

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

~ # + + *	2005
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	7005
FROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
	

Filing Period: January 1 - 1		g Fee: \$50.00		•	
FORM MUST BE TYPED IN BL 1. Corporate ID No.	ACK) 2. Name of Corporation				
83780	Jacavone Cons				
3. Street Address Principal Busine	•		City	State	Zip
1447 Atwood Avenue			Johnston	RI	02919
4. Business Phone No.		5. State of Incorporation	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	, , , 1 · · ·	6. SIC Code
-	0.0812	Rhode Island			885
7. Brief Description of the Charac To engage in the bus			g and construction	• .	
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR AT		ACES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Dino Jacavone Street Address			None Street Address		
1 447 Atwood Avon ue	177 Flori	da Avenue	Sireei Adaress		
City C	State	 	City	State	Zip
Johnston Cranston	RI	7.ip 03919 02920	· Crity	State	2.10
Secretary Name	1	1400	Treasurer Name		· · · · · · · · · · · · · · · · · · ·
Dino Jacavone			Dino Jacavone		
Sireet Address		* Street Address			
1-447 Atwood Avenue 177 Florida Avenue		.1447 Atwood Avenue			
City 0	State	Zip	*City	State	Zip
Johnston (MASION	RI	02919 02920	Johnston	RI	02919
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR A	ITTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Dino Jacavone			None		
Street Address	7	 .\	Street Address		
1447 Atwood Avenue	177 - lorid	a Huenue	· •		
City	State	Zip	•City	State	Zıp
NOTENNY I notennot	RI	02919 02920			.
Director Name			Director Name		
None			None	<u>. </u>	
Street Address			Street Address		
City	State	Zip	·City	State	Zíp
			•		Ţ
10. SHARES AUTHORIZE	D ("X" BOX FOR AT	TACHMENT) []	11. SHARES ISSUED ("	X' BOX FOR ATTACHMEN	\overline{m} \square
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			100	C	No non volvo
1,000	Common	No par value	100	Common	No par value
		· · · · · · · · · · · · · · · · · · ·			
This report must be signe	d in ink by either i	he President, Vice P	resident, Secretary, Assi	istant Secretary, Treas	urer, Receiver or Trusted
	-		•		
At 18188 11111 1888	F 18 (I)				

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	FILED
File Date	APR W Z O TO CO
	APR 2 8 2005 2784
Check No.	De Kh
By:	
FOR SECRETA	ARY 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

