

FOR SECRETARY OF STATE USE ONLY

Corporations Du isvən 100 North Maan Street Providence, RI 02903-1335 401 222 3040

PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2005
illing Period: January 1 - March 1 💎 🔹	Filing Fee: \$50.00	

(FORM MUST BE TYPED OR PRI	NTED IN BIACK)				
1 Corporate ID No 76476	2 Name of Corporation FREEPORT GEN	ERAL CONTRACTING	S, INC.		
3 Street Address Principal Business 8 Remington S			North Providence	Rhode Island	^{Zφ} 02904
4 Business Phone No. (401) 727-045	5	S State of Incorporation RHODE ISLAND			6 MC Gode 18
7 Brief De PROVIDE GENERA	L'CONTRACTING AND	MAINTAINENCE SERV	ICES TOTHE GENERAL PUBLIC		•
8. NAMES AND ADDRESSE President Name Kenneth L. Bo	S OF THE OFFICERS:			CES BEFORE USING A	TTACHMENTS
Street Address 151 Angell Ro	ad	_ · · · · · · ·	Street Address 151 Old Jenckes	Hill Road	
City Lincoln Secretary Name	Rhode Island	Σφ 02865	Cay Lincoln treasurer Name	Rhode Island	Zφ 02865
Kenneth L. Bo	stic		Kenneth L. Bos	tic	
Street Address 151 Angel 1 Ro	ad		Street Address 151 Angell Road	d	
Cincoln Lincoln	Rhode Island		αη Lincoln	State Rhode Island	<i>zφ</i> 02865
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTORS	S: ("X" BOX FOR AT	TTACHMENT) [] FILL IN SI Director Name	PACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
Cur	State	Zip	City	State	Zψ
Director Name		J	Director Name	.,	
Street Address		<u>.</u>	Street Address		· · ·
Cin	State	Zip	Cuy	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	ACHMENT) [11. SHARES ISSUED ("X"	" BOX FOR ATTACHM: ,	ENT)
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VAL	.UE 		1,000	Common	No Par
This cannot must be		andra Danidant Mina	Daniel Constant A interest		Tourism of Tourism
t ins report must be	isigned in the by citho If Issus suri sisii issus s	er the President, vice	President, Secretary, Assistant S	Secretary, Treasurer, Re	ceiver or Trustee
		 		 I declare and affirm that sying schedules and statem e and correct. 	ents, and that all statem
File Date					1-25-05
Check No.	26-05 341 De		Signature of Officer	c+ic	Date
	i —		Kenneth L. Bo Print or Type Name of Of		<u> </u>
By:	-	_	President	μιει	
			i i ca i deli c		

Title of Officer



Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 76476 FREEPORT GENERAL CONTRACTING, INC. 3. Street Address Principal Business Office City Sate 7ip 8 REMINGTON STREET NORTH PROVIDENCE RI 02904 -4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017270455 RHODE ISLAND 18 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE GENERAL CONTRACTING AND MAINTAINENCE SERVICES TOTHE GENERAL PUBLIC. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL, IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Kenneth L. Bostic . Kenneth A. Bostic Street Address Street Address 151 Angell Road - 151 Old Jenckes Hill Road Zıp City State City Sate Zip Lincoln RI 02865 Lincoln RI 02865 Secretary Name Treasurer Name Kenneth L. Bostic Kenneth L. Bostic Street Address Street Address 151 Angell Road .151 Angell Road City State Zip City State Zip Lincoln RI 02865 .Lincoln RΙ 02865 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 Sireei Address Street Address City State Ciry Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 8.000 COMM NO PAR VALUE 1,000 Common No Par 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. *76476 DBC 01/22/04 04:07:34 PM* File Date

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

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

FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

76476

FREEPORT GENERAL CONTRACTING, INC.

3 Street Address Principal Business Office

State

Zip

8 Remington Street 4. Rusiness Phone No.

5. State of Incorporation

RI

02904 6. SIC Code

(401) 727-0455

RHODE ISLAND

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

City

Vice President Name

Kenneth L. Bostic

Street Address

151 Angell Road

Kenneth L. Bostic

151 Angell Road

State

Zip

151 Old Jenckes Hill Road

tate

 Z_{1p}

Tancoln Secretary Name

R.I.

02865

Lincoln Treasurer Name

Street Address

R.I.

