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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112390

2. Name of Corporation McCONNELL ENTERPRISES, INC.

3. Street Address Principal Business Office P.O. BOX 187 | *City* ESSEX | *State* MA | *Zip* 01929-

4. Business Phone No 9787686078- | *5. State of Incorporation* MASSACHUSETTS | *6. SIC Code* 885

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

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

President Name Crosby M. Martin
Street Address One Leonard Street
City Gloucester | *State* MA | *Zip* 01930

Vice President Name
Street Address
City | *State* | *Zip*

Secretary Name Crosby M. Martin
Street Address One Leonard Street
City Gloucester | *State* MA | *Zip* 01930

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 Crosby M. Martin
Street Address One Leonard Street
City Gloucester | *State* MA | *Zip* 01930

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class Series*	*Par Value*
12,500	COMMON	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class Series*	*Par Value*
1000	Common	NONE

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

[redacted] 1 1 2 3 9 0

112390 FBC 02/14/05 01:18:40 PM
File Date FILED
Check No. APR 27 2005 6104
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 2/18/05
Crosby M. Martin
Print or Type Name of Officer
President
Title of Officer

[redacted]

Form 630 12/01

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 IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
112390	McConnell Enterprises, Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
P.O. Box 187		Essex	MA	01929
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
978-768-6078	Massachusetts			0885

7. Brief Description of the Character of Business Conducted in Rhode Island
Demolition and Asbestos Abatement

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BELOW IF NO ATTACHMENTS**

President Name			*Vice President Name*		
Crosby Martin					
Street Address			*Street Address*		
One Leonard Street					
City	*State*	*Zip*	*City*	*State*	*Zip*
Gloucester	MA	01930			
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*		
Crosby Martin					
Street Address			*Street Address*		
One Leonard Street					
City	*State*	*Zip*	*City*	*State*	*Zip*
Gloucester	MA	01930			
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*	*Number of Shares*	*Class/Series*	*Par Value*
12,500	common	none	1,000	common	none

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

[redacted] 112390

FILED
File Date MAR 10 2004
Check No. By M24575 Corp
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 3/12/04

Print or Type Name of Officer Crosby Martin

Title of Officer President

Form 630 12/01

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 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
112390	McConnell Enterprises, Inc.			
3. Street Address Principal Business Office		City	State	Zip
P.O. Box 187		Essex	MA	01929
4. Business Phone No.	5. State of Incorporation			6. SIC Code
978-768-6078	Massachusetts			0885

7. Brief Description of the Character of Business Conducted in Rhode Island
Demolition and Asbestos Abatement

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

President Name			Vice President Name		
Crosby Martin					
Street Address			Street Address		
One Leonard Street					
City	State	Zip	City	State	Zip
Gloucester	MA	01930			
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		
Crosby Martin					
Street Address			Street Address		
One Leonard Street					
City	State	Zip	City	State	Zip
Gloucester	MA	01930			
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
12,500	common	none

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	common	none

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

[redacted] 1 1 2 3 9 0 [redacted]

FILED
File Date MAR 16 2004
Check No. By M24575 CM
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*

Crosby M. Martin
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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 2002

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
112390	McConnell Enterprises, Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
P.O. Box 187		Essex	MA	01929
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
978-768-6078	Massachusetts			0885

7. Brief Description of the Character of Business Conducted in Rhode Island
Demolition and Asbestos Abatement

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

President Name			*Vice President Name*		
Crosby Martin					
Street Address			*Street Address*		
One Leonard Street					
City	*State*	*Zip*	*City*	*State*	*Zip*
Gloucester	MA	01930			
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*		
Crosby Martin					
Street Address			*Street Address*		
One Leonard Street					
City	*State*	*Zip*	*City*	*State*	*Zip*
Gloucester	MA	01930			
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*	*Number of Shares*	*Class/Series*	*Par Value*
12,500	common	none	1,000	common	none

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

[redacted] 112390 [redacted]

FILED
File Date MAR 16 2004
Check No. By mail 5575 CM
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*

Crosby M. Martin

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

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 2001

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
112390	McConnell Enterprises, Inc.			
3. Street Address Principal Business Office		City	State	Zip
P.O. Box 187		Essex	MA	01929
4. Business Phone No.	5. State of Incorporation			6. SIC Code
978-768-6078	Massachusetts			0885

7. Brief Description of the Character of Business Conducted in Rhode Island
Demolition and Asbestos Abatement

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

President Name			Vice President Name		
Crosby Martin					
Street Address			Street Address		
One Leonard Street					
City	State	Zip	City	State	Zip
Gloucester	MA	01930			
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		
Crosby Martin					
Street Address			Street Address		
One Leonard Street					
City	State	Zip	City	State	Zip
Gloucester	MA	01930			
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	Number of Shares	Class/Series	Par Value
12,500	common	none	1,000	common	none

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

[redacted] 1 1 2 3 9 0 [redacted]

FILED
File Date MAR 16 2004
Check No. By M245 15 COMP
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

Crosby M. Martin
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01