



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 46682		2. Name of Corporation Raffa Company, Inc.			
3. Street Address Principal Business Office 36 Center Avenue		City Middletown	State R.I.	Zip 02842	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 257	
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael C. Raffa			Vice President Name Peter Raffa		
Street Address 36 Center Avenue			Street Address 20 Indian Avenue		
City Middletown	State R.I.	Zip 02842	City Portsmouth	State R.I.	Zip 02871
Secretary Name Michael C. Raffa			Treasurer Name Michael C. Raffa		
Street Address 36 Center Avenue			Street Address 36 Center Avenue		
City Middletown	State R.I.	Zip 02842	City Middletown	State R.I.	Zip 02842
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 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



File Date	2-10-05
Check No.	4958
By:	MB
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

Peter Raffa

Print or Type Name of Officer

Vice President

Title of Officer

Date



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

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 46682		2. Name of Corporation Raffa Company, Inc.			
3. Street Address Principal Business Office 36 Center Avenue			City Middletown	State R.I.	Zip 02842
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 257
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael C. Raffa			Vice President Name Peter Raffa		
Street Address 36 Center Avenue			Street Address 20 Indian Avenue		
City Middletown	State R.I.	Zip 02842	City Portsmouth	State R.I.	Zip 02871
Secretary Name Michael C. Raffa			Treasurer Name Michael C. Raffa		
Street Address 36 Center Avenue			Street Address 36 Center Avenue		
City Middletown	State R.I.	Zip 02842	City Middletown	State R.I.	Zip 02842
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 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



File Date	2.25.04
Check No.	11728
By:	IUP
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

Date

Michael C. Raffa

Print or Type Name of Officer

President

Title of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3640



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. 2. Name of Corporation

46682

Raffa Company, Inc.

3. Street Address Principal Business Office

36 Center Avenue

City

Middletown

State

R.I.

Zip

02842

4. Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

257

7. Brief Description of the Character of Business Conducted in Rhode Island General Contractor; any lawful business for which corporations may be incorporated under Title 7, Chapter 1.1 of R.I. General Laws

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

President Name

Michael C. Raffa

Vice President Name

Michael C. Raffa

Street Address

36 Center Avenue

Street Address

36 Center Avenue

City

Middletown

State

R.I.

Zip

02842

City

Middletown,

State

R.I.

Zip

02842

Secretary Name

Michael C. Raffa

Treasurer Name

Michael C. Raffa

Street Address

36 Center Avenue

Street Address

36 Center Avenue

City

Middletown

State

R.I.

Zip

02842

City

Middletown

State

R.I.

Zip

02842

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

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 4 6 6 8 2 *

FILED

File Date:

JUN 10 2003

Check No.:

By:

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

Date

Michael C. Raffa

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



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.

46682

2. Name of Corporation

Raffa Company, Inc.

3. Street Address Principal Business Office

36 Center Avenue

City

Middletown,

State

R.I.

Zip

02842

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

257

7. Brief Description of the Character of Business Conducted in Rhode Island General Contractor; any lawful business for which corporations may be incorporated under Title 7, Chapter 1.1 of R.I. General Laws

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

President Name

Michael C. Raffa

Street Address

36 Center Avenue

City Middletown State R.I. Zip 02842

Vice President Name

Michael C. Raffa

Street Address

36 Center Avenue

City Middletown State R.I. Zip 02842

Secretary Name

Michael C. Raffa

Street Address

36 Center Avenue

City Middletown State R.I. Zip 02842

Treasurer Name

Michael C. Raffa

Street Address

36 Center Avenue

City Middletown State R.I. Zip 02842

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

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 4 6 6 8 2 *

File Date. 1-16-02

Check No. 4457

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

Date

Michael C. Raffa

Print or Type Name of Officer

President

Title of Officer

Payable to:
Secretary of State

PLEASE TYPE OR PRINT
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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 46682

Annual Report for the year: 2001

Name of Business Entity: Raffa Company, Inc.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:
n/a

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

36 Center Avenue, Middletown, R.I. 02842

Phone: () _____

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Michael C. Raffa, President

36 Center Avenue

Middletown, R.I. 02842

Brief statement of the character of business conducted in Rhode Island:

