

File Date

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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 Providense, RI 02903-1335 201-222-2040

401 222	317

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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 60584 REAGAN CONSTRUCTION CORP. 3. Street Address Principat Business Office Middletown RI Green State of Incorporation RHODE ISLAND 3889 om of the Character of Business Conducted in Rhode Island **HEAVY CONSTRUCTION** if fill in spaces before using attachments 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT, Street Address Street Address Ca_{Γ} State Zιρ Cur State Z(p)Precetor Name Director Name Street Address Street Address CHE State Cu_1 State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [1 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 1,000 COMM NO PAR VALUE 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.

William Reagan

Print or Type Name of Officer

President

Title of Officer

¢ontained∯orkin are true and correct.

including any accompanying schedules and statements, and that all statements



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

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60584		ONSTRUCTION CORP.		l e	200
treet Address Principal Bu	1		Middletown	n State RI	02847
121 Greer	n cane	5. State of Incorporation	Transite ious	<u>, </u>	6. SIC Code
(11) 2119	arth				
rief Description of the Che	racter of Business Conducted	RHODE ISLAND	<u></u>		3889
HEAVY CONSTRU					
NAMES AND ADDRI	ESSES OF THE OFFICE	ERS: ("X" BOX FOR ATT	ACHMENT)	SPACES BEFORE USING	ATTACHMENTS
ident Name		•	Vice President Name	•	
William	Regaan		William	Reagan	
or Address			Street Address		
1 Cypres	3 Street		1 Cypress	s Street	
	State	Zip - > O.I.	City	State	Zip 0.1
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William	Keagun		William	Reagar)	
et Address	\ \(\text{\text{\$\lambda}} \)		Street Address	: Cl - 0 - L	
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Newport	State RI	02840	Newport	IN SPACES BEFORE USING	O2840
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YI Address	 	·	Street Address		
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THORIZED SHARES			ISSUED SHARES		
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File Date 1-20-0 4

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By: _______

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I	declare and affir	m that I have exa	mined (his report.
including ally accompanying	ng schedules and nd offrect.	statements, and	inat ali : 	statements 1
contained fermin are true at	leafar		23	04
Signature of Officer	1		Date	·
William Ro	eagan			
Print or Type Name of Office				
President				
Title of Officer		Form	630 Rev	12/03



. STATE OF RHODE ISLAND

Matthew A. Brown, Secretary of State Carporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

AND PROVIDENCE PLANTATIONS Office of the Secretary of State	190 North Mail
*****	2002
PROFIT CORPORATION ANNUAL REPORT F	FOR THE YEAR 2003

Filing Period: January 1 -	March I ● F	iling Fee: \$50.00			
(FORM MUST BE TYPED IN BE					
1. Corporate ID Na. *60584*	2. Name of Corpo	ration ONSTRUCTION COI	RP.		TIME OF THE T
3. Street Address Principal Busine	ess Office	 	Ciry	State	Zip
121 GREEN LANE	_		MIDDLETOWN	RI	02842
4. Business Phone No.		5. State of Incorpora			6. SIC Code
4018499240		RHODE ISLAN	ND		3889
7 Brief Description of the Charac HEAVY CONSTRUCTION	cter of Business Con	ducted in Rhode Island			
President Name	ES OF THE OFF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP.	ACES BEFORE USING AT	TACHMENTS
William Reagan			.William Reagan		
Street Address			Street Address		
1 Cypress Street			.1 Cypress Stree	et . <u>-</u>	
City	, State	Zip	City	State	Zip
Newport	, RI	02840	Newport	RI	02840
Secretary Name William Reagan			***Tréasurer Name *** William Reagan		
Sireei Address 1 Cypress Street			Street Address	, p.	
City -	75	7:-	.1 Cypress Stree		
Newport	'State RI	2 <i>ip</i> 02840	City	State	Zip
	*************************		. Newport	JRI	02840
Director Name	E2 OF THE DIK	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN Director Name	SPACES BEFORE USING A	<u>ATTACHMENTS</u>
Sireei Address			Street Address	**	
City	State	Zip	·City	State	Zip
Director Name	*		Director Name	• • • • • • • • • • • • • • • • • • • •	.;
Street Address	<u></u> .	·	Street Address		·• •
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City	State	Zip	.City	State	Zip .
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Number of Shares	Class/Series	Par Value	Number of Shares	·Class/Series	Par Value
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inis report must be signe	a in ink by eith	er the President, Vice	President, Secretary, Assi	stant Secretary, Treasu	irer, Receiver or Truste
	 				