02865

Kenneth L. Bostic

Kenneth A. Bostic

Street Address

151 Angell Road

North Providence

City

None

None

Street Address

02865

Lincoln

R.I.

02865

Lincoln R.I.

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

Director Name Director Name

None

Street Address

None

Director Name

None

None

City

State

Zip

None

Director Name

Street Address

Citie

None Street Address

None

City

State

State

Zip

Zip

Street Address None

City

State

210

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

None

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

None

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

8,000 COMM NO PAR VALUE

1,000

Common

No Par

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



File Date

FOR SECRETARY OF STATE USE ONLY



President Ditle of Officer s دهريب

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

Structure of Officer

Kenneth L. Bostic Print or Type Name of Officer

Faun 630 12/02



401-222-3040

FORM MUST BE TYPED IN BLA	ick)				
1 Corporate ID No	2. Name of Corporati	เอม			
76476	FREEPORT (GENERAL CONTRACTING,	INC.		
3 Street Address Principal Business		- ,	City	State	Zip
8 Remington St	reet		North Providence	R.I.	02904
4 Business Phone No.		5. State of Incorporation			6. MC Code
(401) 727–0455 7 Brief Description of the Characte.		RHODE ISLAND Rhode Island			18
General Contra	cting				
8. NAMES AND ADDRES President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	HMENTS
Kenneth L. Bos	tic		Kenneth A. Bos	tic	
151 Angell Roa	ıd		151 Old Jencke	s Hill Road	
City	State	Zip	City	State	Zip
Lincoln Secretary Name	R. I.	02865	Lincoln Ircusurer Name	R. Ţ.	02865
Kenneth L. Bos	tic		Kenneth L. Bos	tic	
151 Angell Roa	d		151 Angell Roa	ď	
Lincoln	R. I.	^{Zip} 02865	Lincoln	State R. I.	^{2ip} 02865
9. NAMES AND ADDRES Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
None			None		
Street Address None			Street Address None		
City .	State	Zip	City	State	Zip
None	•		None		
Director Name			Director Name		
None			None		
Street Address			Street Address None		
None City	State	7.0		Leve.	4 -
Non e	211111	Zıp	None None	State	Lip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED CX	BOX FOR ATTACHMENT	
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Day 1/at-
8,000 COMM NO PAR VA		res sinat		Cany stits	Par Value
CIOON COMM NO FAR YA	LUL		1,000	Common	No Par

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



File Date. 2-4-02

FOR SECRETARY OF STATE USF ONLY

FREEPORT GENERAL CONTRACTING, BY: Signature of Officer Kenneth L. Bostic Print or Type Name of Officer President Title of Officer

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.

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)

76476	FREEPORT GEN	IERAL CONTRACTI	NG, INC.		
. Street Address Principal Busines 8 REMINGTON STE . Business Phone No.	••	5 State of Incorporation	NORTH PROVIDENCE	RHODE ISLAND	zię 02904 6 sic ⊊gir
(401) 727-0455 Brief Description of the Characte	er of Business Conducted in Rho	RHODE ISLAND de Island			10
GE	ENERAL CONT	RACTING			
. NAMES AND ADDRES	SSES OF THE OFFICER	S ("X" BOX FOR ATTACH!	MENT) FILL IN SPACES BEI Vice President Name	FORE USING ATTACHM	ENTS
Kenneth L. Bost	TIC		KENNETH A. BOSTIC		
treet Address	_		Street Address	Da.a	
151 Angell Roai	D State	Zip	151 OLD JENCKES HI	State	Zip
LINCOLN	RHODE ISLAND	02865	LINCOLN	RHODE ISLAND	02865
ecretary Name			Freasurer Name		
KENNETH L. BOST	TIC		KENNETH L. BOSTIC		
151 ANGELL ROAI	D		151 ANGELL ROAD		
ity	State	Zip	City	State	Zip
LINCOLN NAMES AND ADDRES	RHODE ISLAND	02865	LINCOLN THE INSPACES B	RHODE ISLAND before using attach	02865
rector Name	SSES OF THE DIRECTO	OKJ CZ BOZ POK HIJAC	Director Name	EFORE CSING ATTACK	HV115.413
None			None		
reet Address NONE			Street Address NONE		
ity	State	Zip	City	State	Zip
None	None	None	None	None	None
NONE			Director Name NONE		
treet Address			Street Address		
None			None		
NONE	State NONE	Zip None	None	State None	Zip NONE
0. SHARES AUTHORIZI			11. SHARES ISSUED CX		HOHE
UTHORIZED SHARES			ISSUED SHARES		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PA	R COMMON		100	COMMON	NO PAR

