



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83780		2. Name of Corporation Jacavone Construction Corp.			
3. Street Address Principal Business Office 1447 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-351-5621 946-0812		5. State of Incorporation Rhode Island			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of excavating, landscaping and construction.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dino Jacavone			Vice President Name None		
Street Address 1447 Atwood Avenue 177 Florida Avenue			Street Address		
City Johnston Cranston	State RI	Zip 02919 02920	City	State	Zip
Secretary Name Dino Jacavone			Treasurer Name Dino Jacavone		
Street Address 1447 Atwood Avenue 177 Florida Avenue			Street Address 1447 Atwood Avenue		
City Johnston Cranston	State RI	Zip 02919 02920	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dino Jacavone			Director Name None		
Street Address 1447 Atwood Avenue 177 Florida Avenue			Street Address		
City Johnston Cranston	State RI	Zip 02919 02920	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
1,000	Common	No par value	100	Common	No par value

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

**FILED**

File Date APR 26 2005 2784

Check No. By 1613

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.

Dino Jacavone 4/20/05  
Signature of Officer Date  
Dino Jacavone  
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 IN BLACK)

1. Corporate ID No. 83780		2. Name of Corporation JACAVONE CONSTRUCTION CORP.			
3. Street Address Principal Business Office 1447 ATWOOD AVENUE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 4013515621		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF EXCAVATING, LANDSCAPING, AND CONSTRUCTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dino Jacavone			Vice President Name .		
Street Address 1447 Atwood Avenue			Street Address .		
City Johnston	State RI	Zip 02919	City .	State .	Zip .
Secretary Name Dino Jacavone			Treasurer Name Dino Jacavone		
Street Address 1447 Atwood Avenue			Street Address 1447 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dino Jacavone			Director Name .		
Street Address 1447 Atwood Avenue			Street Address .		
City Johnston	State RI	Zip 02919	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
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



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\*83780 DBC 01/07/04 10:39:16 AM\*

File Date 2/17/04

Check No. 2022

By VS.

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.

Dino Jacavone 2/12/04  
Signature of Officer Date

Dino Jacavone

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

\*83780\*

2. Name of Corporation

JACAVONE CONSTRUCTION CORP.

3. Street Address Principal Business Office

1447 ATWOOD AVE

City

JOHNSTON

State

RI

Zip

02919

4. Business Phone No.

4013515621

5. State of Incorporation

RHODE ISLAND

6. SIC Code

885

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

TO ENGAGE IN THE BUSINESS OF EXCAVATING, LANDSCAPING, AND CONSTRUCTION.

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Dino Jacavone

Vice President Name

Street Address

1447 Atwood Avenue

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

Secretary Name

Dino Jacavone

Treasurer Name

Dino Jacavone

Street Address

1447 Atwood Avenue

Street Address

1447 Atwood Avenue

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

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

Director Name

Dino Jacavone

Director Name

Street Address

1447 Atwood Avenue

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

Director Name

Director Name

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

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



\* 8 3 7 8 0 \*

\*\*83780\* 1/14/03 5:43:44 PM\*

File Date

3-17-03

Check No.

1535

By:

2

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

Date

3/13/03

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 **83780** 2. Name of Corporation **JACAVONE CONSTRUCTION CORP.**  
3. Street Address Principal Business Office **1447 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No **401-351-5621** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **885**

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** Vice President Name  
Street Address **1447 Atwood Avenue** Street Address  
City **Johnston** State **RI** Zip **02919** City State Zip  
Secretary Name **Dino Jacavone** Treasurer Name **Dino Jacavone**  
Street Address **1447 Atwood Avenue** Street Address **1447 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919** City **Johnston** State **RI** Zip **02919**

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

Director Name **Dino Jacavone** Director Name  
Street Address **1447 Atwood Avenue** Street Address  
City **Johnston** State **RI** Zip **02919** City State Zip  
Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series 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



\* 8 3 7 8 0 \*

File Date: **2-21-02**  
Check No.: **1033**  
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.

**Dino Jacavone** **2/19/02**  
Signature of Officer Date  
**Dino Jacavone**  
Print 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. **83780** 2. Name of Corporation **JACAVONE CONSTRUCTION CORP.**

3. Street Address Principal Business Office

1447 Atwood Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

~~351-5621~~ 946-0812

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**885**

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

Vice President Name

Street Address

Street Address

1447 Atwood Avenue

City

State

Zip

Johnston

RI

02919

City

State

Zip

Secretary Name

Dino Jacavone

Treasurer Name

Dino Jacavone

Street Address

Street Address

1447 Atwood Avenue

City

State

Zip

Johnston

RI

02919

City

State

Zip

Johnston

RI

02919

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

Director Name

Dino Jacavone

Director Name

Street Address

Street Address

1447 Atwood Avenue

City

State

Zip

Johnston

RI

02919

City

State

Zip

Director Name

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

1,000 SHS NO PAR VAL COMM

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

ISSUED SHARES

Number of Shares

Class/Series

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



\* 8 3 7 8 0 \*

File Date: 2/28

Check No: 4674

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.