* 6 O			Under penalty of pe	rjury, I declare and affirm	that I have examined
				g any accompanying sched	
**60584* 3/10/0310:51:	13 AM*			nts contained herein are tru	
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File Date 3.11	\\ \		Linu	MN/ MUYE	3/10/03
Check No.	· }		Signature of Officer	<u> </u>)ate
1/1	`	-	William	1 Keagan	
$ _{B_{Y}}$	<i>)</i>		Print or Type Name of	Officer	
	Her Own		Prociden	+	
FOR SECRETARY OF STATE	USE UNLY	j	Title 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 _

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

60584

REAGAN CONSTRUCTION CORP.

3. Street Address Principal Business Office

State

RI

Zip

121 Green Lane

5. State of incorporation

02842 6. SIC Code

4. Business Phone No. (401) 849-9240

RHODE ISLAND

3889

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

Heavy construction

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

President Name

William Reagan

Street Address

1 Cypress Street

Newport

RI

02840

Treasurer Name

City

Cypress Street

William Reagan

Newport

Newport

Vice President Name

Middletown

State

RI

RI

02840

William Reagan

Street Address

1 Cypress Street

City Newport

RI

02840

William Reagan Street Address

1 Cypress Street

02840

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

Street Address

State

State

2.10

Street Address

City

Street Address

State

ZΙρ

Director Name Director Name

Street Address

City

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

1,000 COMM NO PAR VALUE

Class/Series

Par Value

ISSUITO 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



1-22-02 File Date: 12605

Check No.:

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

<u> William Reagan, President</u> Print or Type Name of Officer

President Title of Officer

Enum 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

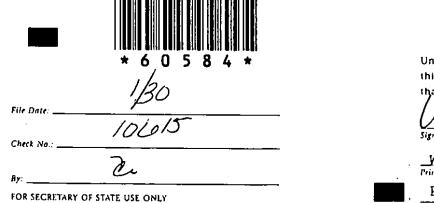
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLIASE READ INSTRUCTIONS

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

1. Corporate ID No. 60584	2. Name of Carpor REAGAN C	onstruction corp.			
3. Street Address Principal Busine 121 Green La			cuy Middletown	State RI	7.ip 02842
4. Business Phone No. (401) 849–92	240	5. State of Incorporation RHODE ISLAND			e 388à
7. Brief Description of the Charac Heavy constr		in Rhode Island			
-		FICERS ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES I	BEFORE USING ATTACE	HMENTS
William Rea	gan		William Reag	an	
1 Cypress S	treet		1 Cypress St	reet	
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
Secretary Name			Treasurer Name		
William Rea Street Addréss	gan		William Reag	an	
1 Cypress S	treet		Street Address 1 Cypress St	root	
Cliv	State	Zip	City	State	91-
Newport	RI	02840	Newport	RI	71p 02840
	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	•	S BEFORE USING ATTA	CHMENTS
.			Dittion Frame		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
Gity	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*)	K* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	6 1161	.	ISSUITED SHARES		
1,000 SHS COM N	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



President
Title of Officer



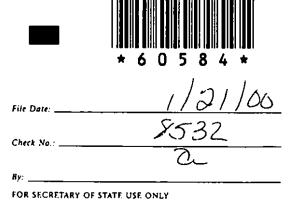
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP 121 AVERTAD 133 RECTIONAL

(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No. 60584	2. Name of Corpora REAGAN CO	nton NSTRUCTION CORP.			
3. Street Address Principal Busir	• • • • • • • • • • • • • • • • • • • •		Clly	State	Zip
121 Green L	ane		Middletown	RI	02842
4. Business Phone No. (401) 849-9	240	S. State of Incorporation RHODE ISLAN			6. SIC Code 3889
7. Brief Description of the Chara	acter of Business Conducted	in Rhode Island			
Heavy const. 8. NAMES AND ADDR President Name		ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES E	BEFORE USING ATTAC	HMENTS
William Read			William Rea	gan	
1 Cypress S	treet		1 Cypress S	treet	
City	State	Zip	City	State	Zip
Newport Secretary Name	RI	02840	Newport Treasurer Name	RI	02840
William Read	gan		William Rea	gan	
Street Address		•	Street Address	-	
1 Cypress S	treet		1 Cypress S	treet	
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
Street Address 1			Street Address		
City	State	Zip	City	State	Zip
Director Name	•		Director Name		•
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	K" BOX FOR ATTACHMENT.)
AUTHORIZED SHARES			ISTUTED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COM I	NO PAR VAL		100	common	no par

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, I cluding any accompanying schedules and statements, and that all statements contained percin are true and correct.

