



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 02903-1133  
401.222.3000

# 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. Corporation ID No. <b>91490</b>		2. Name of Corporation <b>R. Arnold &amp; Sons Construction, Inc.</b>			
3. Street Address Principal Business Office <b>2 Loop Dr.</b>		City <b>N. Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
4. Business Phone No. <b>401-294-7833</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>34</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF CREATING AND INSTALLING CONCRETE FOUNDATIONS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Robert R Arnold Jr</b>			Vice President Name <b>SAME</b>		
Street Address <b>2 Loop Dr.</b>			Street Address <b>SAME</b>		
City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
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 <b>None</b>			Director Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 NO PAR VALUE</b>			<b>100 shares NO PAR VALUE</b>		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 NO PAR VALUE</b>			<b>100 shares NO PAR VALUE</b>		

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



File Date	<b>FILED</b>
Check No	<b>FEB 08 2005</b>
By	<b>497 GMA</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.

**Robert R Arnold Jr** 2-7-05  
Signature of Officer Date  
**Robert Arnold Jr**  
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 02903-1333  
401.222.304

**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. <u>91490</u>		2. Name of Corporation <u>R. Arnold &amp; Sons Construction Inc.</u>									
3. Street Address Principal Business Office <u>2 LOOP DR.</u>		City <u>WICKFORD</u>	State <u>R.I.</u>	Zip <u>02852</u>							
4. Business Phone No. <u>401-294-7833</u>		5. State of Incorporation <u>Rhode Island</u>		6. SIC Code <u>34</u>							
7. Brief Description of the Character of Business Conducted in Rhode Island <u>RESIDENTIAL &amp; LIGHT COMMERCIAL CONSTRUCTION</u>											
8. NAMES AND ADDRESSES OF THE OFFICERS: ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name <u>Robert R Arnold Jr.</u>		Vice President Name <u>same</u>									
Street Address <u>same 2 LOOP DR.</u>		Street Address <u>same</u>									
City <u>WICKFORD</u>	State <u>RI</u>	Zip <u>02852</u>									
Secretary Name <u>same</u>		Treasurer Name <u>same</u>									
Street Address <u>same</u>		Street Address <u>same</u>									
City <u>WICKFORD</u>	State <u>RI</u>	Zip <u>02852</u>									
9. NAMES AND ADDRESSES OF THE DIRECTORS: ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name <u>none</u>		Director Name <u>none</u>									
Street Address <u>none</u>		Street Address <u>none</u>									
City <u>WICKFORD</u>	State <u>RI</u>	Zip <u>02852</u>									
Director Name <u>none</u>		Director Name <u>none</u>									
Street Address <u>none</u>		Street Address <u>none</u>									
City <u>WICKFORD</u>	State <u>RI</u>	Zip <u>02852</u>									
10. SHARES AUTHORIZED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>						
AUTHORIZED SHARES					ISSUED SHARES						
Number of Shares <u>100</u>		Class/Series <u>NO PAR VALUE</u>		Par Value		Number of Shares <u>100</u>		Class/Series <u>NO PAR VALUE</u>		Par Value	

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

File Date 3/8/04  
Check No. 456  
By: KMC

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 Robert R Arnold Jr. Date 3-8-4  
Print or Type Name of Officer  
Title of Officer President



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 02903-133  
401-222-304

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.

91490

2. Name of Corporation

R. Arnold & Sons Construction, Inc.

3. Street Address Principal Business Office

159 BEACH ST

City

WICKFORD

State

RI

Zip

02852

4. Business Phone No.

401-294-7833

5. State of Incorporation

RHODE ISLAND

6. SIC Code

34

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

RESIDENTIAL AND LIGHT COMMERCIAL CONSTRUCTION

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

ROBERT R ARNOLD JR

Vice President Name

SAME

Street Address

159 BEACH ST

Street Address

City

WICKFORD

State

RI

Zip

02852

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

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

NONE

Director Name

NONE

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 SHARES NO PAR VALUE

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



\* 9 1 4 9 0 \*

File Date: 2/12/03

Check No.: 371

By: SN

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.

