

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Dursion 100 North Main Street Providence, RI 02903-1335 101 222 3040

'ROFIT	CORPORATION ANNUAL RI	EPORT FOR THE YEAR
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Filing Period: January 1 FORM MUST BE TYPED OR P		ng Fee: \$50.00			
l-Corporate ID No	2 Name of Corporation	m			<u></u>
46682	Raffa Company	/. Inc.			
i Sucer Address Principal Basau 36 Center A			Cin Middletown	State R.I.	2:p 02842
i Brisiness Pirine No		5 State of Incorporation	<u> —</u>		6 SIC Code
Hord Description of the Charac	ton (1)	RHODE ISLAND			257
GENERAL CONTRAC	TOR	(Khode Sang			
3. NAMES AND ADDRESS	ES OF THE OFFICERS	S: ("X" BOX FOR ATT	ACHMENT) = FILL IN SE	PACES BEFORE USING	G ATTACHMENTS
Michael C.			VicePresidentName Peter Raffa		
Steer Address 36 Center Avenue		Street Address 20 Indian Avenue	;		
Middletown	State R.I.	°02842	car Portsmouth	State R.I.	7.p 02871
Michael C.	Raffa		Michael C. Raft	f a	•••••
36 Center A	venue		Specialdress 36 Center Avent	16	
Middletown	R.I.	^{Zφ} 02842	^{Cu}) Middletown	State R.I.	02842
. NAMES AND ADDRESS urector Name	ES OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) [] FILL IN Director Name	SPACES BEFORE USIN	NG ATTACHMENTS
troot Address			Sireet Address		<u>.</u>
in:	State	Zip	Çu _y	State	Zip
Invetor Name	····J·······		Dirext or Name		
nost Address	· .		Street Address		
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umber of Shares	Class Series	Par Value	Number of Shares	Gass/Senes	Par Value
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		ner the President, Vice I		ry, I declare and affirm th nying schedules and state	Receiver or Trustee at I have examined this repo
Should Sh	<u>-05</u>		Supraine of Officer		$Z \cdot S \cdot O S$
Therk No.	<u> </u>		Peter Raff	ā	

Print or Type Name of Officer

Vice 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

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
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I. Corporate ID No	1 :-				
46682	2. Name of Corporation				
3. Street Address Principal Business	Raffa Company	r, inc.	City	State	Zip
36 Center Avenue	2		Middletown	R.I.	02842
4. Bustness Phone No.		5. State of Incorporation		•	G. SIC Code
		RHODE ISLAN)		257
Brief Description of the Character GENERAL CONTRACT		Rhode Island			
3. NAMES AND ADDRESSES	S OF THE OFFICERS:	C"X" BOX FOR ATT	ACHMENT)	ACES BEFORE USING	ATTACHMENTS
resident Name		•	Vice President Name		
Michae	l C. Raffa		Peter R	affa	
Street Address 36 Cent	ter Avenue		Sirrei Addirec 20 Indi	an "Avenue	
City	State	7.ip 02.842	Portsmouth:	State R:I.	Zip 02871
Middletown	R.I.	.] 02842		l K.T.	
Secretary Name Michael C. Ré	affa		Treasurer Name Michael C. Raff	а	
Street Address			Sirvei Address		
36 Center Aver	nue		36 Center Avenu	e	
Cuy	State	Zip	City	State	Zip
Middletown	RPI.	02842	Middletown	R.I.	02842
). NAMES AND ADDRESSE! Director Name	5 OF THE DIRECTOR	IS: ("X" BOX FOR A	TTACHMENT) FILL IN S	PACES BEFORE USIN	G ATTACHMENTS
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Street Address		Street Address			
City	State	Zip	City	State	Zip
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Director Name			Director Name		
Street Address			Street Address		·-
Cuy	State	Zip	City	State	2.(p
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100 NO PAR VALUE	_		100	Common	10 par vari
					