1/20/00
Signature of Officer

Date

William Reagan

Print or Type Name of Officer

President



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

STOP PILAM, READ INSTRUCTIONS

(FORM MUST RE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 60584 REAGAN CONSTRUCTION CORP. 3. Street Address Principal Business Office State 210 02842 121 Green Lane RI Middletown 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 3889 (401) 849-9240 7. Brief Description of the Character of Business Conducted in Rhode Island Heavy construction 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) . FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name William Reagan William Reagan Street Address Street Address Cypress St. 1 Cypress St. CIN 7.10 City State 02840 Newport RI 02840 RI Newport Secretary Name Treasurer Name William Reagan William Reagan Street Address Street Address Cypress St. Cypress St. State Zip City State 02840 02840 RI Newport RI Newport 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City State 7.10 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 1,000 SHS COM NO PAR VAL 100 common no par

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

	* 6 0 5 8 4 *
File Date:	Dh 36,99
Check No.:	6532
By:	

Under penalty of perjury, I declare and a	affirm that I have examined
this report including any accompanying	g schedules and statements, and
that all statements contained herein are	true and correct.
Willem Magan	2/25/99
Signature of Officer	Date
_William_Reagan	
Print or Type Name of Officer	
President	



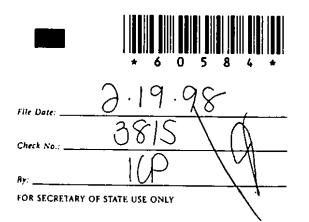
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

