

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222,3040

PROFIT CORPORTION PROFIT CORPORTION Period: January 1	ORATION - March 1 • 1	ANNUAL REPO	RT FOR THE	YEAR 2005	
FORM MUST BE TYPED IN		· ·			
I. Corporate ID No. 96081	2. Name of Corp.	oration TORS SERVICE INCORI	PORATED		
3. Street Address Principal Bus. 3340 PAWTUCKET AV		·	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 Chai			CONSTRUCTION TRADE		L 1255
		FICERS ("X" BOX FOR ATTA	ICHMENT)		TTACHMENT'S
Street Address 55 HERSEY ROAD	 . <u>-</u>	•••••••••	N/A Street Address		·
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name GRACE E. MURHPY			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 ADDRES Director Name	SSES OF THE DI	RECTORS ("X" BOX FOR AT			
N/A			•		
Street Address			Street Address		
City	State	Zip — — — —	City	State	Zip
Director Name		• • • • • • •	Director Name		
Street Address			Sirect Address		· · · · · ·
City	State	Żip	City	State	
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR	RATTACHMENT)	ISSUED SHARES	" BOX FOR ATTACHME	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALU	JE •	••	100	COMMON	NO PAR
This report must be sign	ed in ink by eith	er the President, Vice Pre	sident, Secretary, Assis	stant Secretary, Treas	urer, Receiver or Truste
					,
9 6 0	8 1			jury, I declare and affirm gany accompanying sche	
96081 DBQ 01714704	03:44:40 PM	-· ·		its contained herein are tr	
Chert AL CALA		_	Signature of Officer	3.1Y/W/4Hy	Date 11. 2005
Check Md S D O			DAVID B. N Print or Type Name of		
FOR SECRETARY OF STATE	USE ONLY	_	PRESIDEN	T	
		J	Title of Officer		Form 630 12/0



FOR SECRETARY OF STATE USE ONLY

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

I. Corpurate ID No.	BLACK)				
	2. Name of Corporal		·		
96081		RS SERVICE INCOR	PORATED		
3. Street Address Principal Busin			Ciry	State	Žip
3340 PAWTUCKET AV	ENUE		PROVIDENCE	RI	02914
1. Business Phone No.		5. State of Incorporation		• • • • •	6. SIC Code
401 434 4300		RHODE ISLAND			4416
Brief Description of the Chard OSUPPLY EQUIPMENT	octer of Business Conduc FOR LEASE TO B	tted in Rhode Island SUSINESSES IN THE (ONSTRUCTION TRADE	•	. • .
8. NAMES AND ADDRESS	SES OF THE OFFIC	ERS ("X" BOX FOR ATT	I <i>CHMENT</i>) 🗌 FILL IN SI	PACES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		- · · · · -
DAVID B. MURPHY			N/A		
treet Address		· · · · · · · · · · · · · · · · · · ·	Street Address		••
55 HERSEY ROAD					
ity	State	Zip	City	State	TZip
TRANSTON	RI	02910			•
cretary Name			Treasurer Name	· · · • • • • • • • • • • • • • • • • •	. • . • • • • • • •
RACE E. MURHPY			DAVID B. MURPHY	Y	
ireei Address			Street Address		
5 HERSEY ROAD			.55 HERSEY ROAD		
iry	State	Zip	Ciry	State	Zip
RANSTON	RI	02910	CRANSTON	RI	102910
. NAMES AND ADDRESS irector Name	ES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
/A					
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recritation			Street Address		
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ig.	State	Zip	*City	State	, Zip
irector Name			Age to the second		
recor nume			Director Name		
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reet Address			Street Address		
iy	Siale	7/4	City	C	7 ;
,	1	Zip	· Cay	State	<i>Zip</i> i
O CHARROATTION	. I		• •	•	
O. SHARES AUTHORIZE	U ("X" BOX FOR AT	TACHMENT) [K" BOX FOR ATTACHMEN	(T) []
JTHORIZED SHARES	Class/Series	Par Value	ISSUED SHARES	Classification	5 T (p - v 6
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		La Descident ICas D	sident, Secretary, Assi:	stant Secretary, Treas	urer, Receiver or Tru
is report must be signed	d in ink by either t	ne President, vice Pres			
nis report must be signed	d in ink by either t	ne Presideni, vice Pre.			
is report must be signed	d in ink by either t	ne Fresiaeni, vice Fre.			
is report must be signed	d in ink by either t	ne Fresiaeni, vice Pre.			
nis report must be signed	d in ink by either t	ne Fresiaeni, vice Pre.			
is report must be signed	d in ink by either t	ne Fresiaeni, vice Pre.	Under penalty of per	rjury, I declare and affirm	
9 6 0	8 1	ne Fresiaeni, vice Pre.	Under penalty of per this report, including	g any accompanying sched	dules and statements,
9 6 0	8 1	ne Fresident, vice Pre.	Under penalty of per this report, including		dules and statements,
96081 DBC 01/14/04 0	8 1	ne Fresident, vice Pre.	Under penalty of per this report, including	g any accompanying sched	dules and statements, ue and correct.
96081 DBC 01/14/04 0	8 1	ne Fresident, Vice Pre.	Under penalty of per this report, including	g any accompanying schedats contained herein are to	dules and statements,

