



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. 98781 2. Name of Corporation Langford Bros. Excavating, Inc.
3. Street Address Principal Business Office 212 Hope Road City Cranston State RI Zip 02921
4. Business Phone No. (401) 828-8132 5. State of Incorporation Rhode Island 6. SIC Code

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

Excavating

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

President Name <u>Michael E. Langford</u>	Vice President Name <u>Michael E. Langford</u>
Street Address <u>212 Hope Road</u>	Street Address <u>212 Hope Road</u>
City State Zip <u>Cranston RI 02921</u>	City State Zip <u>Cranston RI 02921</u>
Secretary Name <u>Michael E. Langford</u>	Treasurer Name <u>Michael E. Langford</u>
Street Address <u>212 Hope Road</u>	Street Address <u>212 Hope Road</u>
City State Zip <u>Cranston RI 02921</u>	City State Zip <u>Cranston RI 02921</u>

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

Director Name <u>Michael E. Langford</u>	Director Name
Street Address <u>212 Hope Road</u>	Street Address
City State Zip <u>Cranston RI 02921</u>	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	Class/Series	Par Value
1000	Common	No Par

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

ISSUED SHARES	Class/Series	Par Value
1000	Common	No Par

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

FILED

File Date APR 01 2005 4364

Check No. By MB

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.

 Date 2/16/2005
Michael E. Langford
 Print or Type Name of Officer
President
 Title of Officer

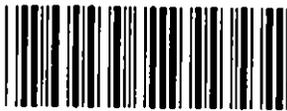


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 98781		2. Name of Corporation LANGFORD BROS. EXCAVATING, INC.			
3. Street Address Principal Business Office 212 Hope Road			City Cranston	State RI	Zip 02921
4. Business Phone No. (401) 828-8132		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island EXCAVATING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael E. Langford			Vice President Name Michael E. Langford		
Street Address 212 Hope Road			Street Address 212 Hope Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Michael E. Langford			Treasurer Name Michael E. Langford		
Street Address 212 Hope Road			Street Address 212 Hope Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael E. Langford			Director Name		
Street Address 212 Hope Road			Street Address		
City Cranston	State RI	Zip 02921	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	NO PAR VALUE		1,000	Common	No Par

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



* 9 8 7 8 1 *

File Date 3/12/04
Check No. 3662
By: B.
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 [Signature] Date 2/16/2004
Michael E. Langford
Print or Type Name of Officer
President
Title of Officer



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. **98781**
2. Name of Corporation **LANGFORD BROS. EXCAVATING, INC.**
3. Street Address Principal Business Office
212 Hope Road
4. Business Phone No. **(401) 828-8132**
5. State of Incorporation **RHODE ISLAND**

City **Cranston** State **RI** Zip **02921**
6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Excavating and any legal purpose.

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

President Name
Michael E. Langford
Street Address
212 Hope Road
City **Cranston** State **RI** Zip **02921**

Vice President Name
Michael E. Langford
Street Address
212 Hope Road
City **Cranston** State **RI** Zip **02921**

Secretary Name
Michael E. Langford
Street Address
212 Hope Road
City **Cranston** State **RI** Zip **02921**

Treasurer Name
Michael E. Langford
Street Address
212 Hope Road
City **Cranston** State **RI** Zip **02921**

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

Director Name
Michael E. Langford
Street Address
212 Hope Road
City **Cranston** State **RI** Zip **02921**

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
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No Par

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



* 9 8 7 8 1 *

3.18.03

File Date: _____
Check No.: **2993**
By: **ICP**

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 E. Langford** Date **3/1/2003**
Print or Type Name of Officer
President



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. **98781** 2. Name of Corporation **LANGFORD BROS. EXCAVATING, INC.**
3. Street Address Principal Business Office **212 Hope Road** City **Cranston** State **RI** Zip **02921**
4. Business Phone No. **(401) 828-8132** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island
Excavating and any legal purpose.