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



File Date:	FILED	
Check No :	MAR_1_3_2001	
Ву:	By (C452)	ند
ECOD SECRETARY	CONSTRUCTION AND THE STREET CONTROL	

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

	3-1-01
Signature of Officer	Date

KENNETH L. BOSTIC

Print or Type Name of Officer PRESIDENT litle of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP P.I.W. & W. AVIII CHOX

(FORM MUST BE TYPED IN BLACK) I Corporate ID No. 2. Name of Corporation 76476 FREEPORT GENERAL CONTRACTING, INC. 3. Street Address Principal Business Office State Zip 151 ANGELL ROAD LINCOLN RI4. Business Phone No. RHODE ISLAND 727-0455 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 Vice President Name KENNETH L. BOSTIC KENNETH A. BOSTIC Street Address Street Address 151 ANGELL ROAD 151 OLD JENCKES HILL ROAD City State City Zip Zip LINCOLN RΤ 02865 RI 02865 LINCOLN Secretary Name Treasurer Name CORA M. BOSTIC KENNETH L. BOSTIC Street Address Street Address 151 ANGELL ROAD 151 ANGELL ROAD City City LINCOLN RI 02865 02865 LINCOLN 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 NONE NONE City Zip State City State Zio None None None None NONE None Director Name Director Name None NONE Street Address Street Address NONE NONE City State Zip City State None None NONE None None NONE 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Senes Par Value Number of Shares Class/Series Par Value 8,000 SHS NO PAR COMMON 100 COMMON NO PAR

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

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	1/20/00
File Date:	
Check No.:	- <u>2043</u>
Ву:	
FOR SECRE	TARY 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.

1-19-00

Signature of Officer Date

KENNETH L. BOSTIC
Print or Type Name of Officer

PRESIDENT_____



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

99 STOP

(FORM MUST BE TYPED IN BLACK) I. Corporate II) No 76476 GENERAL CONTRACTING, INC. 3. Street Address Principal Business Office Zip State RI 02865 151 ANGELL ROAD LINCOLN 4. Business Phone No. RHODE ISLAND 727-0455 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** Vice President Name KENNETH L. BOSTIC Kenneth A. Bostic Street Address 151 ANGELL ROAD 151 OLD JENCKES HILL ROAD Z.Ip Clly 02865 02865 LINCOLN RI RI LINCOLN Secretary Name Treasurer Name CORA M. BOSTIC KENNETH L. BOSTIC Street Address Street Address 151 ANGELL ROAD 151 ANGELL ROAD City RI 02865 RI 02865 LINCOLN LINCOLN 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 Zip State Director Name Director Name Street Address Street Address City State Zip City State Z.ip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) HARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZE) SHARES SHARES Number of Shares Class/Series Inher of Shares Par Value Class/Series Par Value 8,000 SHS NO PAR COMMON 100 COMMON NO PAR

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

	* 7 6 4 7 6 *
File Date:	Leb 19, 99
Check No.:	1793
Ву:	<u> </u>
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, 1 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.

