



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. 96081		2. Name of Corporation CONTRACTORS SERVICE INCORPORATED			
3. Street Address Principal Business Office 3340 PAWTUCKET AVENUE		City PROVIDENCE	State RI		
4. Business Phone No. 401 434 4300		5. State of Incorporation RHODE ISLAND	Zip 02914		
6. SIC Code 4416					
7. Brief Description of the Character of Business Conducted in Rhode Island TO SUPPLY EQUIPMENT FOR LEASE TO BUSINESSES IN THE CONSTRUCTION TRADE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID B. MURPHY		Vice President Name N/A			
Street Address 55 HERSEY ROAD		Street Address			
City CRANSTON	State RI	City	State		
Zip 02910		Zip			
Secretary Name GRACE E. MURPHY		Treasurer Name DAVID B. MURPHY			
Street Address 55 HERSEY ROAD		Street Address 55 HERSEY ROAD			
City CRANSTON	State RI	City CRANSTON	State RI		
Zip 02910		Zip 02910			
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		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
8,000	\$1.00	PAR VALUE	100	COMMON	NO PAR

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



9 6 0 8 1

\*96081 DBQ 01/14/04 03:44:40 PM\*

File Date 1/25/05

Check No. 45568

By: DA

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.

David B. Murphy Jan 11, 2005  
Signature of Officer Date  
DAVID B. MURPHY  
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.

96081

2. Name of Corporation

CONTRACTORS SERVICE INCORPORATED

3. Street Address Principal Business Office

3340 PAWTUCKET AVENUE

City

PROVIDENCE

State

RI

Zip

02914

4. Business Phone No.

401 434 4300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

4416

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

TO SUPPLY EQUIPMENT FOR LEASE TO BUSINESSES IN THE CONSTRUCTION TRADE.

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

President Name

DAVID B. MURPHY

Vice President Name

N/A

Street Address

55 HERSEY ROAD

Street Address

City

CRANSTON

State

RI

Zip

02910

City

State

Zip

Secretary Name

GRACE E. MURPHY

Treasurer Name

DAVID B. MURPHY

Street Address

55 HERSEY ROAD

Street Address

55 HERSEY ROAD

City

CRANSTON

State

RI

Zip

02910

City

CRANSTON

State

RI

Zip

02910

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

Director Name

N/A

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

8,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO PAR

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



9 6 0 8 1

96081 DBC 01/14/04 03:44:40 PM

File Date

2/11/04  
44740

Check No.

By:

km

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

DAVID B. MURPHY

Print or Type Name of Officer

PRESIDENT

Title of Officer

February 4, 2004

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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *96081*		2. Name of Corporation CONTRACTORS SERVICE INCORPORATED	
3. Street Address Principal Business Office 3340 PAWTUCKET AVENUE		City PROVIDENCE	State RI
4. Business Phone No. 4014344300		5. State of Incorporation RHODE ISLAND	6. SIC Code 4416

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO SUPPLY EQUIPMENT FOR LEASE TO BUSINESSES IN THE CONSTRUCTION TRADE.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David B. Murphy			Vice President Name none		
Street Address 55 Hersey Road			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Grace E. Murphy			Treasurer Name David B. Murphy		
Street Address 55 Hersey Road			Street Address 55 Hersey Road		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			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
8,000	\$1.00 PAR VALUE		100	common	\$1.00

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



\* 9 6 0 8 1 \*

*96081 DBC1/28/034:03:49 PM*	
File Date	2-3-03
Check No.	43893
By	KMC
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.

David B. Murphy Jan 28, 2003  
Signature of Officer Date  
David B. Murphy  
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  
401-222-3040



**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.

96081

2. Name of Corporation

CONTRACTORS SERVICE INCORPORATED

3. Street Address Principal Business Office

3340 Pawtucket Avenue

City

East Providence

State

RI

Zip

02914

4. Business Phone No.

401-434-4300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

4416

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

to supply equipment for lease to businesses in the construction trade

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

President Name

David B. Murphy

Vice President Name

none

Street Address

55 Hersey Road

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

Secretary Name

Grace E. Murphy

Treasurer Name

David B. Murphy

Street Address

55 Hersey Road

Street Address

55 Hersey Road

City

Cranston

State

RI

Zip

02910

City

Cranston

State

RI

Zip

02910

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

Director Name

none

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

8,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$1.00

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



\* 9 6 0 8 1 \*

File Date: FILED

Check No. JAN 17 2002

By: By CE43141

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.