This report must be	signed in ink by eith	er the President, Vice	President, Secretary, Assistant	Secretary, Treasurer, R	deceiver or Trustee
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			linder penalty of period	out declare and affirm the	at I have examined this rem
			including apy ccompa	nying schedules and state	ments, and that all stateme
	4 6 6 8 2 *]		nying schedules and state	ments, and that all stateme
File Date)S 09		including apy ccompa	nying schedules and state	ments, and that all stateme
11)S 09 728		including apy ccompa	nying schedules and state	ments, and that all stateme
File Date)S 09 708		contained horsin are in	nying schedules and state up and correct.	ments, and that all stateme
11	15 09 708		including any accompa- contained horoid are in Signature of Officer	nying schedules and state pe and correct.	at I have examined this reportments, and that all statements.
Check No.)S 09 708		signature of Officer Michael C. Ra	nying schedules and state pe and correct.	ments, and that all stateme こってんし、



Edward S. Imman, III, Secretary of State Corporations Divusion 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

401-222-3640 2003

'ORM MUST BE TYPED OR PRINTE! - Corporate ID No.	2. Nume of Corp.	walten			
46682	Raffa Con	npany, Inc.		St ata	Zip
Street Address Principal Business Of			City	State R.T.	02842
36 Center Ave	nue		Middletown	K . I .	6 SIC Code
, Business Phane Nv.		S. State of Incorp	rotation -		
Brief Description of the Character in	(Birsinuss Conducte	RHODE II d in Rhode Island Gene	SLAND ral Contractor; any lawfi	ul business for	257 which corporations
y be incorporated und					
B. NAMES AND ADDRESS	S OF THE O	FFICERS ("X" BOX FOR	R ATTACHMENT! FILL IN SPACE	S BEFORE USING AT	ITACHMENTS
President Nume			Vice President Same		
Michael C. Raffa			Michael C. R	affa	
Beart Address			Street Address		
36 Center Avenue			36 Center Av	enue	
City	Seiete	Z:p	City	State	4.9
•	R.I.	02842	Middletown,	R.I.	02842
Secretary Name			Treasurer Name	•	
Michael C. Raffa			Michael C. R	affa	
Street Vindens					
36 Center Avenue	State	21p	36 Center Ave	nue State	Lip
ully Middleterm	R.T.	02842	Middletown	R.I.	02842
Middletown	• • •			CES BEFORE USING	ATTACHMENTS
9. NAMES AND ADDRESS Director Name	ES OF THE D	INECTORS PAR BOX	Director Name	CEO DEL ONE COM C	,
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Sticet Addiess					
<i></i>		7:n	Coty	State	2:0
City	State	Zip			بتناب
			Director Name		<u>ن</u> .
Diecetar Mami			Diction Asiac		
			Street Address		
Street Address			STACE SHOULTS		C.
(_r(t))	State	Z:p	Clb:	State	Zie
10. SHARES AUTHORIZED	UX" BOX FOR .	ATTACHMENT)	11. SHARES ISSUED	O CAN BOX FOR ATTACH	IMENT)
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Number of Shares"	Chirs/Series	Far Value	Number of Shares	Class Genes	Par Value
			100	common	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

	* 4 6 6 8 2 *	Under penalty of perfory, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
File Date:	FILED	that all statements contained herein are true and correct.
Check Na.:	JUN 1 0 2003	Signature of Officer Date
Re:	By (B) 3-20ENG	Michael C. Raffa Print or Type Name of Officer
FOR SECRETARY	OF STATE USE ONLY	President The of Officer Size 5 Farm 678 1202



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 46682 Raffa Company, Inc. 3 Street Address Principal Business Office City State Lip 36 Center Avenue Middletown, ₹.I. 02842 4 Business Phone No. 5. State of Incorporation 6. MC Code RHODE ISLAND 257 7 Brief Description of the Character of Rusiness 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 Vice President Name Michael C. Raffa Michael C. Raffa Street Address 36 Center Avenue 36 Center Avenue State Middletown R.I. 02842 R.T. 02842 Secretary Name Treasurer Name Michael C. Raffa Michael C. Raffa Street Address 36 Center Avenue 36 Center Avenue City R.J. 02842 Middletown R.I. 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 State Zip City State Zip Director Name Ducctor Name Street Address Street Address City State 210 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 common 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 patements contained herein are true and correct.

