



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 South Main Street
Providence, RI 02903-1355
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 OR PRINTED IN BLACK)

| | | | | | |
|--|--------------|--|---|--------------|-------------------|
| 1. Corporate ID No. 110478 | | 2. Name of Corporation Prime General Contracting, Inc | | | |
| 3. Street Address Principal Business Office 60 Sachem Road | | | City No. Kingstown | State RI | Zip 02852 |
| 4. Business Phone No. 401-925-3563 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 59 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING GENERAL CONTRACTING SERVICES THE THE CONSTRUCTION INDUSTRY. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Scott R. Mauro | | | Vice President Name Same | | |
| Street Address 60 Sachem Road | | | Street Address | | |
| City No. Kingstown | State RI | Zip 02852 | City | State | Zip |
| Secretary Name Same | | | Treasurer Name Same | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name None | | | 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 |
| 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



| | |
|---------------------------------|-------------|
| File Date | 2-23-05 |
| Check No. | 2734 |
| 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
Scott R. Mauro
Print or Type Name of Officer
President
Title 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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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| 3. Street Address Principal Business Office 60 Sachem Road | | | City No. Kingstown | State RI | Zip 02852 |
| 4. Business Phone No. 401-925-3563 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 59 |
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| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Scott Mauro | | | Vice President Name Scott Mauro | | |
| Street Address 60 Sachem Road | | | Street Address 60 Sachem Road | | |
| City No. Kingstown | State RI | Zip 02852 | City No. Kingstown | State RI | Zip 02852 |
| Secretary Name Scott Mauro | | | Treasurer Name Scott Mauro | | |
| Street Address 60 Sachem Road | | | Street Address 60 Sachem Road | | |
| City No. Kingstown | State RI | Zip 02852 | City No. Kingstown | State RI | Zip 02852 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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"/> | | | 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 |
| 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



* 1 1 0 4 7 8 *

File Date 2-25-04
Check No. 2306
By: 100

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 Mauro Date 1/29/04

Print or Type Name of Officer
Scott Mauro
President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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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. **110478** 2. Name of Corporation **Prime General Contracting, Inc**

3. Street Address Principal Business Office **60 Sachem Road** City **No. Kingstown** State **RI** Zip **02852**
4. Business Phone No. **401-925-3563** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **59**

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 Scott Mauro | Vice President Name Scott Mauro |
| Street Address 60 Sachem Road | Street Address 60 Sachem Road |
| City No. Kingstown State RI Zip 02852 | City No. Kingstown State RI Zip 02852 |
| Secretary Name Scott Mauro | Treasurer Name Scott Mauro |
| Street Address 60 Sachem Road | Street Address 60 Sachem Road |
| City No. Kingsotwn State RI Zip 02852 | City No. Kingstown State RI Zip 02852 |

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

| | |
|------------------------------|------------------------------|
| Director Name None | Director Name None |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |
| Director Name None | Director Name None |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



* 1 1 0 4 7 8 *

File Date: 2/25/03

Check No.: 1870

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 2/12/03

Scott Mauro
Print or Type Name of Officer

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

110478

Prime General Contracting, Inc

3. Street Address Principal Business Office

60 Sachem Road

City

No. Kingstown

State

RI

Zip

02852

4. Business Phone No

401-925-3563

5. State of Incorporation

RHODE ISLAND

6. SIC Code

59

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

Scott Mauro

Street Address

60 Sachem Road

City

No. Kingstown

State

RI

Zip

02852

Secretary Name

Scott Mauro

Street Address

60 Sachem Road

City

No. Kingstown

State

RI

Zip

02852

Vice President Name

Scott Mauro

Street Address

60 Sachem Road

City

No. Kingstown

State

RI

Zip

02852

Treasurer Name

Scott Mauro

Street Address

60 Sachem Road

City

No. Kingstown

State

RI

Zip

02852

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 1 1 0 4 7 8 *

File Date: 2/14/02

Check No.: 1413

By: BS

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

Scott Mauro 2/13/02
Signature of Officer Date

Scott Mauro
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



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. **110478** 2. Name of Corporation **Prime General Contracting, Inc**
3. Street Address Principal Business Office City State Zip
60 Sachem Road No. Kingstown RI 02852
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-925-3563 RHODE ISLAND 0059

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 | Scott Mauro | Vice President Name | Scott Mauro |
| Street Address | 60 Sachem Road | Street Address | 60 Sachem Road |
| City State Zip | No. Kingstown RI 02852 | City State Zip | No. Kingstown RI 02852 |
| Secretary Name | Scott Mauro | Treasurer Name | Scott Mauro |
| Street Address | 60 Sachem Road | Street Address | 60 Sachem Road |
| City State Zip | No. Kingstown RI 02852 | City State Zip | No. Kingstown RI 02852 |

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

| | | | |
|----------------|------|----------------|------|
| Director Name | None | Director Name | None |
| Street Address | | Street Address | |
| City State Zip | | 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)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



* 1 1 0 4 7 8 *

File Date: 1/22

Check No.: 1106

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] 1/22/01
Signature of Officer Date

Scott Mauro

Print or Type Name of Officer

President

Title of Officer