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FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01

PROFIT COR	PORATIO	N ANNHAL DE	PORT FOR THE	2005		
Filing Period: Januar	y I - March 1 •	Filino Free \$50.00	PORT FOR THE	YEAR 2003		
(FORM MUST BE TYPED	IN BLACK)	g . ec. 350.00		•		
1. Corporate ID No	2. Name of Co				 	
88194	Kay Cor	Contractors, Inc.				
3. Street Address Principal	Business Office		City	State	Zip	
P.O. Box 7368			Cumberland	RI	02864	
4. Business Phone No		5. State of Incorpora	ation	- ·k	6. SIC Code	
(401) 725-4578		Rhode Island			885	
7. Brief Description of the (Construction con	Character of Business tractor-excavi	Conducted in Rhode Island ation and site work				
8. NAMES AND ADDI	RESSES OF THE (OFFICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP.	ACES BEFORE USING	ATTACHMENTS	
Herculano Salus			.Vice President Name - Herculano Salus			
Street Address	·	·	Street Address	CIO, UZ.		
19 E. Earle Str	eet		· 19 E. Earle Str	root		
City	State	Zip	City	State		
Cumberland	RI	02864	· Cumberland	RI	<i>Zip</i> 02864	
ecretary Name		• • • • • • • • • • • • • •	Treasurer Name			
Herculano Salus	tio, Jr.		Herculano Salus	tio, Jr.		
Street Address			* Street Address			
19 E. Earle Str	eet		19 E. Earle Str	eet		
Ciry	State	Zip	City	State	Zip	
Cumberland	RI	02864	Cumberland	RI	inner	
9. NAMES AND ADDR	ESSES OF THE D	DIRECTORS ("X" BOX FO	RATTACHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS	
		•	Director Name	, ,	AL INCIDITE (133	
Herculano Salust	tio, Jr.		•			
Street Address			Street Address	······································		
19 E. Earle Stre	et		•			
Sign	State	Zip	City	State	Zip	
Cumberland	RI	02864	•	1	(2)	
Director Name			Director Name		• • • • • • • • • • • • •	
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uy	State	Zιρ	·City	State	Zip	
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0. SHARES AUTHORI	ZED ("X" BOX FO	ORATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
UTHORIZED SHARES umber of Shares	171		ISSUED SHARES		· / 	
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,000 NO PAR VALU	E		100	Common	No Par Value	
						
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us report must be sign	ned in ink by eit	her the President. Vice	President, Secretary, Assist	ant Secretary, Treasi	irer Receiver or Truste	
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8 8 1						
	, 4		Under penalty of perju	iry, I declare and affirm i	that I have examined	
		 -	this report, including a	iny accompanying sched	ules and statements.	
E II	.ED		and that all statements	contained herein are tru	e and correct	
File Date FIL	<u>.にい</u>	}	1.00 M	(118 Z	15/15	
MAR 1	2005		Signalitée of Officer	<u> </u>	Die C	
Theck No. MARI	a 2005	j	Signature of Officer	7/0/1	Date O	