Michael C. Raffa

President

esgnature of Officer

Title of Officer

Print or Type Name of Officer

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

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

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 •	Business Entity is (check one):
For foreign entity, address and telephone number of principal office:	 [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16)
n/a	Name, title and mailing address of contact person to whom communications may be directed:
	Michael C. Raffa, President
Phone: ()	36 Center Avenue Middletown, R.I. 02842
Address and telephone of the principal office of business entity in Rhode- Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
36 Cener Avenue, Middletown, R.I. 02842	General Contractor; any lawful business for which corporations may be incorporated
	under Title 7, Chapter 1.1 of R.I. Gen. Law Date of Organization: Maréh 30, 1988
Phone: ()	Date of Qualification to do business in Rhode Island (if foreign entity):
	April 15, 1988
THE NAMES OF	THE OFFICERS ARE:
☐ CHIEF EXECUTIVE OFFICER OR ☐ PRESIDENT (Oncc) STREET A	ADDRESS CITY/STATE ZIP CODE
ichael C. Raffa 36 Center Avenue, CHIEF OPERATING OFFICER OR VICTO PRESIDENT (Check One) STREET A	
ichael C. Raffa 36 Center Avenue. M CUSTODIAN OF RECORDS OR SECRETARY (Check One) STREET A	iddletown, R.I. 02842 CITY/STATE ZIPCODE
ichael C. Raffa 36 Center Avenue. Gener Financial Officer OR Treasurer (Check One) STREET A	
THE NAMES OF T	HE DIRECTORS ARE:
·	COMPANY DESCRIPTION OF THE PROPERTY OF THE PRO
NAME STREET A	DDRESS CITY/STATE ZIP CODE
NAME STREET A	DDRESS CITY/STATE ZJP/CODR
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 100	NUMBER 1000
CLASS	CLASS common
SERIES	SERIES
PAR VALUE OR no par value WITHOUT PAR	PAR VALUE OR no par value WITHOUT PAR
Date 9/10/0/ . 10x 2001 By	nja
9-17-01 Mi	chael C. Raffa
C k# 4340P	TYPE NAME OF OFFICER SIGNING Tesident OFFICER SIGNING

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 BL.	ACK)				
1 Corporate ID No. 46682	2 Name of Corporate Raffa Comp				
3 Street Address Principal Busines.	s Office		City	State	Zip
36 Center	Avenue		Middletown	R.I.	02842
4. Business Phone No.		5 State of Incorporate RHODE ISLA			6. SIC Code 257
7. Brief Description of the Characte Corporations may			cal contractor; any can 7, Chapter 1.1 of R		
8. NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Michae	1 C. Raffa		Michael C.	Raffa	
Street Address			Street Address		
36 Center	Avenue		36 Center A	venue	
Cuy	State	ZIp	City	State	Zip
Middletown	R.I.	02842	Middletown	R.I.	02842
Secretary Name			Treasurer Name	<i>c.c.</i>	
Michael C. Ra	rra		Michael C. R	atta	
Street Address			Street Address		
36 Center Av			36 Center Ave		
city Middletown	State R.I.	^{Zip} 02842	City Middletown	State R.I.	Zip 02842
9. NAMES AND ADDRES Director Name	22C2 OF THE DIKE	CIOR2 CX BOX FOR	Director Name	ES BEFORE USING ATT	ACHMENIS
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 AUTHORIZI	E D ("x" box for atta	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			PACETA SUMMES		
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	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

Michael C. Raffa Print or Type Name of Officer

President

Title of Officer



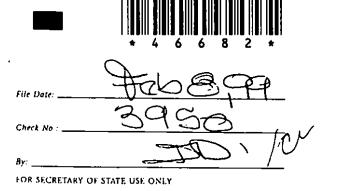
James R. Langevin, Sccretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PLEASE READ INSTRUCTIONS

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(FORM MUST HE TYPED IN B	LACK)				
1. Corporate 1D No. 46682	2. Name of Corpor Raffa Com				
3. Street Address Principal Busine		pany, mo.	City	State	Zip
36 Center A			Middletown	R.I.	02842
4. Business Phone No.	venue	5. State of Incorporat	lon	K. I.	6. SIC Gode 257
7. Brief Description of the Charac	ter of Business Conducted	in Rhode Island General	Contractor; any lawful	business for which c	ornorations may
		Chapter 1.1 of R.I.		out in the second	orporaciona may
8. NAMES AND ADDRI	ESSES OF THE OFF		TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Michael C. R	arra		Michael (. Kaila	
Street Address			Street Address		
36 Center Av			36 Center	Avenue	
City	State	ZIp	City	State	Zip
Middletown Secretary Name	R.I.	02842	Middletown Deasurer Name	R.I.	02842
Michael C. R	affa		Michael C. Re Succe Address	affa	
36 Center Av	enue		36 Center Ave	enue	
City	State	Zip	City	State	Zip
Middletown	R.I.	02842	Middletown	R.I.	02842
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS (*x* BOX FOR	ATTACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTA	ACHMENTS
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 AUTHORIZ AUTHORIZED SHARES	ED (*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED	(°X° BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VAL			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



