

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

PROFIT CORPO	RATION AN March 1 • Filing	NUAL REPO	RT FOR THE	YEAR 2005	
(FORM MUST BE TYPED IN B		 -			•
1. Corporate ID No. 96376	2. Name of Corporation EASTERN PRO				
3. Street Address Principal Busin	**		City	State	Zıp
23 BETTY POND ROA	ע	7	SCITUATE	i ^{RI}	, 02831
4. Business Phone No. 4016472927		1 State of Incorporation			6. SIC Code . 34
7. Brief Description of the Chard	notes of Publication				24
TO ENGAGE IN THE GEI HOMES ANDBUILDINGS. 8. NAMES AND ADDRESS President Name	NERAL SPECULATIV	E HOME AND COMMEN	ACHMENT) FILL IN SI	_	_
Stephen M. Marando	ola		SAME		
Street Address			Street Address		
23 Betty Pond Road			·	= =	_
City Hope	State RI	Zip 02831	City	State I	Zip t
Secretary Name			Treasurer Name		
SAME		·	SAME	· 	
Street Address			Street Address		
City	State	Zíp	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	TORS C'X" BOX FORAT	TACHMENT) FILL IN	SPACES BEFORE USING A	TTACEMENTS
Stephen M. Marando	ola		•		
Street Address	 · • • • • • • • • • • • • • • • • • •	··- · · · · · · · · · · · · · · · · · ·	· Street Address		
23 Betty Pond Road	i		•		
City	State	Zip	·City	State	Zip
Hope Director Name	RI	.102831	Director Name		.1
Street Address	-		Street Address		
City -	*State	Zip	City	State	Zip · -
•	1		•	i	i
10. SHARES AUTHORIZE	ED C'X" BOX FOR ATT	ACIIMENT)		X" BOX FOR ATTACHMENT	ก็⊡
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES	Class/Series	Par Value
400 NO PAR VALUE			100	common	no par
	-		4		
			I	F	•
This report must be signe	ed in ink hy either t	he President Vice Pre	<u> </u>	istant Secretary Treasu	rer Receiver or Trustee
ima report must be signi	in min by cliner to	ne i restació, rice i r			
9 6 3	7 6			erjury, I declare and affirm t	
			this report, including	ng any accompanying school	ules and statements,
96376 DBC 01/27/05	06:01:22 PM]	and that all stateme	ents contained herein are tru	e apti correct.
File Date 2-14-	<u>-05</u>			ESTE Still	2-7-05
Check No. 339	<u> </u>		Signature of Officer Stephen M	I. Marandola	Date
ru-			Print or Type Name		
FOR SECRETARY OF STATE	USE ONLY		President		Form 630 12:0
Total Table 1			Title of Officer		rom 030120



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 CORPO Filing Period: January 1 -	RATION AN	NUAL REPO	RT FOR THE Y	EAR 2004	
rilling Feriou: January 1 (FORM MUST BE TYPED IN BL		g r ee: \$50.00			
1. Corporate ID No.	2. Name of Corporation		· · · - ·		•
96376	EASTÉRN PRO				
3. Street Address Principal Busine 23 BETTY POND ROAD	ess Office		City	State	Zip
4 Business Phone No.	,	C State of Processing	SCITUATE	RI	02831
4 Business Prione No. 4016472927		5. State of Incorporation			6. SIC Code
		RHODE ISLAND			34
7. Brief Description of the Character TO ENGAGE IN THE GEN HOMES ANDBUILDINGS. 8. NAMES AND ADDRESS	BRAL SPECULATIV	E HOME AND COMME	I <i>CHMENT</i>) 🛮 FILL IN SPA		
<i>President Name</i> Stephen M. Marando:	la		"Vice President Name - Stephen M. Maran	ndol a	
Sircet Address	•	- · ·	Street Address	idora .	
23 Betty Pond Road			SAME		
City	State	Zıp	City	State	Zip
Scituate	RI	02831			 p
Secretary Name			Treasurer Name	• • • • • • • • • • • • • • • • • • • •	• •
Stephen M. Marando	la		Stephen M. Maran	dola	
Sireel Address SAME		•	Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	TORS ("X" BOX FOR AT	TACHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS
Stephen M. Marando	la				
Street Address		•	Street Address		
SAME					
City	State	`Zip	City	State	Zip "
Director Name	· · · · · ·		Director Name	•	٠
Street Address			Street Address		
City	State	12ip		State	- Zip
		1	•		
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ('X" BOX FOR ATT	ACHMENT) 🔲	II. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMEN	η \square
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE			100	common	no par
This report must be signed	d in ink by either th	ne President, Vice Pro	Under penalty of perjo	ury, I declare and affirm	that I have examined
06276 DBC 00/00/00 0	14.66.46 Db4	٦		any accompanying sched s contained herein are tru	
*96376 DBC 09/02/03 0	14,30:40 PM"		(1)	10/2)//	Λ,
File Date ()	<u> </u>		- Car	65 11 / 1W	1 1-26-0
<u>2</u> 4	(()		Signature of Office		Date
Check No.	10		Stephen M.		
M / //		_	Print or Type Name of C)ficer	
BY: 1 A	uer Aver		President		
FOR SECRETARY OF STATE	USE ONLY	_	Title of Officer		Form 630 12/0

