

### 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

	Office	eral Contracting, Inc	City	State	T =	
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Dr. strang Discoura St.	60 Sachem Road			n RI	02852	
	Busines Phone No. 5 State of Incorporation				G SIC Code	
401-925-3563		RHODE ISLAN	<u> </u>		59	
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60 Sachem Ro	ad					
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No, Kingstow	n RI	02852				
cretary Name			Treasurer Name			
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NAMES AND ADDRESSE	 S OF THE DIREC	TORS: ("X" ROX FOR.	: <i>attachment</i> ) □ fill in	SPACES BEFORE USI	 NG ATTACHMENTS	
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None	<del></del>		Street Address	<u>_</u>	·	
<i>l!</i> )	State	Zip	Cuy	State	Ζιρ	
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vestor Name			Director Name			
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D. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	 'X" BOX FOR ATTACH	 IMENT) [	
umber of Shares	Glass/series	Par Value	Number of Shares	Class Series	Par Value	
500 COMM \$1.00 PAR VALUE			100	Common	\$1.00	
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Fde Date Check No. 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

Scott R. Mauro Print or Type Name of Officer

President

Tale of Officer



# 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

iung Perioa: January I - M FORM MUST BE TYPED OR PRIN		ng rec: \$50.00					
Corporate ID No	2. Name of Corporation	วม	<del></del>		<u> </u>		
110478	Prime Genera	I Contracting, Inc					
Street Address Principal Business Office			City	State	Zip		
60 Sachem Road			No. Kingstown	RI	02852		
Business Phone No.		5. State of Incorporation	,		6. SIC Code		
401-925-3563 RHODE ISLAND			D		59		
Brief Description of the Character of PROVIDING GENERAL NAMES AND ADDRESSES	CONTRACTING SE	RVICES THE THE CONS	STRUCTION INDUSTRY.	CES BEFORE USING	G ATTACHMENTS		
esident Name Scott Mauro	Of the Officer	J. ( A BOATORAL	Vice President Name Scott Mauro		(		
rret Address	<u></u>		Street Address				
60 Sachem Road	12		60 Sachem Road	60 Sachem Road			
n No. Kingstown Cretary Name	State RI	02852	No. Kingstown	State RI	7φ 02852		
Scott Mauro			Scott Mauro		1		
rect Address			Street Address		<u></u>		
60 Sachem Road			60 Sachem Road		<del>-</del>		
No. Kingstown	State RI	<i>2tp</i> 02852	cuy No. Kingstown	State RI	<i>Σφ</i> 02852		
NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR A	• —	ACES BEFORE USI	NG ATTACHMENTS		
rector Name			Director Name				
None None			Street Address				
and the second second							
/ty	State	Zip	City	State	Z(p		
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rector Name None			Director Name None				
net Address			Street Address				
ty	State	Ztp	City	State	Zip		
D. SHARES AUTHORIZED	 ("X" BOX FOR AT	 TACHMENT) []	11. SHARES ISSUED ("X"	BOX FOR ATTACE	 IMENT)		
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500 COMM \$1.00 PAR VAL	UE		100	Common	\$1.00		
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This report must be s	igned in ink by ei	ther the President, Vice	President, Secretary, Assistant S	ecretary, Treasurer,	Receiver or Trustee		
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ile Date J. J. C.	()4		D. ATT	May 169	1/29/1		
ile Date 0 0 5	× 1	-	Signature of Officer	y www.	Date		
Check No							
			Scott Mauro	G			
By:			Print or Type Name of Off	icer			
FOR SECRETARY OF STATE LISE ONLY			President				
FOR SECRETARY OF STATE USE ONLY			Title of Officer				

Due 3/1

Edward S. Inman, III. Secretary of State
Corporations Division
North Main Street, Providence, RI 02903-1335