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

Print or Type Name of Officer

President

Title of Officer





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

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

401-277-3040

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2 Name of Corporati		. T		
0046682		Raffa Comp	-	£4	Zip
3. Street Address Principal Business			City Middletown	State R.I.	02842
36 Center Aven	ue		MIddletown	K • 1 •	6. SIC Code
4. Business Phone No.		5. State of Incorporation			
DI)848-0998 7 Brief Description of the Character	of Business Conducted in	Rhode Isl Rhode Island General Cont	and tractor; any lawful bu	usiness for which o	0257 corporations may be
incorporated until 18. NAMES AND ADDRESS President Name	Title 7, Chapter SES OF THE OFFIC	1.1 of R.I. General LE CERS ("X" BOX FOR ATTACHN	IWS AENT) Vice President Name		
Michael C. Raff	а		Michael C. Ra	ffa	
36 Center Avenu	A .		36 Center Ave		
City Ceptiter Avenue	State	Zip	City	State	Zip
Middletown Secretary Name	R.I.	02842	Middletown Treasurer Name	R.I.	02842
Michael C. Raff	а		Michael C. Ra	ffa	
Street Address	_		Street Address 36 Center Ave	27110	
36 Center Avenu	e		30 Senter we		
City Middletown	State R.I.	02842	Middletown	State R.I.	^{Zip} 02842
9. NAMES AND ADDRES	SES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT)		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Gity	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	T)
Number of Shates	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100		no par value	100		no par value

tee This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasi

File Date. 18/08	UE' HT SO E of HUL	Under penalty of perjury, I declare and a this report, including any accompanying that all statements contained herein are	schedules and statements, and
Check NoSU	<u>y </u>	Signature of Officer Michael C. Raffa	Date
FOR SECRETARY OF STATE USE ONLY	2	Print or Type Name of Officer President Title of Officer	
			A 45 107



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

Zip

State

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No.

2. Name of Corporation

46682

Raffa Company, Inc.

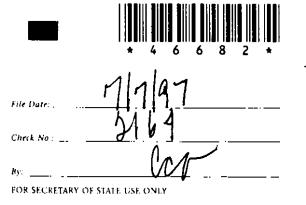
36 CENTER AVENUE MIDDLETOWN RI 02842 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 0257 401-848-0998 1. Brief Description of the Character of Business Conducted in Rhode Island PAINTING CONTRACTOR 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Michael Raffa Michael Raffa Street Address Street Address 36 Center Avenue 36 Center Avenue Ζφ City State ZipMiddletown 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 $Zi\rho$ 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 Lip City State Zip Director Name Director Name Street Address Street Address City State ZipCity 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

City

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

<u>President</u>

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 IO NO	2 MAKE OF CORPORATION				
46682	Raffa Co	ompany, Inc.			
3 STREET ADORESS PRINCIPAL BUSINESS OFFIC		• 5.	ary -	STATE	Z₽ C00€
36 Center Av		5 STATE OF INCORPORATION	Middletown	RI	0 2 8 4 2 6. SIC CODE
401-848-0998 7 Brief Description of the character of Bl	ISHYESS CONDUCTED IN RHODE ISLAN	RHODE I	ISLAND .		0257
Painting Con					
PRESIDENT HAME	8. NAMI	F2 AND ADD	RESSES OF THE OFFI	CENS	
Michael_Raf	fa .		Michael Raffa _	_	
36 Center A			36 Center Avenu		
Middletown secretary name	RI	02842	Middletown TREASURER NAME	RI	02842
Michael Raf	<u>fa</u>		Michael Raffa		
36 Center A	venue	ZIP CODE	36 Center Avenu	e state	20 COOE
Middletown	! RI	02842	Middletown	RI	02842
DIRECTOR NAME	9. NAM	ES AND ADD	RESSES OF THE DIRE	CTORS	
STREET ADORESS			STREET ADDRESS	<u> </u>	
an	STATE	ZIP COO€	an	STATE	70 COOE
DIRECTOR HAVE	<u> </u>		DIRECTOR NAME		·
STREET ADDRESS		•	" STREET ADDRESS "	••	•
ar — —	STATE	CUP COOK	ah — ·	STATE	20P C00€
-	10. SH	ARES AUTHO	RIZED AND ISSUED		·
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					. .
<u>.</u> .				- - -	
D	This r	report must be S	SIGNED IN INK by either the	androw of Torra	
Presid	gent, vice Presiden	π, Secretary, Ass	sistant Secretary, Treasurer, Re	ceiver or Irus	tee
	1		Under penalty of pe report, including any all statements conta	accompanying s	d affirm that I have examined this chedules and statements, and that the transfer of the trans