* 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

Tung Feriou: January	i - March I 🛡	NANNUAL RE	PORT FOR THE	YEAR 2004		
(FORM MUST BE TYPED IN						
· 88194	2. Name of Co	<i>rporation</i> Contractors, Inc.				
3. Street Address Principal Bu	siness Office	ocitivaciors, inc.	City			
P.O. Box 7368	~		Cumberland	State RI	Zip	
4. Business Phone No		S. State of Incorpore		KI	02864	
(401) 725-4578		Rhode Island			6. SIC Code 885	
7. Brief Description of the Character of Business Conducted in Rhode Island Construction contractor-excavation and site work						
President Name	SSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN SI	ACES BEFORE USING	TTACHMENTS	
Herculano Salust	io, Jr.		. <i>Vice President Name</i> .Herculano Salus	stio Tw		
Sireet Address		· — —- ——	Street Address	5C10, Ur.		
19 E. Earle Stree	et		. 19 E. Earle St	reet		
City	State	Zip	Cin	State		
Cumberland	RI	02864	· Cumberland	RI	Zip 02864	
ecretary Name	• • • • • • •		Treasurer Name			
Herculano Salusti	io, Jr.		Herculano Salus	stio, Jr.		
Street Address			* Street Address	<u> </u>		
19 E. Earle Stree	≘t		19 E. Earle Str	eet		
City	State	Zip	`City	State	iZip	
Cumberland	RI	02864	Cumberland	197	02064	
9. NAMES AND ADDRE	SSES OF THE D	RECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Herculano Salusti	lo. Jr.		Director Name			
Street Address			- · · · · · · · · · · · · · · · · · · ·	····		
19 E. Earle Stree		· •	Street Address			
Ciny Cumberland	State	Zip	·City	State	Zip	
Director Name	RI	02864	• • • • • • • • • • • • • • • •			
			Director Name			
Sircei Address	-			······································		
			·Sireet Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZ	FI) ("V" POV CO	PATTAGUATUR FI			·	
AUTHORIZED SHARES	ED X BOX FO	KATTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	ח מי	
Number of Shares	Class/Series	Par Value	ISSUED SHARES			
			:	Class/Series	·Par Value	
3,000 NO PAR VALUE			100	Common	No Par Value	
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his report must be sign	ed in ink by eit.	her the President Vice	President, Secretary, Assis	Ioni Socratore To	I The state of the	
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	IN TRUS DIL					
8 8 1	9 4		Under penalty of perj	jury, I declare and affirm	that I have examined	
			this report, including	any accompanying sched	Jules and statements.	
			and that all statement	s contained herein are to	ie and correct.	
File Date	7 0		Buch			
		-			27/04	
Check No. CED A 3 2001			Securine of Officer Date			
- 011 U .		_	Herculano	Salustio, Jr		
3× 3+ MU	3916	_	Print or Type Name of Officer			
OR SECRETARY OF STATE	USE ONLY		President			
			Title of Officer		Form 630 12/0	

Edward S. Inman, III. Secretary of Sta Corporations Divisio 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.

2. Name of Corporation

Kay Cor Contractors, Inc.

3. Street Address Principal Business Office

P.O. Box 7368

Cumberland

RI

02864

4 Business Phone No.

(401) 725-4578

5 State of Incorporation

6 SIC Code

RHODE ISLAND

885

7. Brief Description of the Character of Business Conducted in Rhode Islan Construction contractor-excavation and site work

3. NAMES AND ADDRESSES OF THE OFFICERS ("X"	BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT
resident Name	Vice President Name
Herculano Salustio, Jr.	Herculano Salustio, Jr.

Secretary Name

Street Address

City

City

Street Address

19 E. Earle Street

Cumberland

Cumberland

Herculano Salustio, Jr.

RI

02864

Cumberland

RI

02864

Treasurer Name

Street Address

Herculano Salustio, Jr.

Street Address

Street Address

Director Name

Street Address

19 E. Earle Street

19 E. Earle Street

Cumberland

State RΙ

02864

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

Herculano Salustio, Jr.

19 E. Earle Street

Street Address

19 E. Earle Street

Cumberland

Zip

RI

RΙ

02864

02864

Director Name

Street Address

City

State

City

City

State

State

Zip

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

AUTHORIZED SHARES

8,000 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Number of Shares

Cluss/Series

Par Value

ISSUED SHARES Number of Shares

Class/Senes

Par Value

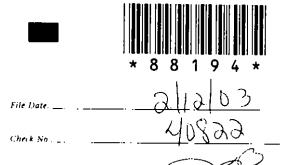
100

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

Common

No Par Value

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 statements contained herein are true and correct.