Robert R Arnold Jr 1-9-03  
Signature of Officer Date

ROBERT R ARNOLD JR  
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 02903-1333  
401 222-3044



**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.

91490

2. Name of Corporation

R. Arnold & Sons Construction, Inc.

3. Street Address Principal Business Office

159 Beach St

City Wickford

State

RI

Zip

02852

4. Business Phone No.

401-294-7833

5. State of Incorporation

RHODE ISLAND

6. SIC Code

34

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

Residential & Light Commercial Construction & Sales

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Robert R Arnold Jr.

Vice President Name

SAME

Street Address

Street Address

City

159 Beach St

City

State

Zip

Wickford RI

Zip

02852

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

SAME

SAME

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

None

Director Name

None

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 SHARES NO PAR VALUE

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



\* 9 1 4 9 0 \*

1-10-02

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

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 \_\_\_\_\_ Date 1-8-02

Robert R Arnold Jr

President



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

Corporations Division  
100 North Main Street, Providence, RI 02903-13  
401-222-36



# 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. **91490** 2. Name of Corporation **R. Arnold & Sons Construction, Inc.**  
3. Street Address Principal Business Office **159 BEACH ST** City **WICKFORD** State **RI** Zip **02852**  
4. Business Phone No. **401-294-7833** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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

**RESIDENTIAL & LIGHT COMMERCIAL CONSTRUCTION**

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

President Name <b>Robert R Arnold JR</b>	Vice President Name
Street Address <b>159 BEACH ST</b>	Street Address <b>SAME</b>
City <b>WICKFORD</b> State <b>RI</b> Zip <b>02852</b>	City <b>SAME</b> State <b>RI</b> Zip <b>02852</b>
Secretary Name	Treasurer Name
Street Address <b>SAME</b>	Street Address <b>SAME</b>
City <b>WICKFORD</b> State <b>RI</b> Zip <b>02852</b>	City <b>SAME</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address <b>NONE</b>	Street Address <b>NONE</b>
City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>	City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>
Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address <b>NONE</b>	Street Address <b>NONE</b>
City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>	City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
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**100 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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**100 SHS NO PARUAL**

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



\* 9 1 4 9 0 \*

File Date: **4-2-01**

**1378**

Check No.: **2**

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 **Robert R Arnold JR** Date **3-26-01**

Print or Type Name of Officer **ROBERT R ARNOLD JR**

Title of Officer **President**



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 02903-1330  
401-222-3000



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. 91490 2. Name of Corporation R. Arnold & Sons Concrete Forms, Inc.  
3. Street Address Principal Business Office 159 BEACH ST City WICKFORD State RI Zip 02852  
4. Business Phone No. 401-295-4657 5. State of Incorporation RHODE ISLAND 6. SIC Code 34

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

RESIDENTIAL & LIGHT COMMERCIAL CONSTRUCTION

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

President Name ROBERT R ARNOLD JR. Vice President Name SAME  
Street Address 159 BEACH ST Street Address SAME  
City WICKFORD State R-I Zip 02852 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)

AUTHORIZED SHARES

Number of Shares 100 SHS NO PAR VALUE Class/Series  Par Value

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

ISSUED SHARES

Number of Shares 100 SHS NO PAR VALUE Class/Series  Par Value

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



\* 9 1 4 9 0 \*

File Date: FILED 00. MAR 25 11 12 AM

Check No.: MAR 27 2000 000000000000

By: 00341165 RECEIVED

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 Robert R Arnold Jr. Date 3-27-00  
Print or Type Name of Officer Robert R Arnold Jr.  
Title of Officer President



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 02903-13  
401-222-30

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.

61018

2. Name of Corporation

AQRX TECHNOLOGIES, LTD.

3. Street Address Principal Business Office

873 Warwick Avenue

City

Warwick

State

RI

Zip

02888-3645

4. Business Phone No.

401. 467. 8588

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

To operate a business dealing with all aspects of water purification treatment.

