



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. 104282		2. Name of Corporation C & J Construction, Inc.			
3. Street Address Principal Business Office 144 ROUND TOP ROAD			City HARRISVILLE	State RI	Zip 02830-
4. Business Phone No. 4015689168		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTOR AND CONSTRUCTION AND REMODELING OF RESIDENTIAL AND COMMERCIAL STRUCTURES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHRISTOPHER J KEEGAN		Vice President Name KENNETH KEEGAN			
Street Address 144 ROUND TOP RD		Street Address 32 KENNEDY LANE			
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name CHRISTOPHER J KEEGAN		Treasurer Name KENNETH KEEGAN			
Street Address 144 ROUND TOP RD		Street Address 32 KENNEDY LANE			
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHRISTOPHER J KEEGAN		Director Name KENNETH KEEGAN			
Street Address 144 ROUND TOP RD		Street Address 32 KENNEDY LANE			
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	COMMON	0

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



1 0 4 2 8 2

104282 DBC 01/20/05 12:05:54 PM

File Date **FILED**

Check No. **MAR 29 2005** 2271

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] 1-25-05
Signature of Officer Date
CHRISTOPHER J KEEGAN
Print or Type Name of Officer
PRESIDENT
Title of Officer

**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

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. 104282
2. Name of Corporation C & J Construction, Inc.
City HARRISVILLE State RI Zip 02830-
3. Street Address Principal Business Office 144 ROUND TOP ROAD
6. SIC Code 34

4. Business Phone No. 4015689168
5. State of Incorporation RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL CONTRACTOR AND CONSTRUCTION AND REMODELING OF RESIDENTIAL AND COMMERCIAL STRUCTURES.

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

Vice President Name: KENNETH KEEGAN
Street Address: 32 KENNEDY LANE
City: HARRISVILLE State: RI Zip: 02830

President Name: CHRISTOPHER KEEGAN
Street Address: 144 ROUND TOP RD
City: HARRISVILLE State: RI Zip: 02830

Secretary Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

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

Director Name: KENNETH KEEGAN
Street Address: 32 KENNEDY LANE
City: HARRISVILLE State: RI Zip: 02830

Director Name: CHRISTOPHER KEEGAN
Street Address: 144 ROUND TOP RD
City: HARRISVILLE State: RI Zip: 02830

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	COMMON	0

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

ISSUED SHARES Number of Shares	Class/Series	Par Value
100	COMMON	0

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

104282 DBC 01/12/04 10:12:38 AM

File Date: 1-20-04

Check No. 1876

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.

1-16

Christopher J. Keegan
Signature of Officer
Date
Christopher J. Keegan
Print or Type Name of Officer
Pres
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Fee: \$50.00



104282
Corporate ID No.

2. Name of Corporation
C & J Construction, Inc.

City
HARRISVILLE State
RI

Zip
02830
6. SIC Code
34

144 ROUND TOP RD
Business Phone No.

5. State of Incorporation
RHODE ISLAND

401-568-9168
Business Phone No.

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

8.1. Vice President Name
CHRISTOPHER KEEGAN
Street Address
144 ROUND TOP RD
City
HARRISVILLE, RI

8.2. Vice President Name
KENNETH KEEGAN
Street Address
32 KENNEDY LANE
City
HARRISVILLE State
RI Zip
02830

8.3. Secretary Name
CHRISTOPHER KEEGAN
Street Address
144 ROUND TOP RD
City
HARRISVILLE State
RI Zip
02830

8.4. Treasurer Name
KENNETH KEEGAN
Street Address
32 KENNEDY LANE
City
HARRISVILLE State
RI Zip
02830

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

9.1. Director Name
CHRISTOPHER KEEGAN
Street Address
144 ROUND TOP RD
City
HARRISVILLE State
RI Zip
02830

9.2. Director Name
KENNETH KEEGAN
Street Address
32 KENNEDY LANE
City
HARRISVILLE State
RI Zip
02830

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

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

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

ISSUED SHARES
Number of Shares
100
Class/Series
COMMON
Par Value
0

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



File Date: **3-11-03**
Check No.: **1069**
By: **UP**

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: **Christopher J. Keegan** Date: **3-11-03**
Print or Type Name of Officer: **CHRISTOPHER KEEGAN**
Title of Officer: **PRESIDENT**