David B. Murphy 01-15-02  
Signature of Officer

David B. Murphy  
Print or Type 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. **96081** 2. Name of Corporation **CONTRACTORS SERVICE INCORPORATED**

3. Street Address Principal Business Office  
**3340 Pawtucket Avenue** City **East Providence** State **RI** Zip **02914**  
4. Business Phone No. **401-434-4300** 5. State of Incorporation **RHODE ISLAND** 6. ~~4416~~

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

to supply equipment for lease to businesses in the construction trade

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

President Name

**David B. Murphy**

Vice President Name

**none**

Street Address

**55 Hersey Road**

Street Address

City **Cranston** State **RI** Zip **02910**

City State Zip

Secretary Name

**Grace E. Murphy**

Treasurer Name

**David B. Murphy**

Street Address

**55 Hersey Road**

Street Address

**55 Hersey Road**

City **Cranston** State **RI** Zip **02910**

City **Cranston** State **RI** Zip **02910**

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

Director Name

**NONE**

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 **8,000** Class/Series **\$1.00** Par Value **PAR VALUE**

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

ISSUED SHARES

Number of Shares **100** Class/Series **common** Par Value **\$1.00**

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



\* 9 6 0 8 1 \*

File Date: 3-15-01

Check No.: 42538

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.

David B. Murphy 3/13/2001  
Signature of Officer Date

DAVID B. MURPHY  
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.

2. Name of Corporation

96081

CONTRACTORS SERVICE INCORPORATED

3. Street Address Principal Business Office

City

State

Zip

3340 Pawtucket Avenue

East Providence

RI

02914

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-434-4300

RHODE ISLAND

4416

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

to supply equipment for lease to businesses in the construction trade

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

President Name

Vice President Name

David B. Murphy

none

Street Address

Street Address

55 Hersey Road

City

State

Zip

City

State

Zip

Cranston

RI

02910

Secretary Name

Treasurer Name

Grace E. Murphy

David B. Murphy

Street Address

Street Address

55 Hersey Road

City

State

Zip

City

State

Zip

Cranston

RI

02910

Cranston

RI

02910

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

Director Name

Director Name

none

none

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

none

none

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

8,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

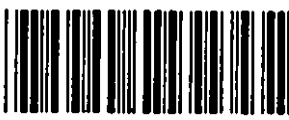
Par Value

100

common

\$1.00

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



\* 9 6 0 8 1 \*

File Date: MAR 21 2000

Check No. BY DMD 4/29/00

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: David B. Murphy Date: 3/06/2000

Print or Type Name of Officer: DAVID B. MURPHY

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.

96081

2. Name of Corporation

CONTRACTORS SERVICE INCORPORATED

3. Street Address Principal Business Office

3340 Pawtucket Avenue

City

East Providence

State

RI

Zip

02914

4. Business Phone No.

401-434-4300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

4416

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

to supply equipment for lease to businesses in the construction trade

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

President Name

David B. Murphy

Vice President Name

none

Street Address

55 Hersey Road

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

Secretary Name

Grace E. Murphy

Treasurer Name

David B. Murphy

Street Address

55 Hersey Road

Street Address

55 Hersey Road

City

Cranston

State

RI

Zip

02910

City

Cranston

State

RI

Zip

02910

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

Director Name

none

Director Name

none

Street Address

Street Address

City

State

Zip

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$1.00

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



\* 9 6 0 8 1 \*

File Date: FILED

Check No.: FEB 09 1999

By: David B. Murphy

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.

David B. Murphy 2/2/99  
Signature of Officer Date

David B. Murphy  
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

**98081**

**CONTRACTORS SERVICE INCORPORATED**

3. Street Address Principal Business Office

City

State

Zip

3340 Pawtucket Avenue

East Providence

RI

02914

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-434-4300

**RHODE ISLAND**

4416

7. Brief Description of the Character of Business Conducted in Rhode Island to supply equipment for lease to businesses in the construction trade

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

President Name

Vice President Name

David B. Murphy

none

Street Address

Street Address

55 Hersey Road

City

State

Zip

City

State

Zip

Cranston

RI

02910

Secretary Name

Treasurer Name

Grace E. Murphy

David B. Murphy

Street Address

Street Address

55 Hersey Road

55 Hersey Road

City

State

Zip

City

State

Zip

Cranston

RI

02910

Cranston

RI

02910

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

Director Name

Director Name

none

none

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

none

none

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

**8,000 \$1.00 PAR VALUE**

100

common

\$1.00

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



\* 9 6 0 8 1 \*

File Date: 1-21-98

Check No: 40585

By: LP

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.

David B. Murphy Jan 15, 1998  
Signature of Officer Date

David B. Murphy

Print or Type Name of Officer

President

Title of Officer