



**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. 70675		2. Name of Corporation MICHAEL LAFLAMME CONTRACTOR, INC.			
3. Street Address Principal Business Office 19 Robbins Drive			City Barrington	State RI	Zip 02806
4. Business Phone No. 245-8582		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN GENERAL CONTRACTING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Laflamme			Vice President Name Kathy Laflamme		
Street Address 19 Robbins Drive			Street Address 19 Robbins Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Michael Laflamme			Treasurer Name Michael Laflamme		
Street Address 19 Robbins Drive			Street Address 19 Robbins Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Laflamme			Director Name None		
Street Address 19 Robbins Drive			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
600 NO PAR VALUE			100	Common	No Par Value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value

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



File Date 2-2-05  
Check No. 5593  
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]  
Signature of Officer  
Michael Laflamme, President  
Date [Date]

[Signature]  
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. <b>70675</b>		2. Name of Corporation <b>MICHAEL LAFLAMME CONTRACTOR, INC.</b>			
3. Street Address Principal Business Office <b>19 Robbins Drive</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
4. Business Phone No. <b>401-245-8582</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>TO ENGAGE IN 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>Michael LaFlamme</b>			Vice President Name <b>Kathy LaFlamme</b>		
Street Address <b>19 Robbins Drive</b>			Street Address <b>19 Robbins Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Michael LaFlamme</b>			Treasurer Name <b>Michael LaFlamme</b>		
Street Address <b>19 Robbins Drive</b>			Street Address <b>19 Robbins Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Michael LaFlamme</b>			Director Name <b>none</b>		
Street Address <b>19 Robbins Drive</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	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) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 NO PAR VALUE</b>	<b>Common</b>		<b>100</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



\* 7 0 6 7 5 \*

File Date **RECEIVED**  
Check No. **JAN 22 2004**  
By: **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]*  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**MICHAEL LAFLAMME**  
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. **70675** 2. Name of Corporation **MICHAEL LAFLAMME CONTRACTOR, INC.**  
3. Street Address Principal Business Office **19 Robbins Drive** City **Barrington** State **RI** Zip **02806**  
4. Business Phone No. **245-8582** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**  
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>Micahel LaFlamme</b>	Vice President Name <b>Kathy LaFlamme</b>
Street Address <b>19 Robbins Drive</b>	Street Address <b>19 Robbins Drive</b>
City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>
Secretary Name <b>Michael LaFlamme</b>	Treasurer Name <b>Michael LaFlamme</b>
Street Address <b>19 Robbins Drive</b>	Street Address <b>19 Robbins Drive</b>
City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>

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

Director Name <b>Michael LaFlamme</b>	Director Name <b>None</b>
Street Address <b>19 Robbins Drive</b>	Street Address
City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	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	Number of Shares	Class/Series	Par Value
	<b>600 NO PAR VALUE</b>		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</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



\* 7 0 6 7 5 \*

File Date: 2/13/03  
Check No.: 4829  
By: JW

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

*Michael LaFlamme*  
Signature of Officer \_\_\_\_\_ Date 2/13/03  
**Michael LaFlamme, President**  
Print or Type Name 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. **70675** 2. Name of Corporation **MICHAEL LAFLAMME CONTRACTOR, INC.**  
3. Street Address Principal Business Office **19 Robbins Drive** City **Barrington** State **RI** Zip **02806**  
4. Business Phone No. **245-8582** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**  
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>Michael LaFlamme</b> Street Address <b>19 Robbins Drive</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	Vice President Name <b>Kathy LaFlamme</b> Street Address <b>19 Robbins Drive</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>
Secretary Name <b>Michael LaFlamme</b> Street Address <b>19 Robbins Drive</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	Treasurer Name <b>Michael LaFlamme</b> Street Address <b>19 Robbins Drive</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>

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

Director Name <b>Michael LaFlamme</b> Street Address <b>19 Robbins Drive</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	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 (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
<b>600 NO PAR VALUE</b>			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
<b>100</b>	<b>100</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