Print or Type Name of Officer PRESIDENT

Form 630 12/01



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						
1. Corporate ID No. *96081*		ration TORS SERVICE INC	CORPORATED			
3. Street Address Principal 3340 PAWTUCKET			City PROVIDENCE	State RI	Žip	
4. Business Phone No.		S Serve of the serve	. - L	R1	02914	
4014344300		5. State of Incorpor RHODE ISLA			6. SIC Code 4416	
7. Brief Description of the (Character of Business Cor ENT POR LEASE TO	ducted in Rhode Island BUSINESSES IN T	HE CONSTRUCTION TRADE.	 1 		
8. NAMES AND ADDE	RESSES OF THE OF	TICERS C"X" ROX FOR	ATTACHMENT) FILL IN SP.	ACES REFORE HISTOR	TEACHMENTS	
President Name			Vice President Name	NCLS, DEI ONL OSING A	(Wenning	
David B. Murphy	•		none			
treet Address			Street Address			
55 Hersey Road			•			
City	State	Zip	City	State	Zip	
Cranston	RI	02910	•			
ccretary Name	• • • • • • • • • • • • • • • • • • • •		Treasurer Name			
Grace E. Murphy			David B. Murphy			
Street Address			Street Address			
55 Hersey Road			.55 Hersey Road			
ity	State	Zip	City	State	Zip	
Cranston	RI	02910	Cranston	RI	02910	
9. NAMES AND ADDR	RESSES OF THE DIR	ECTORS ("X" BOX FO	DR ATTACHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS	
none			•			
ireet Address				· · · · · · · · · · · · · · · · · · ·		
iree Auuress			. Street Address	· Sireel Naaress		
lity	State	Zip	· Ciry	State	Zip	
			•			
Director Name	• • • • • • • • • • •		Director Name		• • • • • • • • • • • • • • • • • • •	
Street Address		·····	Sircei Address			
City	State	Zip	·Ciry	State	Zip	
	ļ		•			
10. SHARES AUTHOR	IZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	νη [] .	
UTHORIZED SHARES			ISSUED SHARES		-1 	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
,000 \$1.00 PAR VA	LUE		100	common	\$1.00	
		· · · · · · · · · · · · · · · · · · ·				
his report must be sig	gned in ink by eithe	er the President, Vice	President, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Truste	
1 100 H 10 H	1 61711 26 161 10161 1161					
<u></u> 9	6 0 8, 1 *			ury, I declare and affirm		
				any accompanying scheds contained herein are to		
*96081~DBC1/28/03	_		· · · · and mat an statement	a comanica nerem are in	ac and correct.	
File Date 1-3	<u>-03</u>	-	David 72	s. mustas	Aux 28,200	
Check No. 4	3893	_	Signature of Officer		Date	
	V (12.	_	Print or Type Name of C	Officer De Chy	·	
S <u>v.</u>	KINC	-	Tracida 4	- ,		
FOR SECRETARY OF STA	ATE USE ONLY		Tule of Officer		Form 630 12/0	

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

rung reriou: junuary 1-march 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