Dino Jacavone

Print or Type Name of Officer

President

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 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 IN BI		A 1 CE. 030.00			
1. Corporate ID No.	2. Name of Corporati				
83780		ONSTRUCTION (CORP.		
3. Street Address Principal Busine	-		City	State	Zip
1447 ATWOOD AVENUE	Ξ		JOHNSTON	RI	02919
4. Business Phone No.		5. State of Incorpora	ition		6. SIC Code
4013515621		RHODE ISLA	ND		885
7. Brief Description of the Character TO ENGAGE IN THE BUS			PING, AND CONSTRUCTI	ON.	<u> </u>
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING ATTAC	HMENTS
President Name		,	Vice President Name		A CONTRACTOR OF THE CONTRACTOR
Dino Jacavone			•		
Street Address	· · · ·	<u>-</u>	Street Address		
1447 Atwood Avenue	!		•		
City Johnston	State RI	<i>Zip</i> 02919	City	State	Zip
Secretary Name	• • • • • • • • •	'	Treasurer Name		
Dino Jacavone			Dino Jacavone		
Street Address			* Street Address		•
1447 Atwood Avenue	!		.1447 Atwood A	venue	
City	State	Zip	*City	State	Zip
Johnston	RI	02919	.Johnston	RI	02919
	ES OF THE DIREC	TORS ("X" BOX FO	OR ATTACHMENT) 🗌 FILL I	N SPACES BEFORE USING ATT	ACHMENTS
Director Name			.Director Name		
Dino Jacavone			•		
Street Address			-Street Address		
1447 Atwood Avenue	!		•		
Ciry	State	Zip	*City	State	Zip
Johnston	RI	02919	.		. J
Director Name			Director Name		
		<u> </u>	•	<u></u>	
Street Address			·Street Address		
City	State	12:-	City	State	Zip
Chy	Suit	Zip	•	Sure	
IA CHÁ DES AUTUODIZA	District Const			MOR DOV COO (TTACILIZED)	√ -
10. SHARES AUTHORIZE	LU, ("X" BOX FOR AI	TACHMENT) [('X" BOX FOR ATTACHMENT)	<u>.</u>
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
3.12.03	Callabories				
1,000 COMM NO PAR \	/ALUE		100	Common Stock	No Par Value
					<u> </u>
}					
TI:	# * * # # *.I	at D. St. a Rich		To a constant	Passings on Trusts
This report must be signe	d in ink by either	the President, Vic	e President, Secretary, As	ssistant Secretary, Treasurer	, Receiver or Trusted
41 1010 0 4880 18 41	I (8 4)) 3 0 1				
8 3 7	8 0		Under penalty of	perjury, I declare and affirm that	I have examined
				ding any accompanying schedule	
*02790 DBC 04/07/04	10.20.16 444	¬		nents contained herein are true a	
83780 DBC 01/07/04	10:39:16 AM		[,] (),		1 .
File Date 7 17 C	ګر		Low	wewar 2	12/64
1 2/22			Signature of Office		
Check No. JOdd	 		Dino Jack	ivone	
12			Print or Type Nam	e of Officer	
B_{Y_1}			President	,	
FOR SECRETARY OF STATE	USE ONLY	1	Title of Officer		Form 630 12/0
			· -		



FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPO	RATION AN	NUAL REPOI	RT FOR THE YEA	AR 2003	
riling Period: January I - N	farch I 🛡 Filin	g Fee: \$50.00		•	
FORM MUST BE TYPED IN BL.	•				
I. Corporate ID No. *83780*	2. Name of Corporation JACAVONE CO	" INSTRUCTION COR	P		
3. Street Address Principal Busines			City	State	Zip
1447 ATWOOD AVE	o o price		JOHNSTON	RI	02919
4. Business Phone No.		5. State of Incorporation			6. SIC Code
4013515621		RHODE ISLAND			885
7. Brief Description of the Charact TO ENGAGE IN THE BUS	er of Business Conduct NESS OF EXCAVI	ed in Rhode Island ATING, LANDSCAPING	, AND CONSTRUCTION.		
8. NAMES AND ADDRESSE President Name	S OF THE OFFICE	ERS ("X" BOX FOR ATTA	CHMENT) [] FILL IN SPACES Vice President Name	BEFORE USING ATTACI	HMENTS
Dino Jacavone					
Street Address			Street Address		
1447 Atwood AVenue					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Secretary Name Dino Jacavone			Trensurer Name Dino Jacavone		
			Sireet Address		
Siree Address 1447 Atwood Avenue			1447 Atwood Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	λφ 02919
	ES OF THE DIREC		TACHMENT) FILL IN SPACE		
Dino Jacavone					
Street Address			Street Address	·· ·	- - ·
1447 Atwood Avenue			G. (()) G. ()		
City	State	Zip	City	State	Zip
Johnston	RI	02919	City	5,5,0	C.p
Director Name			Director Name	• • •	
Sireet Address			Sireei Address	•	
City	State	7:	City	State:	Zip
C.i.y		Zip	C.1.9	siare	Σip
10. SHARES AUTHORIZEI	O ("X" BOX FOR AT	TACHMENT) 🗆	11. SHARES ISSUED ("X" BOX	K FOR ATTACHMENT) 🛚	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Volue	Number of Shares	Closs/Series	Par Value
1,000 COMM NO PAR V	ALUE		100	Common Stock	No Par Value
This report must be signed	in ink by either i	the President, Vice Pre	sident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustce
+ 8 3 7	8 0 *		Under penalty of perjury, I this report, including any o	accompanying schedules	and statements,
**83780* 1/14/035:43:44	PM*		and that all statements con	itained herein are true and	i \ _
File Date 3. /	7.00		William Vai	PMITED 2	113/03
IK	35		Signature of Officer	Date Date	+ ' /
Check No.	<u> </u>		Dino Jacavone		' 1
7	ි .		Print or Type Name of Office	r	
B <u>y:</u>			President		