2-5-99

Signature of Officer Date

KENNETH L. BOSTIC

Print or Type Name of Officer

PRESIDENT

Title of Officer

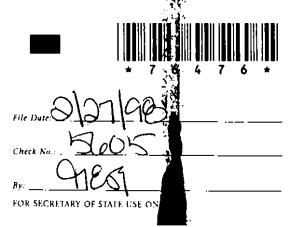


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACE	κ) ·				
1. Corporate ID No.	2. Name of Corporation			•	_
76476	FREEPORT GE	ENERAL CONTRACT	ring, inc.		
3 Street Address Principal Business Of 151 Angell Road	(fice)		cuy Lincoln	State RI	^{Zip} 02865
4 Business Phone No. 727-0455	* 1 * • •	5. State of Incorporation RHODE ISLAND			6. SIC Code 0018
7. Brief Description of the Character of General Contract		ode Island		•	
8. NAMES AND ADDRESSI	ES OF THE OFFICE	RS ("X" BOX FOR ATTACH)	MENT)		
President Name Kenneth L. Bosti	·		Vice President Name Kenneth A.	Bostic	
Street Address 151 Angell Road			Street Address 151 Ange11	Road	
cuy Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865
Secretary Name Cora M. Bostic			Treasurer Name Kenneth L.	Bostic	
Street Address 151 Angell Road	*** ***		Street Address 151 Ange11	Road	
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	02865
9. NAMES AND ADDRESSE	SOF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT)		
Director Name			Director Name		
Street Address	The second secon		Street Address		
Cuy	· State	Zip	City	State	Zip
Director Name	to a		Director Name		
Street Address			Street Address		
City	Stage	Zip	City	State	Zip
10. SHARES AUTHORIZED	\ -	MENT	11. SHARES ISSUED (タ	ve man emeracinament	
AUTHORIZED SHARES	. A por Tok ATTACH	718/17 [/	ISSUED SHARES	DUA FUR ALIAUMENT)	
Number of Shares	Chiss/Series	Par Value	Number of Shares	Class/Series	Par Vulue
8,000 SHS NO PAR CO	NOMMON		200		

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

KENNETH L



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-	March 1	 Filing 	Fee: \$50.00	
(FORM MUST BE TYPED IN BLACK)				
I. Corporate ID No.	2. Name of Corp	oration		



76476	FREEPORT G	ENERAL CONTRAC	TING, INC.		
3. Street Address Principal Busines 151 ANGEL 4. Business Phone No.	L RoAD	5 State of Incorporation	City Liviold	State RI	03865 6 SIC Code
7270455		RHODE ISLAND	1		0018
	(ONTRACT, JG				
8. NAMES AND ADDRE	SSES OF THE OFFICE	ERS ("X" BOX FOR ATTACH!	MENT) Vice President Name	•	
	L. BUSTIC		Kennery	A. BOSTIC	
151 AUGELL	R040		151	AJGell ROAD	
Ciocol ン	State RI	02865	Cay	State R.F	02865
Secretary Name ORA M. Street Address	BOSTI C		Resource Name Kespeth	L. BOST. C	
151 AUG	ELL ROAD		Street Address 151 AV6	ELL ROAD	
City L: UCOL)	State RT	02865	City Liviold	State	02865
9. NAMES AND ADDRE. Director Name	SSES OF THE DIREC	FORS ("X" BOX FOR ATTAC	CHMENT) Director Name		
Street Address			Street Address		
City	State	Ζίρ	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZ.	ED AND ISSUED (*x*	BOX FOR ATTACHMENT)	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR	COMMON		1 500		NPV

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

*	7 6 4 7 6 *
File Date: 2/23/4	72
Check No	<u> </u>
9) <u> </u>	
FOR SECRETARY OF STATE (SE 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.