401-277-3040 STOP

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

4. Business Phone No. (401) 849-9240 SHODE ISLAND 7. Brief Description of the Character of Rusiness Conducted in Rhode Island Heavy construction 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name William Reagan Street Address 1. Cypress Street City State City State City State City State William Reagan Street Address 1. Cypress Street City State City S	MUST BE TYPED IN BLACK)						
121 Green Lane 4. Boulensy Phone No. (401) 849-9240 RHODE ISLAND 7. Brief Description of the Character of Rusiness Conducted in Rhode Islamd Heavy Construction 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Pictaldent Name William Reagan William Reagan Steer Address 1 Cypress Street City Newport RI 02840 Newpor			RUCTION CORP.				
121 Green Lane 4. Rusiness Phone No. 4. Rusiness Phone	Address Principal Business Office	r		City	State		Zip
7. Brief Description of the Character of Rusiness Conducted in Rhode Island Heavy Construction 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Prelident Name William Reagan William Reagan William Reagan Street Address 1 Cypress Street 1 Cypress Street City State Zip Newport RI 02840 Newport RI 02844 Street Address 1 Cypress Street 1 Cypress Street 1 Cypress Street 1 Cypress Street 2 Treasurer Name William Reagan Street Address 1 Cypress Street 1 Cypress Street 2 Treasurer Name William Reagan Street Address 1 Cypress Street 1 Cypress Street 2 Treasurer Name Newport Newport RI 02840 Newport RI 02840 Newport RI 02849 P. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name NONE Street Address Stre	ess Phone No.	S		Middletowr	1	RI	02842
Heavy construction 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name William Reagan Street Address 1 Cypress Street City State Zip Newport RI 02840 Newport RI 0284 Secretary Name William Reagan Street Address 1 Cypress Street City State Zip Newport RI 02840 Newport RI 0284 William Reagan Street Address 1 Cypress Street City State Zip Newport RI 02840 Newport RI 0284 Pressurer Name William Reagan Street Address 1 Cypress Street City State Zip Newport RI 02840 Newport RI 0284 Pressurer Name Newport RI 02840 Newport RI 0284 Street Address Street							3889
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Piculater Name William Reagan Street Address 1 Cypress Street 1 Cypress Street City State Zip City State Zip Newport RI 02840 Newport RI 0284 Secretary Name William Reagan Street Address 1 Cypress Street City State Zip City State Zip Newport RI 02840 Newport RI 0284 Secretary Name William Reagan Street Address 1 Cypress Street City State Zip City State Zip Newport RI 02840 Newport RI 0284 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name NONE Street Address S			island				
William Reagan Sitest Address 1 Cypress Street City State RI 02840 Newport RI 0284 Secretary Name William Reagan Sitest Address Secretary Name William Reagan Sitest Address Secretary Name William Reagan Sitest Address Sitest Address Sitest Address 1 Cypress Street 1 Cypress Street City State City State City State Newport RI 02840 Newport RI 0284 Newport RI 02849 Newport RI 0284 Newport RI 02840 Newport RI 0284 None Street Address Sitest Address Sitest Address City State City State Sitest Address City State City State Director Name Director Name Director Name Director Name Sitest Address City State Zip City State Zip City State Zip Director Name Director Name Director Name Sitest Address Sitest Address City State Zip Director Name Director Name Director Name Sitest Address Sitest Address City State Zip City State Zip City State Zip NONE Sitest Address Site	MES AND ADDRESSES		(*X* BOX FOR ATTACHM				
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City State Zip City State Zip O 2849 Newport RI 02840 Newport RI 02849 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE ' State Zip City State Zip Director Name Director Name State Zip Director Name City State Zip Director Name States Address City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES ISSUED SHARES ISSUED SHARES							
Newport RI 02840 Newport RI 0284 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name NONE Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip Onector Name Street Address			in.				
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name NONE Street Address City State Zip City State Zip Director Name Street Address City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES SULED SHARES				•	State	ŔĬ	02840
NONE Street Address Street Address City State Zip City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip City State Zip City State Zip Other City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES	MES AND ADDRESSES	OF THE DIRECTOR			• .		02010
Street Address City State Zip City State Zip Director Name Street Address Street Address City State Zip City State Zip Oil SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES	Name						
City State Zip City State Zip Director Name Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES SSUED SHARES SSUED SHARES	NE '						
Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES ISSUED SHARES	dress			Street Address			
Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES ISSUED SHARES	S	tate Z	lp	City	State		Žip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES	dress			Street Address			
AUTHORIZED SHARES ISSUED SHARES	S	late Z	ip	City	State		. Zip
DIVID STORES	ARES AUTHORIZED (**)	C BOX FOR ATTACHMEN	<i>ιτ)</i>	11. SHARES ISSU	JED (*x* Box foi	R ATTACHMENT)	
				ISSUED SHARES			
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	of Shares C	lass/Series Po	ar Value	Number of Shares	Class	/Series	Par Value
1,000 SHS COM NO PAR VAL 100 common no pa	00 SHS COM NO PAF	I VAL		100	cc	nommon	no par

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, According any accompanying schedules and statements, and that all statements contained herein are true and correct.

2/18/98

Signature of Officer

Date

William Reagan
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

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.

2. Name of Corporation

60584

REAGAN CONSTRUCTION CORP.

3. Street Address Principal Business Office

City

State

121 Green Lane 4. Business Phone No.

5. State of Incorporation

RI

02842 6. SIC Code

 \mathbf{n}

(401) 849-9240

RHODE ISLAND

3889

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

Heavy construction

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

President Name

William Reagan

Vice President Name

Street Address

Treasurer Name

Street Address

Director Name

City

Middletown

William Reagan

Street Address

City

Cypress Street

1 Cypress Street City

Newport Secretary Name

RI

02840

Newport

Newport

RI

RI

02840

William Reagan

Street Address

Cypress Street

Clly Newport

RI

02840

1 Cypress Street

William Reagan

State

02840

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

Director Name

NONE

Street Address

City

City

State

Street Address

State

Zip

Director Name Director Name

Street Address

State

Zip

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ESULTO SHARES Number of Shares