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

STOP PLEASE READ INSTRUCTIONS

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(FORM MUST BE TYPED OR PR					
1. Corporate ID No.	2. Name of Corpora				: [
110478		ral Contracting, Inc		_	
3. Street Address Principal Busin			City	State	7.ip
60 Sachem R	oad		No. Kingstown	RI	02852 j
4. Business Phone No.		5. State of Incorporation			6 SIC Code
401 <del>-</del> 925-356		RHODE ISLAND	1		59 ι
7. Brief Description of the Chara					,
		mercial Buildings			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC		FORE USING ATTAC	HMENTS
President Name			Vice President Name		
Scott Mauro	1		Scott Mauro		
Street Address			Street Address		
60 Sachem R	toad		60 Sachem Road		
City	State	Zip	City	State	Zip
No. Kingsto	wn RI	02852	No. Kingstown	RI	02852
Secretary Name			Treasurer Name		
Scott Mauro	)		Scott Mauro		
Street Address			Street Address		
60 Sachem R	toad		60 Sachem Road		
City	State	Ζιρ	City	State	Zip
No. Kingsot	wn RI	02852	No. Kingstown	RI	02852
<del>_</del>		ECTORS ("X" BOX FOR ATI	FACHMENT) FILL IN SPACES I	BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	2 ip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Steet Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	7FD ("X" ROX FOR AT	"ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT	')
AUTHORIZED SHARES	ELD ( A BOM FOR MI	//////////////////////////////////////	ISSUED SHARES		
Number of Shares Class/Series Par Value		Number of Shares	Class/Series	Par Value	
			·		
500 COMM \$1.00 PAR VALUE			100	Common	\$1.00

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

Title of Officer

of ≥ 5

	* 1 1 0 4 7 8 *				
File Date:	<u> 2/25/03</u> _				
Check No.:					
ByFOR SECRETARY OF	STATE HISE ONLY				

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

Signature of Officer		Date	
Scott Mauro			
Print or Type Name of Officer	-		
President			

Form 630 12/02



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 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASURIAD INSTRUCTIONS

FORM MUST BE TYPED II	N BLACK)				
1 Corporate ID No.	2 Name of Corpor	ation			
110478	Prime Gene	eral Contracting, Inc			
3 Street Address Principal Bu	siness Office		City	Stric	Zip
60 Sachem	Road		No. Kingsto	wn RI	02852
4 Business Phone No		5. State of Incorporati	เมา		6. SIC Code
401-925-35	563	RHODE ISLA	ND		59
7. Brief Description of the Ch					
		mmercial Buildin			
	RESSES OF THE OFF	ICERS ("X" BOX FOR AT		S BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Scott Maur	ro		Scott Mauro		
Street Address	D		Street Address	and	
60 Sachem			60 Sachem R		
Cay	State	2φ 00050	City No. Winneste	State	Zip 00050
No. Kingst	town RI	02852	No. Kingsto	wn RI	02852
Secretary Name			Treasurer Name Scott Mauro		
Scott Mau Street Address	to		Street Address		
60 Sachem	Poad		60 Sachem R	റൂർ	
City	State	Zip	City	State	7.p
No. Kingst		02852	No. Kingsto		´'″ 02852
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FOR A	ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
None			None		
Street Address			Street Address		
Ci <b>t</b> y	State	Zip	City	State	Zip
Ducctor Name			DY and Maria		
			Director Name		
None Street Address			None Street Address		
and America			secre Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN:	r)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM \$1.00 PAI	R VALUE				
			100	Common	\$1.00

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



File Date: 2/14/02

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

Last Marro \_ 2/13/0.

Scott Mauro
Print or Type Name of Officer

President

Title of Officer

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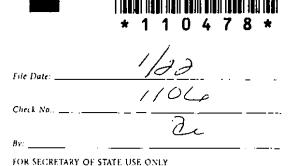
Filing Period: January 1-March 1 • Filing Fee: \$50.00

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

(FORM MUST BE TYPED IN BLACK) 1. Corporate 11 0478 <sup>2</sup>Prime General Contracting, Inc 3. Street Address Principal Business Office RI 02852 60 Sachem Road No. Kingstown 4. Business Phone No. S SHODE TSLAND 0059 401-925-3563 7. Brief Description of the Character of Business Conducted in Rhode Island General Contractor of Commercial Buildings 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Scott Mauro Scott Mauro Street Address Street Address 60 Sachem Road 60 Sachem Road State 02852 RI 02852 No. Kingstown RI No. Kingstown Secretary Name Treasurer Name Soctt Mauro Scott Mauro Street Address Street Address 60 Sachem Road 60 Sachem Road City State City Zip 02852 02852 RI No. Kingstown RI No. Kingstown 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address City State City  $Z_{ip}$ Director Name Director Name None None Street Address Street Address City State City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ALTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 500 COMM \$1.00 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

Common

\$1.00

Scott Mauro Print or Type Name of Officer

President

Title of Officer

100