\* 7 0 6 7 5 \*

File Date: 2-26-02  
Check No.: 4500  
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] Date 2/1/02  
Signature of Officer  
**Michael LaFlamme, President**  
Print or Type Name 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. **70675** 2. Name of Corporation **MICHAEL LAFLAMME CONTRACTOR, INC.**  
3. Street Address Principal Business Office **19 Robbins Drive** City **Barrington** State **RI** Zip **02806**  
4. Business Phone No. **245-8582** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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>Michael LaFlamme</b>	Vice President Name <b>Kathy LaFlamme</b>
Street Address <b>19 Robbins Drive</b>	Street Address <b>19 Robbins Drive</b>
City State Zip <b>Barrington RI 02806</b>	City State Zip <b>Barrington RI 02806</b>
Secretary Name <b>Michael LaFlamme</b>	Treasurer Name <b>Michael LaFlamme</b>
Street Address <b>19 Robbins Drive</b>	Street Address <b>19 Robbins Drive</b>
City State Zip <b>Barrington RI 02806</b>	City State Zip <b>Barrington RI 02806</b>

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

Director Name <b>Michael LaFlamme</b>	Director Name <b>None</b>
Street Address <b>19 Robbins Drive</b>	Street Address
City State Zip <b>Barrington RI 02806</b>	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  
Number of Shares Class/Series Par Value  
**600 SHS NO PAR VALUE**

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

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

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



\* 7 0 6 7 5 \*

File Date: 1/29

Check No.: 4136

By: Michael LaFlamme

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.

Michael LaFlamme 01/29/01  
Signature of Officer Date  
**Michael LaFlamme, President**  
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. **70675** 2. Name of Corporation **MICHAEL LAFLAMME CONTRACTOR, INC.**  
3. Street Address Principal Business Office **19 ROBBINS DRIVE** City **BARRINGTON** State **R. I.** Zip **02806**  
4. Business Phone No. **(401) 245-8582** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**  
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>MICHAEL LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City <b>BARRINGTON</b> State <b>R. I.</b> Zip <b>02806</b>	Vice President Name <b>KATHY LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City <b>BARRINGTON</b> State <b>R. I.</b> Zip <b>02806</b>
Secretary Name <b>MICHAEL LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City <b>BARRINGTON</b> State <b>R. I.</b> Zip <b>02806</b>	Treasurer Name <b>MICHAEL LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City <b>BARRINGTON</b> State <b>R. I.</b> Zip <b>02806</b>

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

Director Name <b>MICHAEL LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City <b>BARRINGTON</b> State <b>R. I.</b> Zip <b>02806</b>	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 (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
600 SHS NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON	NO PAR VALUE

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



\* 7 0 6 7 5 \*

2/17/00

File Date: \_\_\_\_\_

Check No.: 3759

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] 2/15/00  
Signature of Officer Date

**MICHAEL LAFLAMME**  
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>70675</b>		2. Name of Corporation <b>MICHAEL LAFLAMME CONTRACTOR, INC.</b>	
3. Street Address Principal Business Office <b>19 ROBBINS DRIVE</b>		City <b>BARRINGTON</b>	State <b>RI</b>
4. Business Phone No. <b>401-245-8582</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>GENERAL CONTRACTING</b>			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>MICHAEL LAFLAMME</b>		Vice President Name <b>KATHY LAFLAMME</b>	
Street Address <b>19 ROBBINS DRIVE</b>		Street Address <b>19 ROBBINS DRIVE</b>	
City <b>BARRINGTON</b>	State <b>RI</b>	City <b>BARRINGTON</b>	State <b>RI</b>
Zip <b>02806</b>		Zip <b>02806</b>	
Secretary Name <b>MICHAEL LAFLAMME</b>		Treasurer Name <b>MICHAEL LAFLAMME</b>	
Street Address <b>19 ROBBINS DRIVE</b>		Street Address <b>19 ROBBINS DRIVE</b>	
City <b>BARRINGTON</b>	State <b>RI</b>	City <b>BARRINGTON</b>	State <b>RI</b>
Zip <b>02806</b>		Zip <b>02806</b>	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>MICHAEL LAFLAMME</b>		Director Name <b>NONE</b>	
Street Address <b>19 ROBBINS DRIVE</b>		Street Address <b>NONE</b>	
City <b>BARRINGTON</b>	State <b>RI</b>	City <b>NONE</b>	State <b>NONE</b>
Zip <b>02806</b>		Zip <b>NONE</b>	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address <b>NONE</b>		Street Address <b>NONE</b>	
City <b>NONE</b>	State <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>
Zip <b>NONE</b>		Zip <b>NONE</b>	
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>		<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>600 SHS NO PAR VALUE</b>		<b>100</b>	<b>COMMON</b>
Par Value		Par Value	<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: Jan 27, 99  
Check No.: 02267  
By: JD