General Contractor; any lawful business for which corporations may be incorporated under Title 7, Chapter 1.1 of R.I. Gen. Laws

Date of Organization: March 30, 1988

Date of Qualification to do business in Rhode Island (if foreign entity):

April 15, 1988

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> Michael C. Raffa	<u>36 Center Avenue, Middletown, R.I.</u>	<u>02842</u>	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> Michael C. Raffa	<u>36 Center Avenue, Middletown, R.I.</u>	<u>02842</u>	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> Michael C. Raffa	<u>36 Center Avenue, Middletown, R.I.</u>	<u>02842</u>	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS

SERIES

PAR VALUE OR no par value
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS common

SERIES

PAR VALUE OR no par value
WITHOUT PAR

Date 9/10/01 9-17-01 CK # 4390 De XX 2001

By: 

Michael C. Raffa

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING



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. **46682** 2. Name of Corporation **Raffa Company, Inc.**

3. Street Address Principal Business Office **36 Center Avenue** City **Middletown** State **R.I.** Zip **02842**

4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **257**

7. Brief Description of the Character of Business Conducted in Rhode Island **General contractor; any lawful business for which corporations may be incorporated under Title 7, Chapter 1.1 of R.I. General Laws**

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

President Name Michael C. Raffa	Vice President Name Michael C. Raffa
Street Address 36 Center Avenue	Street Address 36 Center Avenue
City Middletown State R.I. Zip 02842	City Middletown State R.I. Zip 02842
Secretary Name Michael C. Raffa	Treasurer Name Michael C. Raffa
Street Address 36 Center Avenue	Street Address 36 Center Avenue
City Middletown State R.I. Zip 02842	City Middletown State R.I. Zip 02842

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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 4 6 6 8 2 *

File Date. 6/22

Check No. 4210

By: cc

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.

Michael C. Raffa 6/22/00
Signature of Officer Date

Michael C. Raffa

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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

46682

2. Name of Corporation

Raffa Company, Inc.

3. Street Address Principal Business Office

36 Center Avenue

City

Middletown

State

R.I.

Zip

02842

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

257

7. Brief Description of the Character of Business Conducted in Rhode Island General Contractor; any lawful business for which corporations may be incorporated under Title 7, Chapter 1.1 of R.I. General Laws

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

President Name

Michael C. Raffa

Vice President Name

Michael C. Raffa

Street Address

36 Center Avenue

Street Address

36 Center Avenue

City

Middletown

State

R.I.

Zip

02842

City

Middletown

State

R.I.

Zip

02842

Secretary Name

Michael C. Raffa

Treasurer Name

Michael C. Raffa

Street Address

36 Center Avenue

Street Address

36 Center Avenue

City

Middletown

State

R.I.

Zip

02842

City

Middletown

State

R.I.

Zip

02842

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

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

100 NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 4 6 6 8 2 *

File Date:

Feb 8, 99

Check No:

3950

By:

JD, Jr

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

Michael C. Raffa

Date

2/9/99

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. 2. Name of Corporation

0046682

Raffa Company, Inc.

3. Street Address Principal Business Office

36 Center Avenue

City

Middletown

State

R.I.

Zip

02842

4. Business Phone No.

5. State of Incorporation

6. SIC Code

0257

01)848-0998

Rhode Island

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

General Contractor; any lawful business for which corporations may be

incorporated until Title 7, Chapter 1.1 of R.I. General Laws

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

President Name

Vice President Name

Michael C. Raffa

Michael C. Raffa

Street Address

Street Address

36 Center Avenue,

36 Center Avenue

City

State

Zip

Middletown

R.I.

02842

City

State

Zip

Middletown

R.I.

02842

Secretary Name

Treasurer Name

Michael C. Raffa

Michael C. Raffa

Street Address

Street Address

36 Center Avenue

36 Center Avenue

City

State

Zip

Middletown

R.I.

02842

City

State

Zip

Middletown

R.I.

02842

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100

no par value

100

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.

6/18/98

Check No.