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

President Name

Edward P. Dunn

Street Address

873 Warwick Avenue

City

Warwick

State

RI

Zip

02888

Vice President Name

John R. Dunn

Street Address

873 Warwick Avenue

City

Warwick

State

RI

Zip

02888

Secretary Name

John Appleton

Street Address

873 Warwick Avenue

City

Warwick

State

RI

Zip

02888

Treasurer Name

John R. Dunn

Street Address

873 Warwick Avenue

City

Warwick

State

RI

Zip

02888

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

Common

No Par Value

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



\* 6 1 0 1 8 \*

File Date:

PAID

Check No.:

MAR 24 2000

By:

SECY OF STATE

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.

Edward P. Dunn

Signature of Officer

Date

2/27/00

EDWARD P. DUNN

Print or Type Name of Officer

PRESIDENT

Title of Officer



RECEIVED  
STATE  
MAR 2 10 13 AM '00



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 02903-13  
401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91490** 2. Name of Corporation **R. Arnold & Sons Concrete Forms, Inc.**

3. Street Address Principal Business Office

City

State

Zip

4. Business Phone No.

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**34**

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

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Secretary Name

Treasurer Name

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

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)

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

100 SHS NO PAR VALUE

100 SHS NO PAR VALUE.

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



\* 9 1 4 9 0 \*

File Date: **Feb 23, 99**

Check No.: **1101**

By: **RO**

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

**Robert R Arnold Jr**

**President**





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 02903-13  
401-277-36

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **91490** 2. Name of Corporation **R. Arnold & Sons Concrete Forms, Inc.**

3. Street Address Principal Business Office

**140 ARROW LN.**

City

**N. KINGSTOWN**

State

**RI**

Zip

**02852**

4. Business Phone No.

**401-884-9227**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code  
**0034**

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

**CREATE & INSTALL CONCRETE FOUNDATIONS & OTHER LEGAL BUSINESS PURPOSE**

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

President Name **ROBERT R ARNOLD JR**

Vice President Name

**NONE**

Street Address

**140 ARROW LN**

Street Address

City

**N. KINGSTOWN**

State

**R-I**

Zip

**02852**

City

State

Zip

Secretary Name

**NONE**

Treasurer Name

**NONE**

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name **ROBERT R ARNOLD JR**

Director Name

**NONE**

Street Address

**140 ARROW LN.**

Street Address

City

**N. KINGSTOWN**

State

**R-I**

Zip

**02852**

City

State

Zip

Director Name

**NONE**

Director Name

**NONE**

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

**100 SHS NO PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**NONE**

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



\* 9 1 4 9 0 \*

File Date:

**1-20-98**

Check No.:

**377**

By:

**UP**

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]**  
Signature of Officer

Date

**1-15-98**

**ROBERT R ARNOLD JR.**

Print or Type 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 02903-133  
401-277-304



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. 91490  
2. Name of Corporation R. ARNOLD & SONS CONCRETE FORMS, INC.  
3. Street Address Principal Business Office 140 ARROW LN.  
City N. Kingstown State RI Zip 02852  
4. Business Phone No. 401-884-9227  
5. State of Incorporation RI  
6. SIC Code 0034

7. Brief Description of the Character of Business Conducted in Rhode Island  
New AND EXISTING RESIDENTIAL & LIGHT COMMERCIAL CONSTRUCTION

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

President Name ROBERT R ARNOLD JR.  
Street Address 140 ARROW LN.  
City N. Kingstown State RI Zip 02852  
Secretary Name Same  
Street Address  
City State Zip

Vice President Name Same  
Street Address

City State Zip  
Treasurer Name Same  
Street Address  
City State Zip

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

Director Name ROBERT R ARNOLD JR.  
Street Address 140 ARROW LN.  
City N. Kingstown State RI Zip 02852  
Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100		NO PAR

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100		NO PAR

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

File Date: 7/15/97

Check No.: 305

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] 7/15-97  
Signature of Officer Date

ROBERT R ARNOLD JR.  
Print or Type Name of Officer

PRESIDENT  
Title of Officer