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  
**MICHAEL LAFLAMME**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



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

**1998**



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70675** 2. Name of Corporation **MICHAEL LAFLAMME CONTRACTOR, INC.** State **RI** Zip **02806**  
3. Street Address **19 ROBBINS DRIVE** City **BARRINGTON** State **RI** Zip **02806**  
4. Business Phone No. **(401) 245-8582** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**  
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>MICHAEL LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City State Zip <b>BARRINGTON RI 02806</b> Secretary Name <b>MICHAEL LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City State Zip <b>BARRINGTON RI 02806</b>	Vice President Name <b>MICHAEL LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City State Zip <b>BARRINGTON RI 02806</b> Treasurer Name <b>MICHAEL LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City State Zip <b>BARRINGTON RI 02806</b>
--	---

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

Director Name <b>MICHAEL LAFLAMME</b> Street Address <b>19 ROBBINS DRIVE</b> City State Zip <b>BARRINGTON RI 02806</b>	Director Name <b>NONE</b> Street Address <b>NONE</b> City State Zip <b>NONE</b>
---	--

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Class/Series	Par Value
<b>100</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: **3-2-98**  
Check No.: **2902**  
By: **wp**

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.

*Michael Laflamme* 1/23/98  
Signature of Officer Date  
**MICHAEL LAFLAMME**  
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. **70675** 2. Name of Corporation **MICHAEL LAFLAMME CONTRACTOR, INC.**

3. Street Address Principal Business Office **19 ROBBINS DRIVE** City **BARRINGTON** State **R. I.** Zip **02806**

4. Business Phone No. **(401) 245-8582** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

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>MICHAEL LAFLAMME</b>	Vice President Name <b>MICHAEL LAFLAMME</b>
Street Address <b>19 ROBBINS DRIVE</b>	Street Address <b>19 ROBBINS DRIVE</b>
City State Zip <b>BARRINGTON R. I. 02806</b>	City State Zip <b>BARRINGTON R. I. 02806</b>
Secretary Name <b>MICHAEL LAFLAMME</b>	Treasurer Name <b>MICHAEL LAFLAMME</b>
Street Address <b>19 ROBBINS DRIVE</b>	Street Address <b>19 ROBBINS DRIVE</b>
City State Zip <b>BARRINGTON R. I. 02806</b>	City State Zip <b>BARRINGTON R. I. 02806</b>

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

Director Name <b>MICHAEL LAFLAMME</b>	Director Name <b>NONE</b>
Street Address <b>19 ROBBINS DRIVE</b>	Street Address
City State Zip <b>BARRINGTON R. I. 02806</b>	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 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>600 SHS</b>	<b>NO PAR VALUE</b>		<b>100</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: 2/3/97

Check No.: 02579

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 of Officer [Signature] Date 1/20/97

**MICHAEL LAFLAMME**

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 70675		2. NAME OF CORPORATION MICHAEL LAFLAMME CONTRACTOR, INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2 RIVER OAK ROAD		CITY BARRINGTON	STATE RI	ZIP CODE 02806
4. BUSINESS PHONE NO. (401) 245-8582		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 0034
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND GENERAL CONTRACTING				