File Date: 3/6/96
Check No: 1824
By:
For Secretary of State Use Only

Michael Raffa

Print or Type Name of Officer

President

Signature of Officer

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

BB YEMTRE AVENUE

MIDDLETOWN 91 02842

90 (5682)

Corporate ID:

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

10.55

JUN 0 8 1995

Annual Report for the year:

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Name of Corporation:	Raffa Company,	inc.			
Business entity organized u	nder the laws of the State of: RHODE and telephone number of principal office:	ISLAND	•	neck one): ration (See RIGL Chapter 7-1.1 rvice Corporation (See RIGL C	
sland (Provide street addre 36 CENTER	ne principal office of business entity in Rhiss - Not P.O. Box): AVENUE , R.I. 02842	oxle	HOUSES		d in Rhode Island:
Phone: (401) 848-		-		uma .	
					
PRESIDENT	THE NAM	AES OF THE STREET ADDRE	OFFICERS ARE:	CUY/STATE	ZIP CODE
Michael Ra	ffa				
ICE PRESIDENT	<u> </u>	36 Cent		ddletown, R.I.	02842 ZIECODE
u u		11		A	11
SECRETARY		STREET ADDRE	SS	CITY/STATE	ZIP CODE
		11		n	n
REASURER		STREET ADDRE	ss ·	CITY/STATE	ZIP CODE
		11		11	n
	THE NAM		DIRECTORS ARE:		
VAME		STREET ADDRE	SS	CITY/STATE	ZIP CODE
VAME		STREET ADDRE	SS	CITY/STATE	Z:P CODE
SAME		STREET ADDRE	ss ·	CITY/STATE:	Z.P.CODE
NUMBER OF SHARES AUT	HORIZED (Rider may be attached)			SUED AND OUTSTANDING (R	der may be attached)
Number of Shares 100	Class / Series	1	Number of Shares 100	Class / Series	
Date X4/7/9		By By FRINT OR TYPE	Michael Raf	fa	
orm 31 1/95		TITLE OF OFFIC			
	DESIGNATED REGIST			DE PROCESS:	
LEASE NOTE: If the rec	istered office and/or registered agent ind				
	merca office and regimered agent mu	ileated Octow 18	meorica, roim y must	ot med.	
MIC	HAEL C. RAFFA			P-/3 3 5 3	

Chtt 3024 mine

Filing Fee \$15.00



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

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00466	582	. Annual Report fo	or the year 1994
First: The name of	of the corporation isRa	Sha Company, Inc.	
SECOND: It is inco	rporated under the laws of	of Rhode Island	
THIRD: Character for which corpor Island General L	ations may be incorp	, is general contractor - oorated under Title 7, Ch	painting; any lawful busine apter 1.1 of the Rhode
FOURTH: If foreign	corporation, address of	its principal officeN/A	
FIFTH: Business ad	dress in Rhode Island3a	6Center Avenue, Middleto	mun, R.I. 02842 JUL 1 / 1934
			By Mne
SIXTH: Names and	addresses of its directors		(Attach rider if necessary) ding number, street, zip code)
Michael C. F	dhla Directo	r .36 Center Avenue,	Middletown, R.I. 02842
	Directo	ır	
	Directo	r	
Michael C. 1	Raffa Preside	nt36CenterAvenue,	Middletown, R.1. 02842
Peter	Rassa Vice Pr	esident .12 Admirality: Drive	Middletown, R.I.02842
Michael C. 1	Raffa Secreta	ry 36 Center Avenue,	Middletown, R.I. 02842
Michael C. 1	Raffa Treasur	er 36 Center Avenue,	Middletown, R.I. 02842
	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100			no par value
Eighth: Number	of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100			no par value
Dated July 11	1994	(Name of Corporation)	INC.
		By Brasidant	
(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:
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 MIDDIETOWN, R. I. 02840 Phone (401) 8480998
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 MIDDIETOWN, R.I. 02840
Date of organization: 1988
Date of qualification to do business in Rhode Island (if foreign entity):

