

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

Matthew A. Brown, Secretary of State

orperate ID No	≥ Name of Corpora	tion					
107084	Reco Constru	uctors, Inc.			7.6		
reet Address Principal Busin	ess Office	 	City	State 37 A	23219		
710 Hospi	tal Street	<u></u>	Richmond	<u>VA</u>	6 SIC Code		
usines Phone No		5 State of Incorporation	!		3889		
(804) 644		VIRGINIA					
nej Description of the Chara SPECIALTY CONTR	cter of Business Conducted	in Rhode Island STEEL TANKS.					
		RS: ("X" BOX FOR AT	TACHMENT) [] FILL IN	SPACES BEFORE USING	G ATTACHMENTS		
adent Name	020 01 1110 0110		Vice President Name				
Jerry L.	Dawson		Leslie W. Dix	on			
et Address			Street Address		<u> </u>		
	tal Street		710 Hospital	Street			
710 HOSDI	State	Zip	Cit)	State	Zψ		
_	i	23219	Richmond	VA	23219		
Richmond	¥&		Treasurer Name				
Leslie W.	Divon		None				
Lestie_w <u>.</u> et Address	DIAGII		Street Address	Street Address			
	tal Street		710 Hospital Street				
/10 HOSPI	State State	Ζφ	City	State	Zip 0.0010		
Richmond	VA	23219	Richmond	VA	23219		
NAMES AND ADDRES	SSES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) [FILL]	IN SPACES BEFORE US	ING ATTACHMENTS		
vector Name			Director Name				
Robert C	Courain, Jr.		J <u>erry L. D</u> aw	son			
ert Address	JUGIGAN VIII		Street Address				
710 Hoen	Ital Street		710 Hospital	710 Hospital Street			
<u> </u>	State	Zip	City	State	2.0		
Richmond	VA	23219	Richmond	VA	23219		
rector Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name				
None			None				
reet Address			Street Address	Street Address			
710 Hosp	ital Street		710 Hospital				
ty	State	Zφ	cin	State 11 A	23219		
Richmond) VA	23219	Richmond	VA	1		
). SHARES AUTHORIZ	ZED ("X" BOX FOR	ATTACHMENT)	•	("X" BOX FOR ATTAC	HMENI) [
CUPORIZED SHARES		.	ISSUED SHARES				
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
initial of southern			i i	I	I		

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

Title of Officer

	107084
File Date	FILED D6942
Ву	By US ONLY

Inder penalty of perjury, I declare and affirm that including any accompanying schedules and statem	I have examined this report, ents, and that all statements
Interior function of the content of	3/8/05
ignature of Officer	Date
eslie W. Dixon	
rint or Type Name of Officer	
Vice President/Secretary	



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

Matthew A. Brown, Secretary of State

. Corporate ID No.	2. Name of Corpor	ntion					
107084	Reco Const	ructors, Inc.	<u> </u>				
Street Address Principal Busin 710 Hospital S			Richmond	State VA	23219		
. Business Phone No. (804) 644–2611		5. State of Incorporation VIRGINIA	н		6. SIC Cixle 3889		
Brief Description of the Cham SPECIALTY CONTR	cter of Business Conducte RACTOR - ERECTOR	d in Rhode Island STEEL TANKS.					
	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	· · ·	SPACES BEFORE US	ING ATTACHMENTS		
President Name	_		Vice President Name				
Jerry L. Dawso	n		Leslie W. Dix	con	·		
irce Address 710 Hospital S 	treet		Sircei Address 710 Hospital Street				
Cay	State	Zip	City	State	Z/p		
Richmond	VA	23219	Richmond	VA	23219		
Corran Name Leslie W. Dixo	าก		Treasurer Name None	• • • • • • • • • • • • • • • • • • • •			
Since Address 710 Hospital Street			Sirrei Address 710 Hospital	Street			
Richmond	State VA	<i>Ζφ</i> 23219	City Richmond	State VA	Zip 23219		
Director Name		TORS: ("X" BOX FOR	ATTACHMENT) FILL Director Name	IN SPACES BEFORE I	USING ATTACHMENTS		
Robert C. Cour	ain, Jr.		Jerry L. Dawson				
ircei Address 710 Hospital S	treet		Street Address 710 Hospital	Street Address 710 Hospital Street			
City	State	Zip	City	State	Zip		
Richmond	VA	23219	Richmond	VA	23219		
Director Name None		••••••	Director Name None	• 11 11 11 11 11 11 11 11 11 11 11 11 11			
iree Addres 710 Hospital S	irce Addres 710 Hospital Street			Street	·		
City:	State	Zip	City	State	Z.íp		
Richmond		23219	Richmond	VA.	23219		