Edward S. Inman, III. Secretary of Sta Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE 2002

						THE REST OF THE	1111	ILAI
iling	Period:	January	1 - A	March 1	•	Filing Fee: \$50.00		

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(FORM MUST BE TYPED IN B	LACK)					
1 Corporate ID No.	2. Name of Corporation					/
88194	Kay Cor Cont	ractors, Inc.				
3. Street Address Principal Busine	iss Office		City	State	Zιρ	
P. O. Box 73		5 State of Incorporation	Cumberland	RI	02864 6 SIC Code	
(401) 725-45 2 Brief Description of the Charac					885	
Construction 8. NAMES AND ADDRE President Name	contractor-e ESSES OF THE OFFICE	excavation and ERS (*X* BOX FOR ATTACH	site work (MENT) FILLIN SPACES (Vice President Name)	BEFORE USING ATTA	CHMENTS	
Herculano Sal Street Address	lustio, Jr.		Herculano Sal	ustio, Jr.		
19 E. Earle S	Street State	7 ip	19 E. Earle S	treet	Ζφ	
Cumberland Secretary Name	RI	02864	Cumberland Iteasurer Name	RI	02864	
Herculano Sal Street Address	lustio, Jr.		Herculano Sal	ustio, Jr.		
19 E. Earle 9	Street State	Lip	19 E. Earle S	treet State	Zip.	
Cumberland 9. NAMES AND ADDRE	RI SSES OF THE DIREC	02864 T ORS ("X" BOX FOR ATTAC	Cumberland CHMENT) FILLIN SPACE	R I ES BEFORE USING ATT	02864	
Herculano Sal Street Address	lustio, Jr.		Director Name			
19 E. Earle S			Street Address			
City D. Daile 3	State	Zip	City	State		
Cumberland	RI	02864	****	State	Zip.	
Director Name		02004	Director Name			
Street Address			Street Address			
Orty	State	Zιρ	City	State	Zip	
10. SHARES AUTHORIZI илноrized shares	ED (*x* box for attacl	IMENT)	11. SHARES ISSUED (*)	X" BOX FOR AITACHMENT	'n	
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 NO PAR VALUE			100	common	ло par val	٠,

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



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 confined herein are true and correst.

Proit or Type Name of Officer

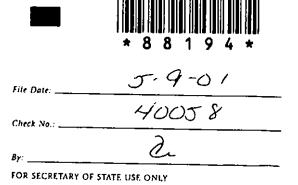
litle of Officer



Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-3

			100	Common	No Par Valu
8,000 NO PAR VAI		1 W. THINE	Number of Shares	Class/Sertes	Par Value
10. SHARES AUTHORIZE AUTHORIZE) STARES Number of Strares	D ("X" BOX FOR AT	FACHMENT) Far Value	11. SHARES ISSUED (*.)
City	State	Zip	Clly	State	Zip
Street Address			Street Address		
Director Name			Director Name		*** ** **
Cumberland	State R I	^{Zip} 02864	City	State	Zip
Street Address 19 E. Earle Str	eet		Street Address		
9. NAMES AND ADDRES Director Name Herculano Salus		RECTORS (*x* BOX FOR AT)		ES BEFORE USING ATTA	
Cumberland	State RI	zip 02864	Cumberland	State RI	zip 02864
Street Address 19 E. Earle Str	eet		Street Address 19 E. Earle St	•	
Secretary Name Herculano Salus	stio, Jr.		Treasurer Name Herculano Salu	ustio. Jr.	• • • • • • • •
Cumberland	State R I	^{2ip} 02864	c _{in} . Cumberland	State RI	zip 02864
19 E. Earle St			Street Address 19 E. Earle S ^a	treet	
8. NAMES AND ADDRE President Name Herculano Salu Street Address		FICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES Vice President Name Herculano Salo	BEFORE USING ATTAC UStio, Jr.	CHMENTS
	ontractor-ex	cavation and site			
P.O. Box 7368 4. Business Phone No. 401-725-4578		5. State of Incorporation RHODE ISLAN	Cumberland	RI	71p 02864 6. 51 885 t
3. Street Address Principal Busine:			City	State	7:-
(FORM MUST HE TYPED IN BI 1. Corporate ID No. 88194	2. Name of Corpo	oration Contractors, Inc		•	
riing reriou. junuu,	y 1-march 1	N ANNUAL RE Filing Fee: \$50.00	PORT FOR TH	E YEAR 200	STO PIJASE R INSTRUCTI