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

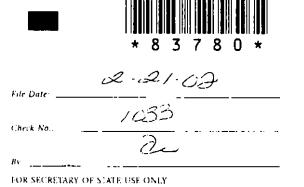
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 2. Name of Corporation 83780 JACAVONE CONSTRUCTION CORP. 3. Street Address Principal Business Office City State Zip 1447 Atwood Avenue RI 02919 Johnston 4. Business Phone No. 5. State of Incorporation 885 401-351-5621 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island Excavation and construction. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Dino Jacavone Street Address Street Address 1447 Atwood Avenue City Z_{ij} State Johnston RI 02919 Secretary Nume Treasurer Name Dino Jacavone Dino Jacavone Street Address Street Address 1447 Atwood Avenue 1447 Atwood Avenue Johnston 1 RI 02919 RI 02919 Johnston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Dino Jacavone Director Name surf/44/7 Atwood Avenue Street Address State RI City ^{Ca}Johnston State Zip ^{ሪଡ଼}02919 - ' Director Name Street Address Street Address State 200 City State Zip 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 1,000 COMM NO PAR VALUE 100 common stock no par value

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.

Significant of Officer

Dino Jacavone

Frint President of Officer

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

STOP PILAMEREAD INSTRUCTIONS

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(FORM MUST BE TYPED IN BLACK)		

Corporate ID No. 83780	2 Name of Corpora JACAVONE	tion Construction cori	.		_
3. Street Address Principal Business Offi	ice		Caty	State	Zip
1447 Atwood Avenue Business Phone No.		5. State of Incorporation	Johnston	RI	02919 * *** 885 *
3 51-5621 946: 0 Brief Description of the Character of 1		RHODE ISLAND n Rhode Island			667
Excavation and cons B. NAMES AND ADDRESSES President Nume		CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	CHMENTS
Dino Jacavone		•	Street Address		
1447 Atwood Avenue			,		
ity	State	Zip	City	State	Zip
Johnston	RI	02919			
ecretary Name			Treasurer Name		
Dino Jacavone			Dino Jacavone Street Address		
1447 Atwood Avenue			1447 Atwood Av	venue	
lity	State	Zip	City	State	Zip
Johnston D. NAMES AND ADDRESSES Otrector Name	RI s of the diri	02919 ECT ORS ("X" BOX FOR ATTAC	Johnston CHMENT) FILL IN SPACE Director Name	RI ces before using atta	02919 achments
Dino Jacavone			Street Address		
1447 Atwood Avenue	State	Zip	City	State	Zip
Johnston	RI	02919			
Pirector Name		32,2,	Director Name		
treet Address			Street Address		
ay	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ('"X" BOX FOR ATT	aCHMENT)	11. SHARES ISSUED ISSUED SHARES	(*X* BOX FOR ATTACHMENT	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	VAL COMM		100	common stock	k no par valu

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

	* 8 3 7 8 0 *
File Date.	$\alpha/\alpha 8$
Check No : _	4674
Bv	<u></u>
FOR SECRETA	ARY 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 Jacourace 1

Dino Jacavone

President
Title of Officer



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

02919

6 SIC Code

885

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5 State of Incorporation

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

FORM MUST BE	TYPED II	√ BLACK)
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1. Corporate ID No.

4. Business Phone No.

2 Name of Corporation

83780 3. Street Address Principal Business Office

1447 Atwood Avenue

JACAVONE CONSTRUCTION CORP.