Street Address

Class/Series

Par Value

1,000 SHS COM NO PAR VAL

100

common

no par

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

William Reagan

Print or Type Name of Officer President



PROFIT CORPORATION ANNUAL REPORT

Filing Fee: \$50.00

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

				i	. S I	I A
		A	UTHOR	IZED SH	ARES	
NUMBER OF SHARES			Q.A	SS / SERT	<u> </u>	
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File Date:	11	30	19	6		
Check No:		48	340) ,	. ^	
Ву:					W	
For Seci	retary o	i State	Use	Onty	•	

CORPORATE IO NO.	2. NAME OF CORPORATION	PLEASE TYPE OF	PRINT IN BLACK INK.		
60584 Treet address prevojpač busines	REAGAN	CONSTRUCTION		The state of the s	
121 Green I			Middletown	State	02842
SINESS PHONE NO.		5 STATE OF INCORPORATION	MIddletown		0 Z O 4 Z
(401) 849-9	9240 Por Businiess combucteo in hinbo:	RHODE I	SLAND		3889
Heavy const		ISLAHD		_	
DENT HAVE	. 8. NA	MES AND ADDI	RESSES OF THE OF	FICERS	
William Rea	igan	······	, William Reag	an	
1 Cypress S			1 Cypress St	reet	
Newport	STATE	^{™ 000€}	Newport	STATE	02840
William Rea	ıgan	and a second	TREASURER NAME William Reag	an	***
1 Cypress S		·	street ADDRESS 1 Cypress St		
Newport	STATE RI	21P 000E 0 2 8 4 0	Newport	STATE	2º coo∈ 0 2 8 4 0
TOR NAME	9. NA NONE	•	DIRECTOR NAME		
T ADDRESS	······································	··· · · · · · · · · · · · · · · · · ·	STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
	STATE	ZIP CODE	ary	STATE	<i>D</i> ₽ C00€
TOR NAME		·	DIRECTOR NAME		
T ADDRESS			STREET ADDRESS		
	STATE	ZIP CODE	atv	STATE	Σ⊅ 000€
	10.5	HARES AUTHOR	IZED AND ISSUED	<u>- </u>	
NUMBER OF SHARES	AUTHORIZED SHARES		1	ISSUED SHARES	· · · · · · · · · · · · · · · · · · ·
NUMBER OF STATES	CLASS / SERTES	PAR VALUE	MUMBER OF SHARES	CLASS / SERGES	PAR VALUE
1,000 SHS	COM NO PAR VAL		100	common	no par
·					
	Tt. 1			<u> </u>	
Pr	ا ۱ esident, Vice Preside	s report must be SIC ent, Secretary, Assis	GNED IN INK by either the stant Secretary, Treasurer,	e Receiver or Trustee	
			report, incluging/	any accompanying sche	ffirm that I have examined dules and statements, and
	1 1 2		all statements do	ntained herein are true a	nd correct.

Signature of Officer William Reagan Print or Type Name of Officer 1/26/96 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

CA# 8283 MENC 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:	0060584			Annual Report fo	r the year:	395	
Name of Corporation	PEAGAN	CONSTRUCT		•			
	zed under the laws of the State	e of Rhode I	sland	Business Fetin	y is (check one):		
For foreign entity, add	ress and telephone number of	principal office:			y is (check one): Corporation (See RIGL)	Chapter 7.1.1)	
			-		nal Service Corporation		ipter 7-5.1)
				, ,	,	(4.00.
- /				Brief statemen	t of the character of busi	ness conducted	in Rhode Island:
	of the principal office of bus			- 4 - 12	· · · · · · · · · · · · · · · · · · ·		
Island (Provide street a	iddress - Not P.O. Box): Lane	·					
Middletown	RI 02842						
Phone: (401.) 84	9_9240			• • • • • • • • • • • • • • • • • • • •			
PRESIDENT		IHE NAMI	STREET ADDR	E OFFICERS A	CITY/STATE		ZIP CODE
William Read	gan	121	Green I	ane	Middletown	RI	02842
VICE PRESIDENT	<u> </u>		STREET ADDR		CITY/STATE		7:P CODE
SECRETARY			STREET ADDR	l-ss —	· CITY/STATE		ZIP CODE
<u> William Rea</u>	gan	121	Green I		Middletown	RI	02842
TREASURER			STREET ADDR		CITY/STATE:	,	ZIP CODE
William Rea	gan		Green I		Middletown	RI	02842
NAME.	-	THE NAME	S OF THE	DIRECTORS A	ARE:		ZIP CODE
					CHUSTALE		ZIP CODE
NAME			STREET ADDR	ESS	CITY/STATE	<u></u>	ZIP CODE
NAME							
NAME			STREET ADDR	ESS	CITY/STATE		Z!P CODE
NUMBER OF SHARES	AUTHORIZED (Rider may be	attached)		NUMBER OF SHAI	RES ISSUED AND OUTS	TANDING (Ride	r may be attached)
Number of Shares 1	000 Class / Series n	o par commo	1 ,	Number of Shares	100 Class / Ser.	ies no par	common
			— <i>j h</i>	<i>1-AA</i> ,			
Date Jan. 27	19_	<u>95</u>	By:	Wen K	<u>lager</u>		
Farm 21 - 4.85			PRINTERTYPE	iam Reagan ident	NING .		
Farm 31 1/95	Paraton	TIETER BEET AND ALLERS	TITLE OF OFFIC				
					CE OF PROCESS:		
TLEASE NOTE: If the	e registered office and/or reg	istered agent indica	ited below is	incorrect, Form 9	must be filed.		