I Corporate ID No	2. Name of Corpor				
96081 3 Street Address Principal Busines		TORS SERVICE INCORF			
3340 Pawtucket A			East Providenc	se RI	02914
4 Business Phone No. 401-434-4300		5. State of Incorporat. RHODE ISLA			6. SIC Code 4416
7 Buel Description of the Charact to supply equipme			in the construction	n trade	
8. NAMES AND ADDREST President Name David B. Murphy	SSES OF THE OFF	TCERS ("X" BOX FOR AT	Vice President Name	S BEFORE USING ATTA	CHMENTS
Street Address 55 Hersey Road			none Street Address		
Cranston	State RI	02910	Car	State	Zip
Grace E. Murphy			Treasurer Name David B. Murph	ıy	
55 Hersey Road			Street Address 55 Hersey Road	i	
Cranston	State RI	02910	^{Cin} Cranston	State RI	^{Zip} 02910
9. NAMES AND ADDRESS Director Name none	SSES OF THE DIR	ECTORS ("X" BOX FOR /	TTACHMENT) FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
Street Address			Street Address		
City	State	Zip.	City	State	7 sp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	r)
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



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.

FOR SECRETARY OF STATE USE ONLY

Senature of Officer

David B. Murphy

Print or Type Name of Officer

President

Corporations Division 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 East \$50.00

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

(FORM MUST BE TYPED IN BLACK)

1.	Corporate	198081
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CONTRACTOR'S SERVICE INCORPORATED

3. Street Address Principal Busin	ess Office		City	State	Zip
3340 Pawtucket	Avenue		East Providen	ce RI	02914
4. Business Phone No.		⁵ kw68£""\$"			6. 44.9/6
401-434-4300		KNOVE ISE	1110		•••
7. Brief Description of the Chara	cter of Business Conducted i	n Rhode Island			
to supply equip	ment for leas	e to businesses	in the construction	n trade	
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS (*X* BOX FOR ATT	FILL IN SPACES	BEFORE USING ATTAC	HMENIS
President Name			Vice President Name		
David B. Murphy	•		none		
Street Address			Street Address		
55 Hersey Road					
Cate	State	71p	City	State	Zip
Cranston	RI	02910			
Secretary Name			Treasurer Name		
Grace E. Murphy	,		David B. Murphy	<i>†</i>	
Street Address			Street Address		
55 Hersey Road			55 Hersey Road		
Jity	State	Zip	Cuy	State	Zip
Cranston	RI	02910	Cranston	RT	02910
9. NAMES AND ADDRI	ESSES OF THE DIRI	ECTORS ("X" BOX FOR A	ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
NONE					
Street Address			Sticet Address		
ity –	State	Zip	City	State	Zip

Director Name			Director Name		
itreet Address			Street Address		
(dy	State	Zip	City	State	Zip
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10. SHARES AUTHORIZ	'FD (*x* box for att	ACHMENT)	11 SHARES ISSUED (Y' ROY FOR ATTACHMENT)
	ED ("x" box for att	ACHMENT)	11. SHARES ISSUED (*	X BOX FOR ATTACHMENT.)
AUTHORIZED SHARES			ISSUED SHARES		
10. SHARES AUTHORIZ AUTHORIZED SHARES Number of Shares 8,000 \$1.00 PA	Class/Series	ACHMENT) Par Value		X* BOX FOR ATTACHMENT. 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
Bv	<u> Z. </u>
FOR SECRETARY O	F STALE USE ONLY

Under penalty of perjury, Edeclare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Downa _ Signature of Officer

DAVID TS. MURTHY Print or Type Name of Officer

Me of Officer





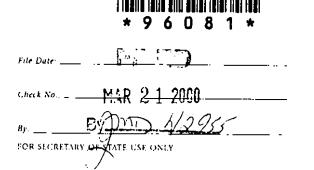
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

I Corporate ID No.	2. Name of Corpor	ation			
96081 3. Street Address Principal Business	CONTRACTO	RS SERVICE INC	ORPORATED /	State	Zip
3340 Pawtucket A 4. Business Phone No. 401-434-4300	venue	5 State of Incorporat	East Providence	RI	02914 6. SIC Code
7. Brief Description of the Character	r of Business Conducted	RHODE ISLA	IND		4416
	ent for leas	e to businesses	s in the construction TACHMENT) FILL IN SPACES BE Vice President Name	trade FORE USING ATTA	CHMENTS
David B. Murphy Street Address			none Street Address		
55 Hersey Road	State	Zip	City	State	Zıp
Cranston Secretury Name	RI	02910	Treasurer Name		
Grace E. Murphy Street Address			David B. Murphy Street Address		
55 Hersey Road	State	Zip	55 Hersey Road	State	ZIp
Cranston O. NAMES AND ADDRESS Director Name	RI SES OF THE DIR	02910	Cranston	r I BEFORE USING ATI	02910
none itreet Address			none Street Address		
ity .	State	Zip	City	State	Zip
Director Name			Director Name		
none trees Address			none Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZEI UTHORIZED SHARES	O (*X* BOX FOR ATT.	ACHMENT')	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	T)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR V	ALUE		100	common	\$1.00

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.