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Screet, Providence, RI 02903-1335 401-222-3040

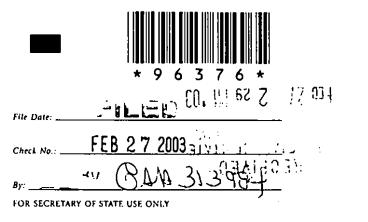
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

2003

STOP PLEASE READ INSTRUCTIONS

1. Corporate ID No.		2. Name of Corporation				
96376		EASTERN PROF	PERTIES, INC.			
3. Street Address Prir	ncipal Business Off		•	City	State	Zīp
23 I 4. Business Phone No	Betty Po	ond Road	5. State of Incorporation	Scituate	RI	6. SIC Code
	– 647–292 of the Character of	7 Business Conducted in Riro	RHODE ISLAND			34
		tracting and SOFTHE OFFICER	d Building IS (*X* BOX FOR ATTACH)	MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACHM	ENTS
Stej Sireei Address	phen M.	Marandola		Stephen M. Ma	randola	
City 23 1	Betty Po	ond Road	Zip	23 Betty Pond	Road State	Zip
Secretary Name	tuate phen M.	RI . Marandola	02831	Scituate Treasurer Name Stephen M. M	R] arandola	07831
Street Address	piicii ii.			Street Address		
	Betty Po	ond Road		23 Betty Pond	Road	
cuy Sci	tuate	State RI	02831	^{Clly} Scituate	State R I	zip 02831
9. NAMES ANI Director Name	D ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTACH	• • • •
Ste	phen M.	Marandola				
Street Address 23	Betty F	Pond Road		Street Address		
_{City} Sci	tuate	State RI	21p 02831	City	State	Zip
Director Name				Director Name		
Street Address				Street Address		
City		State	Zip	City	State	Zip
10. SHARES AU AUTHORIZZI) SHARES	JTHORIZED ((*X* BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	400	Class/Serles Commo	offar Value none	Number of Shares 100	Class/SeriesCOmmon	Par Valuenone
400 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.

2-18-03

STEPHEN M MARANVOLA

Title of Officer

Ferri 630 12102

Stephen M. Marandola

23 Betty Pond Road

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401-222-3040

$\alpha \alpha \alpha \alpha$

	RPORATION ANNUAL R 14ry 1-March 1 • Filing Fee: \$50.00		THE YEAR	rı.
(FORM MUST BE TYPED II	N BLACK)			
1. Corporate ID No.	2. Name of Corporation		•	·
96376	EASTERN PROPERTIES, INC.			
3. Street Address Principal Bu	siness Office	City	State	Zin

Zip 23 Betty Pond Road Scituate RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-647-2927 34 **RHODE ISLAND** 7. Bilef Description of the Character of Business Conducted in Rhode Island General Contracting and Building 8. NAMES AND ADDRESSES OF THE OFFICERS (*X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name

Street Address

Stephen M. Marandola

23 Betty Pond Road

City State Zip 02831 Scituate RI Scituate RI Secretary Name Treasurer Name Stephen M. Marandola Stephen M. Marandola Street Address Street Address 23 Betty Pond Road 23 Betty Pond Road City State ZIp Zip

Scituate 02831 RI RΙ Scituate

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

Stephen M. Marandola Street Address Street Address

23 Betty Pond Road State City State Zip Scituate RΙ 02831

Director Name Director Name

Street Address Street Address City State Zip City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES

ESSUTED STIARES Number of Shares Class/Series common Par Valuenone Number of Shares 100 Class/Seri@OMMOD Par Value DODE 400

400 NO PAR VALUE

Street Address

City

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



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.