8864

By:

1010

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

Date

Michael C. Raffa

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 02903-1345
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. **46682** 2. Name of Corporation **Raffa Company, Inc.**

3. Street Address Principal Business Office **36 CENTER AVENUE** City **MIDDLETOWN** State **RI** Zip **02842**
4. Business Phone No. **401-848-0998** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0257**

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

PAINTING CONTRACTOR

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

President Name	Vice President Name
Michael Raffa	Michael Raffa
Street Address	Street Address
36 Center Avenue	36 Center Avenue
City State Zip	City State Zip
Middletown RI 02842	Middletown RI 02842
Secretary Name	Treasurer Name
Michael Raffa	Michael Raffa
Street Address	Street Address
36 Center Avenue	36 Center Avenue
City State Zip	City State Zip
Middletown RI 02842	Middletown RI 02842

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VAL			100		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: **7/7/97**
Check No: **2164**
By: **CCR**
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 **Michael Raffa** Date **30 June 97**
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

2 NAME OF CORPORATION

46682

Raffa Company, Inc.

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

36 Center Avenue

Middletown

RI

02842

4 BUSINESS PHONE NO

5 STATE OF INCORPORATION

6 SIC CODE

401-848-0998

RHODE ISLAND

0257

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Painting Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

Michael Raffa

VICE PRESIDENT NAME

Michael Raffa

STREET ADDRESS

36 Center Avenue

STREET ADDRESS

36 Center Avenue

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Middletown RI 02842

Middletown RI 02842

SECRETARY NAME

Michael Raffa

TREASURER NAME

Michael Raffa

STREET ADDRESS

36 Center Avenue

STREET ADDRESS

36 Center Avenue

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Middletown RI 02842

Middletown RI 02842

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

AUTHORIZED SHARES

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

100 NO PAR VAL

100

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:

3/6/96

Check No:

1824

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

Michael Raffa

Print or Type Name of Officer

President

Title of Officer

Date

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.

Corporate ID: 00 6682

Annual Report for the year: 1995

Name of Corporation: Raffa Company, Inc.

Business entity organized under the laws of the State of: RHODE ISLAND
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
36 CENTER AVENUE
MIDDLETOWN, R.I. 02842

Brief statement of the character of business conducted in Rhode Island:

Painting, Construction
HOUSES, BUILDINGS
INT. - EXTERIOR

Phone: (401) 848-0998

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael Raffa	36 Center Ave	Middletown, R.I.	02842
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
" "	"	"	"
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
" "	"	"	"
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
" "	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
100	1

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	1

Date 4/7/95, 19

By Michael Raffa

PRINT OR TYPE NAME OF OFFICER SIGNING
President

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MICHAEL C. RAFFA
36 CENTRE AVENUE
MIDDLETOWN RI 02842

PAID

JUN 08 1995

JP 1704

Filing Fee \$15.00

CHT 3024 mnc
To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0046682 Annual Report for the year 1994

FIRST: The name of the corporation is Raffa Company, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general contractor - painting; any lawful business for which corporations may be incorporated under Title 7, Chapter 1.1 of the Rhode Island General Laws

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 36 Center Avenue, Middletown, R.I. 02842

FILED

JUL 14 1994

By mnc

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Michael C. Raffa Director 36 Center Avenue, Middletown, R.I. 02842

Director

Director

Michael C. Raffa President 36 Center Avenue, Middletown, R.I. 02842

Peter J. Raffa Vice President 12 Admiralty Drive Middletown, R.I. 02842

Michael C. Raffa Secretary 36 Center Avenue, Middletown, R.I. 02842

Michael C. Raffa Treasurer 36 Center Avenue, Middletown, R.I. 02842

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

no par value

Dated July 11 19 94

RAFFA COMPANY, INC.
(Name of Corporation)

By [Signature]

(Report must be signed by an officer)

Title President



State of Rhode Island and Providence Plantations
Barbara M. Leonard
Secretary of State
100 North Main Street
Providence, Rhode Island
02903-1335

SUPPLEMENT TO 1994 ANNUAL REPORT

Corporation Name: RAFFA CO. INC.

Federal Taxpayer Identification Number: ~~XXXXXXXXXX~~

For foreign entity, address and telephone number of principal office:

Phone () _____

Address and telephone number of the principal office of business entity in Rhode Island (Provide street address-not P.O. Box):

36 CENTER AVE

MIDDLETOWN, R.I.