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

ISSUED SHARES

Number of Shares

1,000

File Date _	4128104	
Check No	008421	
Ву:	· \(\psi\)	
F	OR SECRETARY OF STATE USE ONLY	

Class/Series

Par Value

AUTHORIZED SHARES

1,000 COMM \$100.00 PAR VALUE

Number of Shares

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and stateme contained berein are true and correct.	
PosliWLSfor	4/20/04
Signature of Officer	Date
Leslie W. Dixon	
Print or Type Name of Officer	
Vice President/Secretary	
Title of Officer	

Class/Series

Comm

Par Value

\$100.00



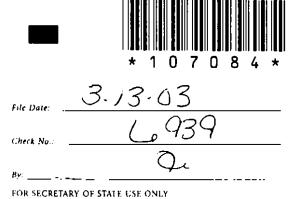
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

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23219 6. SIC Code 3889 NTS
6. SIC Code 3889 NTS
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3889 NTS
Zip
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23219
Zip
23219
IENTS
Zip
23219
Zip
Par Value
\$100.00
₩.

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 seathments contained herein are true and correct.

Signature of Officer Date

Leslie W. Dixon
Print or Type Name of Officer
Vice President/Secretary

Vice President/Secretary

Title of Officer

Form 630 12/92

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street. Providence, RJ 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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INSTRU	TOONS

	Period: January 1		1 • F	iling I	Fee: \$50.00				INSTRUCTIO
	MUST BE TYPED IN BLAC rate ID No.		Ca.aa4/						
•	07084		Corporation						
	O1004 Address Principal Business O		Construc	tors, in	C.	CIV.			
). Sizett						City	State	Zip	22210
e Hurin	710 Hospital	Street				Richmond	VA		23219
7. 1102111	33 1 HONE 140.				te of Incorporation			6. SIC	
7. Brief i	(804) 644-261 Description of the Character of			hode Islan	/IRGINIA d				3889
	Special Contr	actor S	Steel 1	[anks					
B. NAi Presideni	MES AND ADDRESSI	ES OF THE	OFFICE	ers (*x	BOX FOR ATTACH	IMENT) FILL, IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS	
	Jerry L. Daws	son				Leslie W. Di	xon		
Street Ad	•					Street Address			
	710 Hospital	Street				710 Hospital	Street		
Sity	•	State		Zip		City	State	Zip	
	Richmond		VA		23219	Richmond	VA		23219
Secretary	Name					Treasurer Name			
	Leslie W. Dix	kon				None			
itreet Ad						Street Address			
	710 Hospital	Street							
lity	, 10 1100 p 1001	State		Zip		City	State	Zip	
	Richmond		VA		23219		J	r.1p	
9. NA:	MES AND ADDRESSI	ES OF THE		TORS (CHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS	
Director .						Director Name	20 000 000 0000 000	1011/10/110	
	Robert C. Cou	rain.	Jr.			Jerry L. Daw	son		
treet Ad		•				Street Address			
	710 Hospital	Street				710 Hospital	Street		
City		State		Zip		City	State	Zip	
	Richmond		VA		23219	Richmond	VA	****	23219
drector i	Name					Director Name			
treet Adi	dress					Street Address			
City		State		Zip		City	State	Zip	
	ARES AUTHORIZED	(*X* BOX FC	OR ATTACH	IMENT)		11. SHARES ISSUED ('*X" BOX FOR ATTACHMENT	ין	
iumber o	f Shares	Class/Series		Par Va	ilue	Number of Shares	Class/Sertes	Par Val	lue
4.004	COMM \$100.00 PAR	/ΔI HE				1,000	Comm		\$100.00

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



	2.19.02	
File Date: _		
Check No.: _	5289	
Ву:		
	ARY OF STATE LISE 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.