Title of Officer

Form 630 12/01

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

401-222-3040

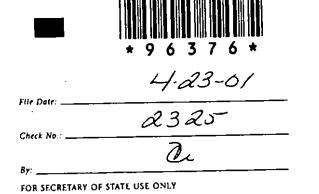
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filling Period: January 1-March 1 • Filling Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corpo	76376	2. Name of Corporation	OPERTIES, INC.			
3. Street	Address Principal Business			City	face	
	23 Betty ess Phone No. 401-647-2 Description of the Character	Pond Road 927 of Business Conducted in 1	S. State of Incorporation RHODE ISLAND	Scituate	State R I	21p 02831 6. SIC 34
	CONS	TRUCTION				
o. NAS President	MES AND ADDRESS Name	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACHME	ENTS
Street Add	Stephen M	. Marandola		Stephen M. M	arandola	
Sity	23 Betty Scituate	Pond Road State RT	Zip	Street Address 23 Betty Pon City	d Road State	
ecretary .	=	•••		Treasurer Name		
itreet Ada	Stephen M.	Marandola		Stephen M. M Street Address	arandola	
Sity	23 Betty P	ond Road	Zip	23 Betty Pon	d	zıp 02831
9. NAN Director I			02831 TORS (*x* BOX FOR ATTAC	Scituate CHMENT) FILL IN SPAC Director Name	R I es before using attach	MENTS
Street Ad		Maranaora		Street Address		
City	23 Betty P	ond Road State RI	^{2ip} 02831	City	State	Zip
Director	Scituate Name			Director Name		
Street Ad	ddress			Street Address		
City		State	Zip	City	State	Zip
	ARES AUTHORIZE	D ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Number	NOTED SHARES Of Shares 400 O NO PAR VALUI		non Par ValueNone	Number of Shares 100	Class/Series COMMON	Par Valut None
						. Dansieure of Tr

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

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.

	Signature of Officer	5	
	STEPHEN m	MARANDOLA	
:	Print or Type Name of Officer	: //// ////	_
Ì.	PRESIDENT		

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

STO	\mathbb{P}
PH ASI INSTR- 0	READ
<u> </u>	_/

(FORM MUST BE TYPED IN BLACE	~K)				
1. Corporate ID No. 96376	2 Name of Corporation	n Operties, inc.			
3. Street Address Principal Business (23 Betty Pond			city Scituate	State RI	^{Zip} 02831
4. Business Phone No. 401-647-2927		5. State of Incorporation RHODE ISLAND			6. SIC <u>C</u> ode 34
7 Brief Description of the Character General contra					
8. NAMES AND ADDRESS President Name Stephen M. Mar		ERS (*x* box for attace	Vice President Name	ces before using attach . Marandola	MENTS
Street Address 23 Betty Pond	Road		Street Address 23 Betty	Pond Road	
Cuy Scituate	State RI	^{Z₁p} 02831	Cuy Scituate	State RI	^{Z₁p} 02831
Secretary Name	•	•	Treasurer Name		
Stephen M. Ma	randola		Stephen M	. Marandola	
City 23 Betty Pond	Road State	Zip	City 23 Betty	Pond Road State	Zip
Scituate 9. NAMES AND ADDRES Director Name	RI SES OF THE DIRE	02831 CTORS (*X* BOX FOR ATT)	Scitutae ACHMENT) FILLIN SI Director Name	RI PACES BEFORE USING ATTAC	02831 CHMENTS
Stephen M. Mar	andola		Street Address		
$c_{\rm in}$ 23 Betty Pond	Road State	Zip	City	State	Zip
Scituate Director Name	RI	02831	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSU	ED ("X" BOX FOR ATTACHMENT)	
Number of Shares 400 400 NO PAR VALUE	Class/Series Comm	on ^{Par Value} None	Number of Shares 10	00 Class/Series Common	Par Value None

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

-	* 9 6 3 7 6 *
File Date:	1/18/00
Check No. :	1959
By:	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 hereip are true and correct.

