC'Y OF STATE ----	No Par Value

Dated 3/14/90 19 90

Greene Construction, Inc.  
(Name of Corporation)

By Alfred Carpionato  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

Corporate ID 0039274 Annual Report for the year 1989

FIRST: The name of the corporation is Greene Construction, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general contracting

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI 02919

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Alfred Carpionato	President	1414 Atwood Avenue, Johnston, RI 02919
Philip H. Hayden	Vice President	same
Angelo R. Marocco	Secretary	105 Sockanosset Cross Road, Cranston, RI 02920
Alfred Carpionato	Treasurer	1414 Atwood Avenue, Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	---	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	---	No Par Value

APR 03 1989  
RECORDED

Dated March 10, 19 89

GREENE CONSTRUCTION, INC.  
(Name of Corporation)  
By Alfred Carpionato  
ALFRED CARPIONATO  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

*D.P.*

Corporate ID 3927A Annual Report for the year 1988

FIRST: The name of the corporation is Greene Construction, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general contracting

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI 02919

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Alfred Carpionato	President	1414 Atwood Avenue, Johnston RI 02919
" "	Vice President	same 02920
Angelo R. Marocco	Secretary	105 Sockanosset Cross Road, Cranston, RI
Alfred Carpionato	Treasurer	1414 Atwood Ave., Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	---	No Par Value

**PAID**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	---	No Par Value

MAR 28 1988

SECY OF STATE

Dated February 5, 19 88

\_\_\_\_\_  
 (Name of Corporation)  
 By: Alfred Carpionato  
 Title: President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....39274..... Annual Report for the year ....1987.....

FIRST: The name of the corporation is.....Greene Construction, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is...general contracting.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, Rhode Island 02919

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Alfred Carpionato	President	1414 Atwood Avenue, Johnston, RI 02919
" "	Vice President	" " " " " "
Angelo R. Marocco	Secretary	105 Sockanosset Cross Road, Cranston, RI 02920
Guilio DeAngelis	Treasurer	36 Indian Trail, Cranston, RI 02920

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	---	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	---	No Par Value

Dated Feb 1, 1987 19 87

(Report must be signed by an officer)

04/01/87 PAID

APR 29 1987

CHEK 0301A001

15.00

Greene Construction, Inc.

(Name of Corporation)

By Alfred Carpionato  
Alfred Carpionato  
President