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME MICHAEL LAFLAMME			VICE PRESIDENT NAME MICHAEL LAFLAMME		
STREET ADDRESS 2 RIVER OAK ROAD			STREET ADDRESS 2 RIVER OAK ROAD		
CITY BARRINGTON	STATE RI	ZIP CODE 02806	CITY BARRINGTON	STATE RI	ZIP CODE 02806
SECRETARY NAME MICHAEL LAFLAMME			TREASURER NAME MICHAEL LAFLAMME		
STREET ADDRESS 2 RIVER OAK ROAD			STREET ADDRESS 2 RIVER OAK ROAD		
CITY BARRINGTON	STATE RI	ZIP CODE 02806	CITY BARRINGTON	STATE RI	ZIP CODE 02806

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME MICHAEL LAFLAMME			DIRECTOR NAME NONE		
STREET ADDRESS 2 RIVER OAK ROAD			STREET ADDRESS NONE		
CITY BARRINGTON	STATE RI	ZIP CODE 02806	CITY NONE	STATE NONE	ZIP CODE NONE
DIRECTOR NAME NONE			DIRECTOR NAME NONE		
STREET ADDRESS NONE			STREET ADDRESS NONE		
CITY NONE	STATE NONE	ZIP CODE NONE	CITY NONE	STATE NONE	ZIP CODE NONE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VALUE		100	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.

File Date: 2/5/96  
Check No: 7201  
By: [Signature]  
For Secretary of State Use Only

[Signature]  
Signature of Officer  
MICHAEL LAFLAMME  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer  
1/15/96  
Date

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

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

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

Corporate ID: 0070675 Annual Report for the year: 1995  
 Name of Corporation: MICHAEL LAFLAMME CONTRACTOR, INC.

Business entity organized under the laws of the State of: RHODE ISLAND  
 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 Corp. (See RIGL Chapter 7-5.1)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

GENERAL CONTRACTING

2 RIVER OAK ROAD  
 BARRINGTON, RI 02806  
 (401) 245-8582

Phone: \_\_\_\_\_

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
MICHAEL LAFLAMME	2 RIVER OAK ROAD, BARRINGTON, RI	02806	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
MICHAEL LAFLAMME	2 RIVER OAK ROAD, BARRINGTON, RI	02806	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
MICHAEL LAFLAMME	2 RIVER OAK ROAD, BARRINGTON, RI	02806	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
MICHAEL LAFLAMME	2 RIVER OAK ROAD, BARRINGTON, RI	02806	

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
MICHAEL LAFLAMME	2 RIVER OAK ROAD, BARRINGTON, RI	02806	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED		NUMBER OF SHARES ISSUED AND OUTSTANDING	
Number of Shares	Class/Series	Number of Shares	Class/Series
600	COMMON	100	COMMON

Date: 1/15 5 1995

By: Michael Laflamme  
Michael Laflamme  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 PRESIDENT  
 TITLE OF OFFICER SIGNING

FFS 14 1995  
 1889

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

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

Corporate ID:0070675

Annual Report for the year: 1994

MICHAEL LAFLAMME CONTRACTOR, INC.

Name of Business Entity:

Business entity organized under the laws of the State of RHODE ISLAND
Federal Taxpayer Identification Number:

Business Entity is (check one):

- [X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corp (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

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

Name, title and mailing address of contact person to whom communications may be directed

MILTON S SLEPKOW, ESQUIRE

1481 WAMPANOAG TRAIL

EAST PROVIDENCE, RI 02915

Phone

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

2 RIVER OAK ROAD

BARRINGTON, RI 02806

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

GENERAL CONTRACTING

Phone 1-401-245-8582

Date of Organization: JANUARY 1, 1993

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

THE NAMES OF THE OFFICERS ARE:

Table with 4 columns: Officer Role, Name, Street Address, City/State, Zip Code. Lists Michael Laflamme as Chief Executive Officer, Chief Operating Officer, Custodian of Records, and Chief Financial Officer.

THE NAMES OF THE DIRECTORS ARE:

Table with 4 columns: Name, Street Address, City/State, Zip Code. Lists Michael Laflamme as a Director.

Table with 4 columns: Number of Shares Authorized, Class, Series, Par Value or Without Par. Lists 600 common shares with no par value.

Date: 2/11, 1994

Signature of Michael Laflamme

PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or resident agent, Form 9 or Form LLC3 must be filed.

FEB 16 1994

Handwritten signature/initials