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	045682	Annual Report for t	he year 1993
FIRST: The name of	of the corporation is	Raffa.Cowpany,	Inc
SECOND: It is incor	rporated under the laws of	$R.\mathcal{I}.$	
THIRD: Character of	of business, briefly stated, is	Painting	·······
FOURTH: If foreign	corporation, address of its princ	cipal office	
	dress in Rhode Island 36		
MIDDIE.	town, RI	0284	0
SIXTH: Names and	addresses of its directors and off		(Attach rider if necessary) number, street, zip oxde)
•••••	Director		
	Director		
	Director		
Michael C.	RAPEA President	36 Cente	V AUS Midd.
Peter R	AFFA Vice President	36 CENTO	OF AUE 11
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Secretary		
	Treasurer		
Seventh: Number	of Shares authorized:		Par Value or statement that
No of Shares	Class	Series	shares are without par value
Eighth: Number o	f Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
7/10	Ca	0.	
Dated 7/10	19 \$3 (Nam	AFFA Company ne of Corporation)	, INC.
	Ву	Milche	
(Report must be s	signed by an officer) Title	PRes.	
	· · · · · · · · · · · · · · · · · · ·		

Filing Fee \$50.00		7278	13	To be filed annually between
State 1	of Rhode Island	d and Providence		January 1st and March 1st
	100 NOF	RATIONS DIVISION RTH MAIN STREET E, RHODE ISLAND 02903		
Corporate ID			rt for the ye	ar <u>1942</u>
FIRST: The name of the	corporation is		គមាមនិយាន	
SECOND: It is incorpora	ited under the laws of	p.I.		
THIRD: Character of bu	isiness, briefly stated, is		c F OK	
FOURTH: If foreign corp	poration, address of its	principal office		
FIFTH: Business address	in Rhode Island	36 CENTER AU	E. N	nippletown, R.S.
SIXTH: Names and add	resses of its directors a		(including number	(Attach rider if necessary)
	Director		•••••••••••••••••••••••••••••••••••••••	
	Director		******************	
Michael C. RAFFA Peter D. Raffa	President	36 CENT	er Aug	E MIDDLE TOWN, K.I
PETCY D. KAFFA	Vice Presi	ident 201 ADME1	14ty 0	R. MIDDIETOWN,
	·		••••	
			•••••••••••••••••••••••••••••••••••••••	
SEVENTH: Number of S	hares authorized:			Par Value or statement that shares are without
No. of Shares	Class	Series P	(I)	par value
		NOV	19 1992	
Eighth: Number of Sh	ares issued:	, .		Par Value Or statement that
No. of Shares	Class	Series		shares are without par value
Dated 11/18	19 92	RAFEA CO. (Name of Corporation)	, IN	
		By Prile	2/11	
(Report must be signed	I by an officer)	_		• • • • • • • • • • • • • • • • • • • •

