



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 OR PRINTED IN BLACK)

|   |                    |   |   |                    |                     |
|---|--------------------|---|---|--------------------|---------------------|
| 1. Corporate ID No.<br><b>118382</b>  |                    | 2. Name of Corporation<br><b>STEPHEN SULLIVAN, INC.</b> |   |                    |                     |
| 3. Street Address Principal Business Office<br><b>34 River Road</b>   |                    |   | City<br><b>Saunderstown</b>   | State<br><b>RI</b> | Zip<br><b>02874</b> |
| 4. Business Phone No.   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>        |   |                    | 6. SIC Code         |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>TO ENGAGE IN ALL ASPECTS OF THE CONSTRUCTION INDUSTRY, RESIDENTIAL AND COMMERCIAL</b> |                    |   |   |                    |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                       |                    |   |   |                    |                     |
| President Name<br><b>Stephen J. Sullivan, Sr.</b>   |                    |   | Vice President Name<br><b>Same</b>                                  |                    |                     |
| Street Address<br><b>34 River Road</b>  |                    |   | Street Address  |                    |                     |
| City<br><b>Saunderstown</b>   | State<br><b>RI</b> | Zip<br><b>02874</b>                                     | City  | State              | Zip                 |
| Secretary Name<br><b>Same</b>   |                    |   | Treasurer Name<br><b>Same</b>                                       |                    |                     |
| Street Address  |                    |   | Street Address  |                    |                     |
| City  | State              | Zip   | City  | State              | Zip                 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                      |                    |   |   |                    |                     |
| Director Name<br><b>none</b>  |                    |   | 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           |
| <b>1,000 \$0.01 PAR VALUE</b>   | <b>Common</b>      |   | <b>100</b>  | <b>common</b>      | <b>\$ .01</b>       |

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



|                                 |                |
|---------------------------------|----------------|
| File Date                       | <b>2-18-05</b> |
| Check No.                       | <b>1651</b>    |
| By:                             | <b>RS</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.

Stephen J. Sullivan, Sr.  
Signature of Officer Date

Stephen J. Sullivan, Sr.  
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 OR PRINTED IN BLACK)

|  |              |  |   |              |              |
|--|--------------|--|---|--------------|--------------|
| 1. Corporate ID No<br>118382   |              | 2. Name of Corporation<br>STEPHEN SULLIVAN, INC. |   |              |              |
| 3. Street Address Principal Business Office<br>34 River Road   |              | City<br>Saunderstown                             |   | State<br>RI  | Zip<br>02874 |
| 4. Business Phone No.  |              | 5. State of Incorporation<br>RHODE ISLAND        |   |              | 6. SIC Code  |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO ENGAGE IN ALL ASPECTS OF THE CONSTRUCTION INDUSTRY, RESIDENTIAL AND COMMERCIAL |              |  |   |              |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                |              |  |   |              |              |
| President Name<br>Stephen J. Sullivan, Sr.   |              |  | Vice President Name<br>Same   |              |              |
| Street Address<br>34 River Road  |              |  | Street Address  |              |              |
| City<br>Saunderstown   | State<br>RI  | Zip<br>02874                                     | City  | State        | Zip          |
| Secretary Name<br>Same   |              |  | Treasurer Name<br>Same  |              |              |
| Street Address   |              |  | Street Address  |              |              |
| City   | State        | Zip  | City  | State        | Zip          |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                               |              |  |   |              |              |
| Director Name<br>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    |
| 1,000 \$01 PAR VALUE   | common       |  | 100   | common       | \$ .01       |
|  |              |  |   |              |              |

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



\* 1 1 8 3 8 2 \*

|                                 |        |
|---------------------------------|--------|
| File Date                       | 3/9/04 |
| Check No.                       | 704    |
| By:                             | BS     |
| 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

Date

Stephen J. Sullivan, Sr.

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 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

118382

2. Name of Corporation

STEPHEN SULLIVAN, INC.

3. Street Address Principal Business Office

34 River Road

City

Saunderstown

State

RI

Zip

02874

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Construction

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Stephen J. Sullivan, Sr.

Vice President Name

same

Street Address

34 River Road

Street Address

City

Saunderstown

State

RI

Zip

02874

City

State

Zip

Secretary Name

same

Treasurer Name

same

Street Address

Street Address

City

State

Zip

City

State

Zip

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$0.01 PAR VALUE

common

\$ .01

Number of Shares

Class/Series

Par Value

100

common

\$ .01

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



\* 1 1 8 3 8 2 \*

FILED

File Date: APR 04 2003

Check No. BY 409

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: Stephen J. Sullivan, Sr. Date: 3-25-03

Print or Type Name of Officer: Stephen J. Sullivan, Sr.

Title of Officer: President

Form 630 12/92



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.

118382

2. Name of Corporation

STEPHEN SULLIVAN, INC.

3. Street Address Principal Business Office

34 River Road

City

Saunderstown

State

RI

Zip

02874

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

see attached

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

President Name

Stephen J. Sullivan, Sr.

Vice President Name

same

Street Address

Street Address

34 River Road

City

State

Zip

Saunderstown

RI

02874

City

State

Zip

Secretary Name

same

Treasurer Name

same

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

none

Director Name

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

1,000 \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$ .01

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



\* 1 1 8 3 8 2 \*

File Date: 3-4-02

Che. & No. 188

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 of Officer

Date

2-19-02

Stephen J. Sullivan, Sr.

Print or Type Name of Officer

President

Title of Officer

To engage in all aspects of the construction industry, residential and commercial and to transact any and all lawful business for which corporations may be incorporated under the Rhode Island Business Corporation Act, as same may be amended from time to time hereafter.