Dino B. Jacavone 2/26/01  
Signature of Officer Date

Dino Jacavone  
Print or Type Name of Officer

President  
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83780** 2. Name of Corporation **JACAVONE CONSTRUCTION CORP.**  
3. Street Address Principal Business Office City State Zip  
**1447 Atwood Avenue Johnston RI 02919**  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
**351-5621 RHODE ISLAND 885**

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 <b>Dino Jacavone</b>			Vice President Name		
Street Address <b>1447 Atwood Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Dino Jacavone</b>			Treasurer Name <b>Dino Jacavone</b>		
Street Address <b>1447 Atwood Avenue</b>			Street Address <b>1447 Atwood Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>

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

Director Name <b>Dino Jacavone</b>			Director Name		
Street Address <b>1447 Atwood Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Director Name			Director Name		
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  
**1,000 SHS NO PAR VAL COMM**

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

ISSUED SHARES  
Number of Shares Class/Series 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



\* 8 3 7 8 0 \*

File Date: 2/11/00

Check No.: 4149

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 of Officer Dino Jacavone Date 2/8/2001

Print or Type Name of Officer Dino Jacavone

Title of Officer President



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

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)

1. Corporate ID No.

83780

2. Name of Corporation

JACAVONE CONSTRUCTION CORP.

3. Street Address Principal Business Office

1447 Atwood Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

351-5621

5. State of Incorporation

RHODE ISLAND

6. SIC Code

885

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

Vice President Name

None

Street Address

1447 Atwood Avenue

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

Secretary Name

Dino Jacavone

Treasurer Name

Dino Jacavone

Street Address

1447 Atwood Avenue

Street Address

1447 Atwood Avenue

City

Johnston

State

RI

Zip

02919

City

State

Zip

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

Director Name

Dino Jacavone

Director Name

Street Address

1447 Atwood Avenue

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

Director Name

Director Name

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

1,000 SHS NO PAR VAL COMM

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

ISSUED SHARES

Number of Shares

Class/Series

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



File Date: Feb 22, 1999

Check No.: 2520

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] 2/17/99

Dino Jacavone

Print or Type Name of Officer

President

Title of Officer



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

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

1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83780** 2. Name of Corporation **JACAVONE CONSTRUCTION CORP.**

3. Street Address Principal Business Office

1447 Atwood Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

(401) 351-5621

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **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

Dino Jacavone

Vice President Name

None

Street Address

1447 Atwood Avenue

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

Secretary Name

Dino Jacavone

Treasurer Name

Dino Jacavone

Street Address

1447 Atwood Avenue

Street Address

1447 Atwood Avenue

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

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

Director Name

Dino Jacavone

Director Name

Street Address

1447 Atwood Avenue

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

Director Name

Director Name

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

1,000 SHS NO PAR VAL COMM

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

ISSUED SHARES

Number of Shares

Class/Series

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



\* 8 3 7 8 0 \*

File Date: ..

2-19-98

Check No. ..

0535

By: ..

ICP

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.

Dino Jacavone

Signature of Officer

2/17/98

Date

Dino Jacavone

Print or Type Name of Officer

President

Title of Officer





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

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)

1. Corporate ID No.

**83780**

2. Name of Corporation

**JACAVONE CONSTRUCTION CORP.**

3. Street Address Principal Business Office

**1447 Atwood Avenue**

City

**Johnston**

State

**RI**

Zip

**02919**

4. Business Phone No.

**(401) 351-5621**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**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

**Dino Jacavone**

Vice President Name

**None**

Street Address

**1447 Atwood Avenue**

Street Address

City

**Johnston**

State

**RI**

Zip

**02919**

City

State

Zip

Secretary Name

**Dino Jacavone**

Treasurer Name

**Dino Jacavone**

Street Address

**1447 Atwood Avenue**

Street Address

**1447 Atwood Avenue**

City

**Johnston**

State

**RI**

Zip

**02919**

City

**Johnston**

State

**RI**

Zip

**02919**

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

Director Name

**Dino Jacavone**

Director Name

Street Address

**1447 Atwood Avenue**

Street Address

City

**Johnston**

State

**RI**

Zip

**02919**

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 SHS NO PAR VAL COMM**

ISSUED SHARES

Number of Shares

Class/Series

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



\* 8 3 7 8 0 \*

File Date: 2/28/97

Check No.: 1810

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.

Dino Jacavone 2/27/97  
Signature of Officer Date

Dino Jacavone  
Print or Type Name of Officer

President  
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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 83780  
2. NAME OF CORPORATION JACAVONE CONSTRUCTION CORP.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1447 Atwood Avenue  
CITY Johnston STATE RI ZIP CODE 02919  
4. BUSINESS PHONE NO. (401) 351-5621  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 0885  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Excavation and construction

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME				VICE PRESIDENT NAME			
Dino Jacavone				None			
STREET ADDRESS				STREET ADDRESS			
1447 Atwood Avenue							
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
Johnston	RI	02919					
SECRETARY NAME				TREASURER NAME			
Dino Jacavone				Dino Jacavone			
STREET ADDRESS				STREET ADDRESS			
1447 Atwood Avenue				1447 Atwood Avenue			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
Johnston	RI	02919		Johnston	RI	02919	

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME				DIRECTOR NAME			
Dino Jacavone							
STREET ADDRESS				STREET ADDRESS			
1447 Atwood Avenue							
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
Johnston	RI	02919					
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	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

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.

File Date:

2/16/96

Check No:

1149

By:

ce/uf

For Secretary of State Use Only

Signature of Officer

Dino Jacavone

Print or Type Name of Officer

President

Title of Officer

2/16/96  
Date