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0045682		Annual Report	for the year	1991
FIRST: The	name of the corporation	ı is	Raffa Compa	ny, Inc.	***************************************
		-, -, -,	Rhode Isla	: 	
SECOND: It	is incorporated under th	e laws of	Rhode Isla	nd	
THIRD: Cha	racter of business, briefl	y stated, is	General cont	ractor; av	y lawaful busine
for which corpo General Laws	prations may be inc	orporated	under Title 7, Chap	ter 1.1 of 1	the Rhode Island
	foreign corporation, add	lress of its pr	rincipal office	A	
Fifth: Busin	ness address in Rhode Is	land 36	Center Avenue, Midd	Letown, R.I.	02840
	es and addresses of its d	lirectors and		(A	Attach rider if necessary) zip code)
Michael C. Raf	i fa	Director	36 Center Avenue,	Middletown,	R.I. 02840
		Director		••••••	
		Director	·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••
Michael CRad	{a	President	36Center.Avenue,	Middletown,	RI02.840
Michael C. Raf	fa	Vice Preside	nt 36 Center Avenu	e, Middletou	n, R.I. 02840
Michael C. Raf	fa	Secretary	36 Center Avenu	e, Middletou	n, R.I. 02840
Michael C. Raff	a ·	Treasurer	36 Center Avenue	, Middletown	, R.I. 02840
Seventh: N	umber of Shares authori	ized:			Par Value
No. of Shares	Class		Series Da	st	r statement that ares are without par value
100			SE APRIL	no par	value
Еіднтн: Nui	nber of Shares issued:		Series PAIR APRIA SECTOR STATE	7 ~ "	Par Value r statement that
No. of Shares	Class		Series ,	sh	ares are without par value
100				no par	value
Dated Februa	ry 19 ⁹	~ 1	RAFFA Name of Corporation)	COMPANY, INC	•
(Report m	oust be signed by an officer)	T	itle Presid	ent	

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
FIRST: The name of	the corporation isRad		
SECOND: It is incorp	oorated under the laws of.	Rhade Island	
THIRD: Character of business for which "Rhode" Island General	corporations may be	General contractor incorporated under Titl	painting; any lawful e 7, Chapter 1.1 of the
FOURTH: If foreign	corporation, address of its	principal officeN/A	
FIFTH: Business add	ress in Rhode Island	36 Center Avenue, Mido	iletown, R.I. 02840
SIXTH: Names and a	addresses of its directors ar		(Attach rider if necessary)
Michael C. Raff	Director Director	36 Center Avenue, Middl	
Michael C. Raffa	Director President	36 Center Avenue, Midd	letown. R.1. 02840
		dent 36 Center Avenue, 1	***************************************
Michael C. Raffa	Secretary	36 Center Avenue, Mic	ddletown, R.I. 02840
Michael C. Raffa	Treasurer	36 Center Avenue, Mic	ddletown, R.I. 02840
SEVENTH: Number of No. of Shares	of Shares authorized:	Series	Par Value or statement that shares are without par value
100			no par value
EIGHTH: Number of	Shares issued:	SEC NOR 18 1991	Par Value or statement that
No. of Shares	Class	Sent 0 1991	shares are without par value
100		TATE	no par value
Dated April 15	19		MPANY, INC.
(Report must be sig	ned by an officer)	Ry / /// / / / / / Title President	soffe-

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

0	004	6682	PROVIDENCI	5, RH(DDE ISL					\sim
Corporate ID.	• • • • • • • • • • • • • • • • • • • •					Annual	Report	for the year	ar1989	<i>O</i> //
First:	The name o	f the corporation	on is	• • • • • • • • • • • • • • • • • • • •	S≞f	fa Cor	ipany,	Inc.	••••••	••••••
SECOND:	It is incor	porated under	the laws of	· · · · · · · · · · · · · · · · · · ·	••••••	Rhod	e Islan	ıd		•••••••••••••••••••••••••••••••••••••••
		of business, brie								
Fourth:	If foreign	corporation, ac	ddress of its	prir	icipal (office				
FIFTH: E	Business add	ress in Rhode	Island	. 36	Cente	er Aven	Mid	dletown	RI 0284	0
	Name	addresses of its	Office	nd o	fficers:		Address (incl	uding number,	(Attach r	rider if necessary
		•••••••••••••••••••••••••••••••••••••••			********	•••••••••••	***********		*************	•
Michae	l.C. Raff	a	. President		360					02840
		•••••••••••••••••••••••••••••••••••••••				fr		н		
			. Secretary				!!	fs		ft
** ************************************		·····	Treasurer		***************************************		Ft	f1		fr
SEVENTH: No. of Shares		f Shares autho Class Common	MAR	ŢŨ		Series			Par Vai or statemer shares are w par valu	nt that vithout
EIGHTH:		Shares issued:	MAR DE 1989 OV OF STATE	TAIL O					Par Valo or statemen shares are w	t that
100		Class				Series			par valu	
		Common							No Par	
Dated <u>Febr</u>	uary28	19 89	9	(Nam	e of Con	PAFFA CO	O., INC	•		
(Repo	rt must be sign	ned by an officer)		Title	PR	ESIV	DEN	/	***************************************	