00100	
St. Im. Inha	1-9-2000
Signature of Officer	Date
signature of possition	Date

Stephen	Μ.	Marandola

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 401-222-3040

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

(FORM MUST BE TYPED IN BLACK)

		PROPERTIES, INC.			
3. Street Address Principal Business Off			City	State	Zip -
23 Betty Pond Road			Scituate	RI	02831
4. Rusiness Phone No.		5. State of Incorporation			6. SIC Code
401-647-2927		RHODE ISLAND			0034
7. Brief Description of the Character of	Business Conducted	d in Rhode Island			•
General contract	ting and l	building			
8. NAMES AND ADDRESSE!	S OF THE OF	FICERS (*X* BOX FOR ATTACHN	MENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTACHM	ENTS .
Stephen M. Marai	ndola		Stephen M.	Marandola	
Street Address			Street Address		
23 Betty Pond Ro	oad		23 Betty Po	nd Road	
City	State	Zip	City	State	Zip
Scituate	RI	02831	Scituate	RI	02831
Secretary Name			Treasurer Name	•	
Stephen M. Marane	dola		Stephen M.	Marandola	
Street Address			Street Address		-
23 Betty Pond Roa	ad		23 Betty Po	nd Road	
City	State	Zip	City	State	Zip -
Scituate	RI	02831	Scituate	RI	02831
9. NAMES AND ADDRESSES Director Nume Stephen M. Marai		RECTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTACH	IMENTS .
Street Address	ildo1d		Street Address		
23 Betty Pond Ro	nad		Sittle Municipa		
City	State	Zip	City	Crata	-
Scitutae	RI	02831	City	State	Zip
Director Name	K.L	02031	Director Name	•	* ***
Street Address			Street Address		-
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Number of Shares 400	Class/Series COT	nmon Par Value None	Number of Shares 100	Class/Series Common	Par Value None
400 NO PAR VALUE					
This report must be staned	In July her at	Abor the President Was D.			_
This report must be signed	10 10		esident, secretary, ASS	oistant secretary, freasurer	, keceiver or li

rii. e	F. 6 5,99
File Date:	
Check No.:	1369
By:	-D. / C
	V OF STATE LIFE 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 Office

Stephen M. Marandola
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
401-277-3040 Corporations Division

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPETO IN PLANE)

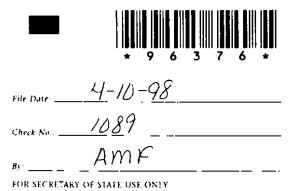
FORM MUST BE TYPE	D IN BLACK)

1. Corporate ID No.

2. Name of Corporation

96376 3 Street Address Principal Business Of	EASTERN PRO	PERTIES, INC.	City		State		Zip
23 BETTY POND ROAD 4. Business Phone No.		5. State of Incorporation	SCITUATE		RHODE	ISLAND	02831 6 SIC Code
401-647-2927 7. Brief Description of the Character of	Business Conducted in Rho	RHODE ISLAND					0034
general contracti B. NAMES AND ADDRESSE	•	_	IENT)				
President Name STEPHEN M. MARANDO Street Address	STEPHEN M. MARANDOLA Street Address						
23 BETTY POND ROAD				POND ROAD			
- 23 BEITT FUND KUMD City	State	Zip	City	TOTAL KOND	State		Zip
SCITUATE Secretary Name	RHODE 1SLAND	·	SCITUATE Trensurer Name		RHODE	ISLAND	02831
STEPHEN M. MARANDOLA Street Address			STEPHEN M. MARANDOLA Street Address				
23 BETTY POND ROAD		23 BETTY POND ROAD					
City	State	Zip	City		State		Zip
SCITUATE	RHODE ISLAND	02831	SCITUATE		RHODE	ISLAND	02831
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) Director Name				
STEPHEN M. MARANDO	DLA		Street Address				
23 BETTY POND ROAD)						
City	State	Zip	City		State		Zip
SCITUATE Director Nume	RHODE ISLAND	02831	Director Name			,	
Street Address			Street Address				
City	State	Zip	City		State		Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHS	AENT) .	11. SHARES I	ISSUED ("X" BO	OX FOR AT	TTACHMENT)	
Number of Shares 400	Class/Series COMMON	Par Value NONE	Number of Shares	100	Class/Ser	ies COMMON	Par Value NONE
400 NO PAR VALUE			100		COMM	ON	NONE

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.

STEPHEN M. MARANDOLA Print or Type Name of Officer

PRESIDENT

Title of Officer