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. **104282**
2 Name of Corporation **C & J Construction, Inc.**
3 Street Address Principal Business Office
144 ROUND TOP ROAD
4 Business Phone No. **401-568-9168**
5 State of Incorporation **RHODE ISLAND**
7 Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION

City **HARRISVILLE** State **RI** Zip **02830**
6 SIC Code **34**

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

President Name **CHRISTOPHER KEEGAN**
Street Address
144 ROUND TOP ROAD
City **HARRISVILLE** State **RI** Zip **02830**
Secretary Name

Vice President Name **KENNETH KEEGAN**
Street Address
32 KENNEDY LANE
City **HARRISVILLE** State **RI** Zip **02830**
Treasurer Name

Street Address
City State Zip

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

Director Name **CHRISTOPHER KEEGAN**
Street Address
144 ROUND TOP ROAD
City **HARRISVILLE** State **RI** Zip **02830**
Director Name

Director Name **KENNETH KEEGAN**
Street Address
32 KENNEDY LANE
City **HARRISVILLE** State **RI** Zip **02830**
Director Name

Street Address
City State Zip

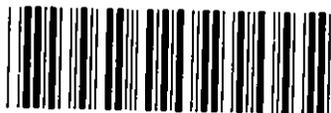
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON 0

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



* 1 0 4 2 8 2 *

File Date 2-4-02
Check No. 1246
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 1-22-02
CHRISTOPHER KEEGAN
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 **104282** 2. Name of Corporation **C & J Construction, Inc.**
 3. Street Address Principal Business Office **144 Round Top Road** City **Harrisville** State **RI** Zip **02830**
 4. Business Phone No **401-568-9168** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**
 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 Christopher Keegan Street Address 144 Round Top Road City Harrisville State RI Zip 02830	Vice President Name Kenneth Keegan Street Address 32 Kennedy Lane City Harrisville State RI Zip 02830
Secretary Name Street Address City State Zip	Treasurer Name Street Address City State Zip

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

Director Name Christopher Keegan Street Address 144 Round Top Road City Harrisville State RI Zip 02830	Director Name Kenneth Keegan Street Address 32 Kennedy Lane City Harrisville State RI Zip 02830
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	Common	

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

ISSUED SHARES	Class/Series	Par Value
100	Common	0

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



* 1 0 4 2 8 2 *

File Date 1/26

Check No. 3514

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.

Christopher J Keegan 1-20-01
 Signature of Officer Date
Christopher J Keegan
 Printed 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. **104282** 2. Name of Corporation **C & J Construction, Inc.**

3. Street Address Principal Business Office **144 Round Top Road** City **Harrisville** State **RI** Zip **02830**
4. Business Phone No. **(401) 568-9168** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

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 Christopher Keegan	Vice President Name Kenneth Keegan
Street Address 144 Round Top Road	Street Address 32 Kennedy Lane
City Harrisville State RI Zip 02830	City Harrisville State RI Zip 02830
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name Christopher Keegan	Director Name Kenneth Keegan
Street Address 144 Round Top Road	Street Address 32 Kennedy Lane
City Harrisville State RI Zip 02830	City Harrisville State RI Zip 02830
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

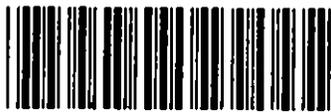
Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	Common	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	0

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



* 1 0 4 2 8 2 *

31/100

File Date: _____

Check No.: **3272**

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.

02-25-00
Signature of Officer Date

Christopher Keegan
Print or Type Name of Officer

President