WILLIAM A. REAGAN
121 GREEN LANE
MIDDLETOWN RI 02842

in a more

Filing Fee \$50 00 Payable to: Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State

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

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0060584	A	nnual Report for t	the year:	1994	
Name of Business Entity:			<u>REAG</u> AN CON	STRUCTION (CORP.	
Business entity organized unde	or the laws of the State of Rhode	 Island	Business Entity	is (check one):		
Federal Taxpaver Identification				•	e RIGL Chapter 7-1-1)	
For foreign entity, address and	telephone number of principal office.			essional Service Com- ited Liability Compan	oration (See RIGL Chi iy (See RIGL 7-16)	spier 7-5 1)
=· -·			Name, title and :	mailing address of con	itact person to whom	
				may be directed: eagan, Preside	ent	
<u>-</u>				nstruction Co		
Phone. ()			121 Green			
Address and telephone of the p	principal office of business entity in RI	hode	Middletow	n RI 02842		
Island (Provide street address - 121 Green Lane	- Not P.O. Box)		Br.ef statement o		nness conducted in Rho	ode Island:
Middletown RI	02842					
			Date of Organiza	ation: 5/22/90		
Phone: (401) 849-924	10				: Rhode Island (:f fore)	gn entity)
	THE NA	MES OF THE	OFFICERS AF	er:		
OBJET EXECUTIVE OFFICER OR	Z PROSIDENT CHANGE	NIMEET A DONE	S\$	CHASIATE		ZIPCODE.
William Roagan	☐ IVICE PRESIDENT (Check One)	STREET ADDRE		Middletow COTYGINE	u KI	02842 zm coar
☐ CUSTODIAN OF RECORDS ON [X	er priles re- one	STREET ADURY		CTTYSTATE		ZIP CODE
		21 Green La		Middletow	n RI	02842
William Reagan U CHETINANCIAL DELORDE William Reagan		STRUCTABORE 21 Green La		CIVATATE Middletow	m RI	73P C110# 02842
wiiiiam keagan		· · - ——	DIRECTORS A			
NAME		STREET ACRES		CITYSTATE		ZIP COO!
NAME : -	•	STREET ADDRESS	zz.	CITYATATE		MaCota
NAME		STREET ADDR	<u></u>	CYTY/STATE		zarçöök
NUMBER OF SHARES AU	THORIZED (If Applicable)		NUMBER OF SHA	ARES ISSUED AND C	OUTSTANDING (IF A	opplicable)
NUMBER 1000			NUMBER 10	00		
CLASS no par	common	I,	CLASS no	par common		
SERIES none		ı İ	series no	one		
PAR VALUE OR no pa	ar value 		PAR VALUE OR WITHOUT PAR	no par valu	le	
DateFeb 2	9.94	By_	Man	Reace	,L	
	FILED		am Reagan	SINC.	_	
	FEB 0 3 1998	Presi	dent	· inv		
Ferm.31 : 194	v Rom Cic Jay	π οι οι ικ	20.R SIGNING			
	ESIGNATED REGISTERED	OR RESIDEN	T AGENT FOR	SERVICE OF PR	OCESS:	

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filled.