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

President Name Michael E. Langford	Vice President Name Michael E. Langford
Street Address 212 Hope Road	Street Address 212 Hope Road
City State Zip Cranston RI 02921	City State Zip Cranston RI 02921
Secretary Name Michael E. Langford	Treasurer Name Michael E. Langford
Street Address 212 Hope Road	Street Address 212 Hope Road
City State Zip Cranston RI 02921	City State Zip Cranston RI 02921

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

Director Name Michael E. Langford	Director Name
Street Address 212 Hope Road	Street Address
City State Zip Cranston RI 02921	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

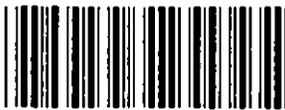
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
1,000	Common	No Par

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



* 9 8 7 8 1 *

File Date: 5-14-02
2524
Check No. 2
By: _____

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 E. Langford 3/1/2002
Signature of Officer Date
Michael E. Langford
Print or Type Name of Officer
President
Title of Officer



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. **98781** 2. Name of Corporation **LANGFORD BROS. EXCAVATING, INC.**

3. Street Address Principal Business Office
212 Hope Road City **Cranston** State **RI** Zip **02921**
4. Business Phone No. **(401) 828-8132** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Excavating and any legal purpose.

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

President Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921	Vice President Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921
Secretary Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921	Treasurer Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921

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

Director Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921	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
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No Par

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



* 9 8 7 8 1 *

File Date: 3-19-01

Check No.: 1798

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] President 2/15/2001
Signature of Officer Date

Michael E. Langford
Print or Type Name of Officer

President
Title of Officer



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. **98781** 2. Name of Corporation **LANGFORD BROS. EXCAVATING, INC.**
3. Street Address Principal Business Office **212 Hope Road** City **Cranston** State **RI** Zip **02921**
4. Business Phone No. **(401) 828-8132** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Excavating and any legal purpose.

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

President Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921	Vice President Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921
Secretary Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921	Treasurer Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921

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

Director Name Michael E. Langford Street Address 212 Hope Road City Cranston State RI Zip 02921	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	Class/Series	Par Value
1,000	NO	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
1,000	Common	No Par

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



* 9 8 7 8 1 *

File Date: 3/2/00
Check No: 1159
By: [Signature]

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: [Signature] Date: 2/15/00
Michael E. Langford
Print or Type Name of Officer
President
Title of Officer

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. **70085** 2. Name of Corporation **MELVIN LANGFORD ENTERPRISES INC**
3. Street Address Principal Business Office **9730 Eisenhower Rd** City **Jacksonville** State **FL** Zip **32246**
4. Business Phone No. **904-724-4062** 5. State of Incorporation **FLORIDA** 6. SIC Code **9696**

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

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

<p>President Name Melvin George Langford Street Address 9730 Eisenhower Rd City Jax State FL Zip 32246</p> <p>Secretary Name M.S. Langford Street Address 9867 Leahy Rd City Jax State FL Zip 32246</p>	<p>Vice President Name Melvin George Langford Street Address 9730 Eisenhower Rd City Jax State FL Zip 32246</p> <p>Treasurer Name M.G. Langford Street Address 9730 Eisenhower Rd City Jax State FL Zip 32246</p>
---	---

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

<p>Director Name M G Langford Street Address 9730 Eisenhower Rd City Jax State FL Zip 32246</p> <p>Director Name None Street Address None City _____ State _____ Zip _____</p>	<p>Director Name None Street Address None City _____ State _____ Zip _____</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
500	Common	500

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

Number of Shares	Class/Series	Par Value
500	Common	500

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



File Date: 4-26-99
Check No: 2741
By: AMF

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.

Melvin G. Langford 4/14/99
Signature of Officer Date
President Melvin G. LANGFORD
Print or Type Name of Officer
President
Title of Officer



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. 08781 2. Name of Corporation **LANGFORD BROS. EXCAVATING, INC.**
3. Street Address Principal Business Office **212 Hope Road** City **Cranston** State **RI** Zip **02921**
4. Business Phone No. **(401) 828-8132** 5. State of Incorporation **Rhode Island** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Excavating and any legal purpose.

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

President Name Michael E. Langford	Vice President Name Michael E. Langford
Street Address 212 Hope Road	Street Address 212 Hope Road
City State Zip Cranston RI 02921	City State Zip Cranston RI 02921
Secretary Name Michael E. Langford	Treasurer Name Michael E. Langford
Street Address 212 Hope Road	Street Address 212 Hope Road
City State Zip Cranston RI 02921	City State Zip Cranston RI 02921

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

Director Name Michael E. Langford	Director Name
Street Address 212 Hope Road	Street Address
City State Zip Cranston RI 02921	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	Common	No Par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	Common	No Par

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

File Date: 2/19/99
Check No: 983
By: [Signature]

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: [Signature] Date: 2/15/99
Print or Type Name of Officer: Michael E. Langford
Title of Officer: President