2/25/97

Signature of Officer

Print or Type Name of Officer

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

ORPORATE IO NO.	2. NAME OF CORPORATION	PLEASE TYPE OF	R PRINT IN BLACK INK.		
76476	FREEPC	DET GENERAL CON	TRACTING, INC.		
TRÉET ADDRESS PRINCIPAL BUSINESS OFFICE		ALL COMBINED COM	OTY	STATE	<i>7</i> 9 000€
51 ANGELL ROAD			LINCOLN	RI	02865
JSINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC CODE
27-0455		RHODE I	SLAND		018
TEF DESCRIPTION OF THE CHARACTER OF BUS	SINESS COMOUCTED IN RHOOE!	ISLAHD			010
ENERAL CONTRACT	ring				
•	B. NA	MES AND ADDI	RESSES OF THE O	FFICERS	
SPDENT NAME			VICE PRESIDENT NAME		
ENNETH L. BOSTI	1 C		KENNETH L. BO	DSTIC	
ET ADDRESS 51 ANGELL ROAD,	TINCOLN	DT 02065	STREET ADDRESS		
	STATE	RI UZBOS	SAME	STATE	ZiP C00€
INCOLN	RI	02865		,	1
RETARY NAME			TREASURER NAME	-	arran di
. JOSEPH D'AMICO			KENNETH L. BO	OSTIC	
15 SMITH STREET			STREET ADDRESS		
	STATE	ZIP CODE	SAME	STATE	72P 0006
ROVIDENCE	RI	02865	1		
CTOR NAME		mes and appl	DIRECTOR NAME	IRECTORS	
) Since i rounciss		
·· - · - ·	STATE	ZIP 000E	— " air ———	STATE	ZIP CODE
				SIMIC	
And the second second second second			_ 1	SPACE	
CTOR HAVE			DIRECTOR NAME)	
CTOR HAME			_ 1		
-			DIRECTOR NAME	Janet Land	
ĒT ADDRESS	STATE	ZP-000E	DIRECTOR NAME	STATE	ZiP CODE
ĒT ADDRESS	STATE	z > 000£	DIRECTOR NAME STREET ADDRESS		zip ččost
ĒT ADDRESS	STATE 10. S	ZP COOE	DIRECTOR NAME STREET ADDRESS	STATE	ZIP CODE
ET ADORESS	1 0 . S	HARES AUTHOR	STREET ADDRESS	STATE STATE D ISSUED SHARES	
NAMES OF SHARES	1 0 . S AUTHORIZED SHARES CLASS/SERIES	, <u>, </u>	DIRECTOR NAME STREET ADDRESS	STATE	ZIP CODE PAR VALUE
ET ADORESS	1 0 . S AUTHORIZED SHARES CLASS/SERIES	HARES AUTHOR	STREET ADDRESS	STATE D ISSUED SHARES CLASS/SERES	PARVALUE
NAMES OF SHARES	1 0 . S AUTHORIZED SHARES CLASS/SERIES	HARES AUTHOR	STREET ADDRESS CITY A I Z E D A N D I S S U E D MUMBER OF SHARES	STATE D ISSUED SHARES CLASS/SERES	PARVALUE
NAMES OF SHARES	1 0 . S AUTHORIZED SHARES CLASS/SERIES	HARES AUTHOR	STREET ADDRESS CITY A I Z E D A N D I S S U E D MUMBER OF SHARES	STATE D ISSUED SHARES CLASS/SERES	PARVALUE
NAMES OF SHARES	1 0 . S AUTHORIZED SHARES CLASS/SERIES	HARES AUTHOP	STREET ADDRESS CITY A I Z E D A N D I S S U E D MUMBER OF SHARES	STATE D ISSUED SHARES CLASS/SERES	PARVALUE

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: Check No: 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

KENNETH L. BC Print or Type Name of Officer BOSTIC

PESIDENT Title of Officer

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.