Form 31 1/85

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

6068 mme

Corporate ID	(RJEARE)A	Annual Report for the ye	ar <u>1993</u>	
FIRST: The nam	e of the corporation is	is REAGAN CONSTRUCTION CORP.		
SECOND: It is in	corporated under the laws of Rh	ode Island		
THIRD: Characte	er of business, briefly stated, is	arine construction		
FOURTH: If fore	gn corporation, address of its prin			
FIFTH: Business	address in Rhode Island 121	Green Lane		
	Midd	letown RI 02840		
SIXTH: Names a	nd addresses of its directors and of	fficers: Address (including number.	(Attach rider if necessary) , street, zip code)	
	Director		••••••	
	Director			
William Re	Director	121 Croop Tape Middle		
	- I toldoll	121 Green Lane, Midd	retown RI 02840	
William Re	Vice President		······································	
William Re		121 Green Lane, Middl		
	210454101	121 Green Lane, Midd]	letown RI 02840	
SEVENTH: Numb	er of Shares authorized:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
1000	no par common	none	no par value	
Еіснтн: Number	of Shares issued:	PAID	D V-1	
	or shares issued.	FEB 2 3 1993	Par Value or statement that shares are without	
No. of Shares	Class	SEC'Y OF STATE	par value	
100	no par common	none	no par value	
Oated February 1 (Report must b		eagan Construction Cor le of Corporation	rp.	

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

Corporate ID	Friday Company Co.	Annual Report for the	year1955
FIRST: The name	of the corporation is		
SECOND: It is inco	rporated under the laws ofR	hode Island	EIV.
THIRD: Character	of business, briefly stated, is	marine construction	1992
FOURTH: If foreign	n corporation, address of its pri	ncipal office	
FIFTH: Business ac	dress in Rhode Island121	Green Lane	······
	Midd	letown RI 02840	·····
SIXTH: Names and	addresses of its directors and o	Officers: Address (including nu	(Attach rider if necessary)
	Director		
	Director		•
	Director		· · · · · · · · · · · · · · · · · · ·
William Reaga	President	121 Green Lane, Mi	ddletown RI 02840
	Vice Presiden	ıt	
William Reaga	•	121 Green Lane, Mic	ddletown RI 02840
William Reaga	an Treasurer	121 Green Lane, Mid	ddletown RI 02840
SEVENTH: Number	of Shares authorized:	Rec'd & Filed re3 45	Par Value or statement that shares are without
1 0 0 0	Class no par common	Series	par value
	no par common	none	no par value
Еіднтн: Number o	of Shares issued:		Par Value or statement that
No of Shares	Class	Series	shares are without par value
100	no par common	none	no par value
Patcd February 18	1992(N.	Reagan Construction	Corp.
(Report must be	By signed by an officer) Til	William Reagan President	gui

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

Corporate ID)99	060584	Annual Report	for the year 1991
First:	The name of		REAGAN CONST	TRUCTION CORP.
SECOND	: It is incorp			
THIRD:	Character of			tion
Fourth		corporation, address of it	s principal office	
Г ІРТН:				
***************************************	•••••	<u>,</u>	1iddletown RI 0284	0
Ѕіхтн:	Names and a	ddresses of its directors a		(Attach rider if necessary)
	•••••••••••••••••••••••••••••••••••••••	Director	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	Director		
******************************	******************************	Director		
William	Reagan	President	121 Green Lane,	Middletown RI 02840
	•••••••••	Vice Pres	sident	
Shannon	Reagan	Secretary	121 Green Lane,	Middletown RI 02840
William	Reagan	Treasurer	121 Green Lane,	Middletown RI 02840
Seventh	: Number o	f Shares authorized:		Par Value
No. of Sha	ares	Class	Senerally Senerally	or statement that shares are without par value
1000)	no par common	Sene A	no par value
Еіднтн:	Number of	Shares issued:	72	Par Value
No of Sha	ires	Class	Series	or statement that shares are without par value
100)	no par common	none	no par value
Dated Feb	oruary 22	19 91	Reagan Construction (Name of Corporation) By Construction	Ition Corp.
(Re	port must be sig	ned by an officer)	William Read Title President	gab
Form 31 1/85		of an onicor	- MoLes Lucit	•••••••••••••••••••••••••••••••••••••••