351-5621		RHODE ISL	AND		885
7. Brief Description of the Cha Excavation ar					
8. NAMES AND ADD President Name Dino Jacavone		ICERS ("X" BOX FOR A	PTACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
Street Address 1447 Atwood A	Avenue		Street Address		
Johnston	State R I	71p 02919	City	State	Zip
Secretary Name Dino Jacavone	9		Treasurer Name Dino Jacavor	ne	
Street Address 1447 Atwood A	Avenue		Street Address 1447 Atwood	Avenue	
Johnston	State R I	02919	city Johnston	State R I	^{Zip} 02919
9. NAMES AND ADD Director Nume Dino Jacavone		ECTORS ("x" box for	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS
Street Address 1447 Atwood A	\venue		Street Address		
City Johnston	State R I	^{Zip} 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHOR	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHME	VT/)
Number of Shares	Class/Series	Par Vulue	Number of Shares	Class/Series	Par Value
1,000 SHS NO	PAR VAL COMM		100	common si	tock no par value

Johnston

RΙ

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.

Vino	Jusove _	2/x/260
Signature of Officer	<i>y</i>	Date
Dino Jaca	VODA	

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

STOP
PU ASI, READ
INSTRUCTIONS

(FORM MUST BE TYPED IN B	LACK)					
1. Corporate ID No. 83780	2. Name of Corpora JACAVONE	CONSTRUCTION	CORP.		-	<u> </u>
3. Street Address Principal Busine 1447 Atwood Av	•••		cuy Johnston	State R I	zip – 02919	
4. Business Phone No. 351 - 5621		S. State of Incorpora. RHODE ISL			6. SIC Code 885	
7. Brief Description of the Charac Excavation and						
8. NAMES AND ADDRE	ESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFÖRE USING ATT	ACHMENTS	
Dino Jacavone	•		None			
Street Address			. Street Address			
1447 Atwood Av	venue					
City	State	Zip	City	State	ZIp	
Johnston	RI	02919	** *** * * * * * * * * * * * * * * * * *			
Secretary Name Dino Jacavone			Treasurer Name			
Street Address			Dino Jacavo	ne		
1447 Atwood Av	venue		1447 Atwood	Avenue		
City	State	Zip	City	State	Zip	
Johnston	RI	02919	Johnston	RI	02919	
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS (*x* Box for	ATTACHMENT) FILL IN SPA	CES BEFORE USING AT	TTACHMENTS	. =
Dino Jacavone	•					
Street Address 1447 Atwood As	venue		Street Address			
Chy Johnston	State R I	zip 02919	City	State	Zip	
Director Name		• •	Director Name	• • • • • •	• • • • • • • • • • • • • • • • • • • •	· •• •••
Street Address			Street Address		••	
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED) (*X* BOX FOR ATTACHME	(TN3)	
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value .	
1,000 SHS NO PAR	VAL COMM		100	common st	ock no par v	alu

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

	* 8 3 7 8 0 *
File Date:	Jul 22,99
Check No.:	3920
By:FOR SECRETARY	OF STATE USE ONLY



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

I Corporate ID 83780	² JACAYONI	E'CONSTRUCTION COR	P.		
3. Street Address Principal Business Oi 1447 Atwood Avenue	ffice		cay Johnston	State RI	^{Zip} 02919
1 Business Phone No. (401) 351-5621		¹ PHODE ISLAND			6. SIC (0885
Prief Description of the Character of excavation and cons		in Rhode Island			
8. NAMES AND ADDRESSI		ICERS ("X" BOX FOR ATTACHN	(ENT)		
President Name			Vice President Name		
Dino Jacavone			None		
Street Address			Street Address		
1447 Atwood Avenue					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Secretary Name		• •	Treusurer Name		
Dino Jacavone			Dino Jacavone		
Street Address			Street Address		•
1447 Atwood Avenue			1447 Atwood Avo	enue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRESSE	S OF THE DIR	ECTORS ("X" BOX FOR ATTAC	HMENT)		
Director Name		,	Director Name		
Dino Jacavone					
Street Address			Street Address		
1447 Atwood Avenue					
ity	State	Zip	City	State	Zip
Johnston	RI	02919			
Director Name			Director Name		
itreet Address			Street Address		
laty	State	7 · p	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES	The second secon	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VA	AL COMM		·		
,		•	100	common stock	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.