02840

Phone (401) 848 0998

Business entity is (check one):

- (☒) Business Corporation (See RIGL Chapter 7-1.1)
(☐) Professional Service Corporation (See RIGL Chapter 7-5.1)
(☐) Limited Liability company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

MICHAEL C. RAFFA

36 CENTER AVE

MIDDLETOWN, R.I.

02840

Date of organization: 1988

Date of qualification to do business in Rhode Island (if foreign entity): _____

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

74457B
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0046682 Annual Report for the year 1993

FIRST: The name of the corporation is Raffa Company, Inc.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is Painting

FOURTH: If foreign corporation, address of its principal office. ~~36 Center Ave~~

FIFTH: Business address in Rhode Island 36 Center Ave.
Middletown, R.I. 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Michael C. RAFFA President 36 Center Ave Midd. RI

Peter RAFFA Vice President 36 Center Ave 11 11

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Dated 7/10 1993

RAFFA Company, INC.
(Name of Corporation)

By [Signature]

(Report must be signed by an officer)

Title Pres.

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

7278913
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0045592 Annual Report for the year 1992

FIRST: The name of the corporation is Raffa Company, Inc.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is CONTRACTOR

FOURTH: If foreign corporation, address of its principal office _____

FIFTH: Business address in Rhode Island 36 CENTER AVE. MIDDLETOWN, R.I.
02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Michael C. RAFFA

President

36 CENTER AVE MIDDLETOWN, R.I.

Peter D. RAFFA

Vice President

201 ADAMANT DR. MIDDLETOWN, R.I.

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

PAID

NOV 19 1992

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Dated 11/18 19 92

RAFFA CO., INC.
(Name of Corporation)

By [Signature]

(Report must be signed by an officer)

Title PRES.

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0046682 Annual Report for the year 1991

FIRST: The name of the corporation is Raffa Company, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General contractor; any lawful business for which corporations may be incorporated under Title 7, Chapter 1.1 of the Rhode Island General Laws

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 36 Center Avenue, Middletown, R.I. 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Michael C. Raffa	Director	36 Center Avenue, Middletown, R.I. 02840
	Director	
	Director	
Michael C. Raffa	President	36 Center Avenue, Middletown, R.I. 02840
Michael C. Raffa	Vice President	36 Center Avenue, Middletown, R.I. 02840
Michael C. Raffa	Secretary	36 Center Avenue, Middletown, R.I. 02840
Michael C. Raffa	Treasurer	36 Center Avenue, Middletown, R.I. 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class
100	

Par Value
or statement that
shares are without
par value

no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	

Par Value
or statement that
shares are without
par value

no par value

PAID
APR 16 1991
SECY OF STATE

Dated February 19 91

RAFFA COMPANY, INC.

(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$154

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 46682

Annual Report for the year 1990

FIRST: The name of the corporation is Raffa Company, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General contractor - painting; any lawful business for which corporations may be incorporated under Title 7, Chapter 1.1 of the Rhode Island General Laws

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 36 Center Avenue, Middletown, R.I. 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Michael C. Raffa

Director

36 Center Avenue, Middletown, R.I. 02840

Director

Director

Michael C. Raffa

President

36 Center Avenue, Middletown, R.I. 02840

Michael C. Raffa

Vice President

36 Center Avenue, Middletown, R.I. 02840

Michael C. Raffa

Secretary

36 Center Avenue, Middletown, R.I. 02840

Michael C. Raffa

Treasurer

36 Center Avenue, Middletown, R.I. 02840

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Par Value
or statement that
shares are without
par value

100

no par value

Dated April 15 19 90

RAFFA COMPANY, INC.

(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0046682 Annual Report for the year 1989

FIRST: The name of the corporation is Raffa Company, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Painting Company

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 36 Center Avenue, Middletown, RI 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Michael C. Raffa	President	36 Center Avenue, Middletown, RI 02840
" " "	Vice President	" " " " " "
" " "	Secretary	" " " " " "
" " "	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par

Dated February 28, 19 89

RAFFA CO., INC.

(Name of Corporation)

By

Title

(Report must be signed by an officer)