Durid D.	musten	3/06	1200
Signature of Officer		Date	

Peint or Type Name of Officer

Truzkistri T Title of Officer



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 I	IN BLAC	Κ,
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1. Corporate ID No.

2. Name of Corporation

96081	CONTRAC	TORS SERVICE IN	CORPORATED		
1. Street Address Principal Business	Office		City	State	Zip
3340 Pawtucket Av	renue		East Providence	RI	02914
I. Business Phone No.		5. State of Incorporat			6. SIC Code
401-434-4300		RHODE ISL	AND		4416
Brief Description of the Character					
			in the construction t	rade	
B. NAMES AND ADDRES: resident Name	SES OF THE OFF	ICERS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES BE Vice President Name	FORE USING AT	TACHMENTS
David B. Murphy			none		
treet Address			Street Address		
55 Hersey Road					
City	State	Zip	City	State	Zip
Cranston	RI	02910			
ecretary Name		·	Treasurer Name		•• •
Grace E. Murphy			David B. Murphy		
lieet Addiess			Street Address		
55 Hersey Road			55 Hersey Road		<u>.</u>
ity	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
. NAMES AND ADDRESS Officector Name	SES OF THE DIR	ECTORS ("X" BOX FOR.	ATTACHMENT) FILL IN SPACES I	BEFORE USING A	ATTACHMENTS
none			none		
treet Address			Street Address		
			Sittle Addition		
ity	State	Zip	City	State	Zip -
rector Name			Director Name		· · · · · · · · · · · · · · · · · · ·
none			none		
reel Address			Street Address		
lty	State	Zip	City	State	Zip
O. SHARES AUTHORIZEI UTHORIZEISHARES) ("X" BOX FOR ATT	ACHMENT) .	11. SHARES ISSUED (*X*)	BOX FOR ATTACHM	IENT)
umber of Shares	Class/Series	Par Value	Number of Shares	Class (Saules	Bas Mal

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

100



8,000 \$1.00 PAR VALUE

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.

common

\$1.00

Signature of Officer Date

David B. Murphy
Print or Type Name of Officer

President



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

FROFIT CORP	OKALION v 1-March 1 •	N ANNUAL : Filing Fee: \$50.	REPORT FOR 1 00	HE YEAR 19	98 PLEAST RESINSTRUCTION	
(FORM MUST BE TYPED IN BL)	ACK)					
1. Corporate ID No	2. Name of Corpo.	ration				
96081	CONTRACTORS SERVICE INCORPORATED					
3 Street Address Principal Business Office			City	State	Ζίρ	
3340 Pawtucket Av	renue		East Provider	ice RI	02914	
4. Business Phone No.	5 State of Incorporation 6. SIC				6. SIC Code	
401-434-4300 2. Brief Description of the Characte	r of Business Conducted	RHODE IS I in Rhode Island to St	LAND upply equipment for	lease to busines	4416 sses in the	
construction trad						
8. NAMES AND ADDRES	SES OF THE OF	FICERS ("X" BOX FOR A	ATTACHMENT)			
President Name			Vice President Name			
David B. Murphy Street Address			none Street Address			
55 Hersey Road	State	Zip	City	- State	· Zip	
Cranston	RI	02910	•		••••	
Secretary Name			Treasurer Name		•	
Grace E. Murphy Street Address			David B. Mu Street Address	rphy		
55 Hersey Road			55 Hersey F	load		
City	State	Zip	City	State	Zip	
Craneton	RΤ	02910	Craneton	рт	02010	

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

none none Street Address Street Address

City City Zip

Director Name Director Name

none none Street Address Street Address

City State State Zip

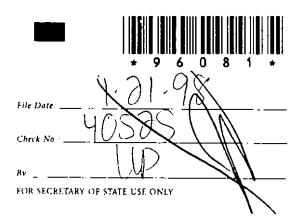
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES ISSUED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

100 8,000 \$1.00 PAR VALUE \$1.00 common

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.

David B. Murphy Print or Type Name of Officer

President