Muso Gravare - 2/1/9

Signiffure of Officer Date

Dino Jacayone

Print or Type Name of Officer
President



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	8E	TYPED	IN	BLACK)

1. Corporate ID No.

2. Name of Corporation

83780

JACAVONE CONSTRUCTION CORP.

3. Street Address Principal Business Office State 1447 Atwood Avenue Johnston RI 02919 4. Rusiness Phone No. 6. SIC Code 5. State of Incorporation (401) 351-5621 RHODE ISLAND 0885

7. Brief Description of the Character of Business Conducted in Rhode Island Excavation and construction

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name Vice President Name

Dino Jacavone

Street Address

1447 Atwood Avenue

Clly Johnston RI

Secretary Name Dino Jacavone

Street Address

1447 Atwood Avenue

City

State

Johnston

RI

02919

02919

02919

Street Address

None

Street Address

Treasurer Name

Street Address

Director Name

Street Address

1447 Atwood Avenue

City State

Dino Jacavone

Johnston RI 02919

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name

Director Name Dino Jacavone

Street Address

1447 Atwood Avenue

City

Johnston

Director Name

Street Address

City

Number of Shares

RI

City

State

State

State

Zip

Zip

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

AUTHORIZED SHARES

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VAL COMM

100

common stock

no par value

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.

Signature of Officer

Dino Jacavone Print or Type Name of Officer

President



PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Comparting Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

ORPORÁTĚ IÔ HO.	2. NAME OF CORPORA		PRINT IN BLACK INK.	•		
83780		AVONE CONSTRUCTION	CORP.			
TREET ADDRESS PRINCIPAL BUSINESS			arv	. STATE	ziP cod€	
1447 Atwood Avenue		s státě of incorporation RHODE IS	Johnston	RI	02919 6 50 0006	
(401) 351–5621 REF DESCRIPTION OF THE CHARACTER	OF BUSINESS CONDUCTED IN F			er talende i talende er skriver er skriver er skriver	0885	
Excavation and		names and addr	ESSES OF THE O	FFICERS		
IDENT NAME		~ ·	VICE PRESIDENT NAME	•	•	
Dino Jacavone _			None Isireet Address			
1447 Atwood Ave	enue		1			
	i	ZIP 000E	ani	STATE	ZIP CODE	
Johnston ETARY NAME	RI	02919	TOTATION WANT	:		
Dino Jacavone			Dino Jacavone			
1447 Atwood Avenue			1447 Atwood Avenue			
Johnston	RI	02919	Johnston	STATE RI	02919	
CTOR HAVE		NAMES AND AUDI	ORECTOR NAME	IRECTORS	-	
Dino Jacavone						
ET ADDRESS			STREET ADDRESS			
1447 Atwood Ave	enue I STATE	ZIP CODE	CITY	STATE	ZIP COOE	
Johnston	RI	02919			<u> </u>	
HANNE SANA ROT			DIRECTOR NAME			
ET ADORESS			STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
	STATE	ZIPCODE	any -	SIAIE	ZIP CODE	
	الويوان مصولات 10.	SHARES AUTHOR	IZED AND ISSUE	- 	_ · 	
	AUTHORIZED SHAR			ISSUED SHARES		
HUMBER OF SHARES	CLASS / SURES	PARVALUE	NUMBER OF SHARES	CLASS / SERTES	PAR VALUE	
1,000 SHS	NO PAR VAL	COMM	100	common stock	no par value	
			i	; ;	1	
••••••	• • • • • • • • • • • • • • • • • • • •					
		The Committee of the Co		t and the same of	ية مناه	
		This report must be SIC	GNED IN INK by either t	ha		
Pre	esident Vice Pre	esident, Secretary, Assis				

File Date: 2/16/96
Check No: 1149
By: Cell G
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

Dino Jacavone

Print or Type Name of Officer

President

Title of Officer

2/16/96/2