Name of Corporation: Business contity unganized under the laws of the State of RHODE SLAND Business contity unganized under the laws of the State of RHODE SLAND For foreign entity, address and telephone number of principal office	0076476 Corporate ID:	Α	Annual Report for	the year:		
Business Entity to remarked under the laws of the Nate of RHODE ISLAND For foreign entity, address and telephone number of principal office: XI Business Composition (See RIGL Chapter 7-1.1) 1 Professional Service Composition (See RIGL Chapter 7-1.1) 2 Professional Service Composition (See RIGL Chapter 7-1.1) 3 Professional Service Composition (See RIGL Chapter 7-1.1) 4 Professional Service Composition (See RIGL Chapter 7-1.1) 4 Professional Service Composition (See RIGL Chapter 7-1.1) 5 Address and telephone of the principal office of business entity in Rhode Island: 5 Address and telephone of the principal office of business entity in Rhode Island: 6 Call Rac Call Rac 5 Address and telephone of the principal office of business entity in Rhode Island: 6 Call Rac Call Rac 5 Address and telephone of the principal office of business entity in Rhode Island: 6 Call Rac Call Rac 6 Call Rac Call Rac 6 Call Rac Call Rac 7 Call Rac Call Rac 7 Call Ra			•	•		
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THE NAMES OF THE OFFICERS ARE: STREET ADDRESS KENNETH L. BOSTIC STREET ADDRESS KENNETH A. BOSTIC 120 SAMUEL AVENUE PAWTUCKET, 102865 STREET ADDRESS CORA M. BOSTIC 151 ANGELL ROAD LINCOLN, RI O2865 ZIPCODE KENNETH L. BOSTIC 151 ANGELL ROAD LINCOLN, RI O2865 ZIPCODE KENNETH L. BOSTIC 151 ANGELL ROAD LINCOLN, RI O2865 ZIPCODE KENNETH L. BOSTIC 151 ANGELL ROAD LINCOLN, RI O2865 ZIPCODE KENNETH L. BOSTIC 151 ANGELL ROAD LINCOLN, RI O2865 ZIPCODE KENNETH L. BOSTIC THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE ZIPCODE NAME STREET ADDRESS CITYSTATE ZIPCODE NAME STREET ADDRESS CITYSTATE ZIPCODE NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES SISUED AND OUTSTANDING (Rider may be attached) NUMBER OF SHARES Class / Series 8000 COMMON STOCK DUIL LES 27 19 95 REPRET H. BOSTIC PROPRESS INCOMES COMMON STOCK DUIL LES 27 19 95 REPRET H. BOSTIC PROPRESS INCOMES DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	Address and telephone of the principal office of business en Island (Provide street address Not P.O. Box): 151 ANGELL ROAD	Itity in Rhode	_			
RESIDENT KENNETH L. BOSTIC 151 ANGELL ROAD VICE PRESIDENT VICE PRESIDENT KENNETH A. BOSTIC 120 SAMUEL AVENUE KENNETH A. BOSTIC 120 SAMUEL AVENUE STREET ADDRESS CORA M. BOSTIC 151 ANGELL ROAD LINCOLN, RI O2865 TREASLABER KENNETH L. BOSTIC 151 ANGELL ROAD LINCOLN, RI O2865 THE NAMES OF THE DIRECTORS NAME THE NAMES OF THE DIRECTORS NAME STREET ADDRESS CITYSTATE THE NAMES OF THE DIRECTORS NAME NAME STREET ADDRESS CITYSTATE THE NAMES OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series Number of Shares CITYSTATE	Phone: (401) 727-0455					
RESIDENT KENNETH L. BOSTIC 151 ANGELL ROAD VICE PRESIDENT VICE PRESIDENT KENNETH A. BOSTIC 120 SAMUEL AVENUE KENNETH A. BOSTIC 120 SAMUEL AVENUE STREET ADDRESS CORA M. BOSTIC 151 ANGELL ROAD LINCOLN, RI O2865 TREASLABER KENNETH L. BOSTIC 151 ANGELL ROAD LINCOLN, RI O2865 THE NAMES OF THE DIRECTORS NAME THE NAMES OF THE DIRECTORS NAME STREET ADDRESS CITYSTATE THE NAMES OF THE DIRECTORS NAME NAME STREET ADDRESS CITYSTATE THE NAMES OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series Number of Shares CITYSTATE		HE NAMES OF THE	E OFFICERS A	RE:		
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SERRITARY CORA M. BOSTIC 151 ANGELL ROAD SIRVET ADDRESS CUTYSTATE 27F CODE KENNETH L. BOSTIC 151 ANGELL ROAD SIRVET ADDRESS KENNETH L. BOSTIC 151 ANGELL ROAD SIRVET ADDRESS CUTYSTATE 27F CODE NAME THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE 77F CODE NAME STREET ADDRESS CITYSTATE 77F CODE NAME NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series Class / Series Number of Shares Class / Series	VICE PRESIDENT	IDI ANGELL KO	OAD L ESS			
CORA M. BOSTIC 151 ANGELL ROAD STREET ADDRESS KENNETH L. BOSTIC 151 ANGELL ROAD LINCOLN, RI 02865 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE NAME STREET ADDRESS CITYSTATE NAME NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series Number		120 SAMUEL AV	VENUE F		02860	
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8000 COMMON STOCK 1000 COMMON STOCK Date F = 3 27 19 9 5 KENNETH L. BOSTIC PRINDREST NAME OF OFFICER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	NUMBER OF SHARES AUTHORIZED (Rider may be attache	d) :	NUMBER OF SHAF	RES ISSUED AND OUTSTANDING	(Rider may be attached)	
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Form 31 195 KENNETH L. BOSTIC PRINT PROPERTY SIGNING PROPE	8000 COMMON STOCK		1000	Common S	ТОСК	
Form 31 1/95 TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	Date <u>F. E.B.</u> 27	S By KENNE	TH L. BOSTI	C		
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JOSEPH D. D'AMICO 515 SMITH STREET PROVIDENCE RI 02908 FEB 27 1995

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