Tali W Dison

2/14/02

Signature of Officer

Date

Leslie W. Dixon

Vice President / Secretary

Title of Officer

C--- 630 13101

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 Carporate III No.

2 Name of Corporation Reco Constructors, Inc.

3 Street Address Principal Business Office

Richmond

City

State

 Z_{ip}

710 Hospital Street 4 Business Phone No.

Virginia

23219 ° 3889

(304) 644-2611

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

Specialty Contractor Steel Tanks FILL IN SPACES BEFORE USING ATTACHMENTS

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

State

Jerry L. Dawson

Street Address

2 Broad Run Road City

Manakin-Sabot

Virginia

23103

Leslie W. Dixon

Street Address

6802 Deer Ticket Drive

Vice President Name

 Z_{ip}

Midlothian,

Virginia

23112

Treasurer Name

Leslie W. Dixon

Street Address

Secretary Name

6802 Deer Ticket Drive

State

Street Address

City

State

Zip

Midlothian

Virgnia

23112

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

Robert C. Courain, Jr.

1,000 COMM \$100.00 PAR

FOR SECRETARY OF STATE USE ONLY

Street Address

9 Deer Pun Road

City

Manakin-Sabot

Virginia

23103

Director Name

Street Address

City

State

State

Jerry L. Dawson

Street Address

Director Name

2 Broad Pun Road

Manakin-Sabot

Zip

Virginia

23103

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

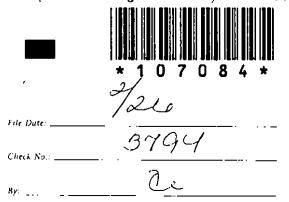
Number of Shares

Class/Series

Par Value

1,000 Comm \$100.00 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, including any accompanying schedules and statements, and statements contained herein are true and correct.

Signature of Officer

<u>Leslie W. Dixon</u> Print or Type Name of Officer Vice President/Secretary

Title of Officer



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

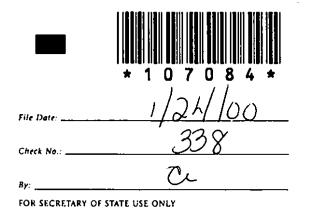
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January	I-March 1 •	Filing Fee: \$50.00		<u> </u>	PULAN
(FORM MUST BE TYPED IN BLAC	κ)				
1. Carporate 1D No.	2. Name of Corporati	Ion			
107084	Reco Const	ructors, Inc.			
3. Street Address Principal Business O 710 Hospital Sti			City Richmond	State VA	^{21p} 23219
4. Business Phone No. (804) 644-2611		S. State of Incorporation VIRGINIA			6. SIC Code 3889
7. Brief Description of the Character of Specialty Contra	of Business Conducted in actor Steel	Rhode Island Fanks			
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BEF	ORE USING ATTA	CHMENTS
President Name Jerry L. Dawson			Vice President Name Leslie W. Dixon		
Street Address 2 Broad Run Road	i		Street Address 6802 Deer Ticket	Drive	
cuy Manakin-Sabot	State VA	^{Zip} 23103	Midlothian,	State VA	^{21p} 23112
Secretary Name Leslie W. Dixon			Treasurer Name		
Street Address 6802 Deer Ticket	Drive		Street Address		
Midlothian	State VA	^{z_{ip}} 23112	City	State	Zip
9. NAMES AND ADDRESS Director Name Robert C. Coura		CTORS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACES BI Director Name Jerry L. Dawson	ÉFÖRE USING ATI	TACHMENTS
Street Address 9 Deer Run Road			Street Address 2 Broad Run Road	[
cny Manakin-Sabot	State VA	23103	^{Ciry} Manakin-Sabot	State VA	Zip 23103
Director Name		• • • • •	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMEN	<i>(T)</i>

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

Number of Shares



Class/Series

Par Value

Number of Shares

1,000 COMM \$100.00 PAR

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

Class/Series

1/13/2000 Date

Par Value

Signature of Officer

Leslie W. Dixon

1,000 Comm \$100.00 Par

Print or Type Name of Officer Vice President/Secretary

Title of Officer