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



Under penalty of perjury, I declare and affirm that I have examined this report, including appy accompanying schedules and statements, and Print or Type Name of Officer Title of Differen

James R. Langevin, Secretary of S Corporations Divis 100 North Main Street, Providence, RI 02903-1 401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

885

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 88194 Kay Cor Contractors, Inc.d 3. Street Address Principal Business Office Mate P.O. Box 7368 Cumberland RΙ 02864

4. Business Phone No. 5. State of Incorporation RHODE ISLAND (401)725-4578 7. Brief Description of the Character of Business Conducted in Rhode Island

Construction contractor-excavation and sit work 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Herculano Salustio, Jr. Herculano Salustio, Jr. Street Address Street Address 19 E. Earle Street 19 E. Earle Street State City Zip Cumberland RI 02864 Cumberland Iteasurer Name RI 02864 Secretary Name Herculano Salustio, Jr. Herculano Salustio, Jr. Street Address 19 E. Earle Street 19 E. Earle Street Zip Cumberland 02864 Cumberland 02864 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name sullengulano Salustio, Jr. Street Address cul 9 E. Earle Street state Zip

State ZIp Di Cumberland RI 02864 Director Name Street Address Street Address City State 20

State Ztp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value

8,000 SHS NO PAR VALUE

100 Common No par value

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



STATE USE ONLY

FOR SECRETARY OF

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



James R. Langevin, Secretary of S. Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00	0			JASE REAG TRUCTION
(FORM MUST BE TYPED IN B	LACK)					TKU TIU
1. Corporate ID No. 88194	2. Name of Cospo Kay Cor C	ontractors, Inc.				
3. Street Address Principal Busine		,	Citv	State	***	
P.O. Box 7368 4. Business Phone No.		S. State of Incorporat	Cumberland	RI	028	864
(401)725-4578 7. Brief Description of the Charac	ter of Business Conducted	RHODE ISL	AND		6. SIC Code 885	
Construction co 8. NAMES AND ADDRE	ontractor/exc	avation and site	work	SEFORE USING ATTACE	IMENTS	
Plesident Nome			Vice President Name			•
Herculano Salus	·	•	Herculano Salus	itio, Jr.		
19 E. Earle Sti	reet State	Zip	_{cuy} 19 E Earle Str	reet State	Zip	-
. Cumberland Secretary Name	RI	02864	Cumberland	, RI ,	02864	
Herculano Salu:	stio, Jr.		Herculano Salus	stio, Jr.		
_{cuy} 19 E. Earle Sti	reet Signie	Zip	19 E. Earle Str	eet State	ZIp	. -
Cumberland 9. NAMES AND ADDRE Director Name	RI SSES OF THE DIR	02864 ECTORS ("x" BOX FOR A	Cumberland ATTACHMENT) FILL IN SPACES . Director Name	RI BEFORE USING ATTAC	02864	
Herculano Salu:	·		Street Address			
_{city} 19 E. Earle St	reet State	Zip	City	State	Zip	-
Cumberland Director Name	RI	02864	Director Name	•	· · · · · · · · · · · · · · · · · · ·	
Street Address			•			
*			Street Address		• .	
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMENT)		- ,
Number of Shares	Class/Series	Par Volue	Number of Shares	Class/Series	Par Value	
8,000 SHS NO PAR	VALUE		100	Common	No par	valu
his report must be sign	icd in ink by eith	ner the President, Vic	e President, Secretary, Assist	ant Secretary, Treasur	er, Receiver or	 Truste
				·		
		 				

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 heroin are true and correct.
HERCHIMO SIA (ms Tion)2
Print or Type Name of Officer PA = S = D = 7 - T Title of Officer



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

James R. Langevin, Secretary of Sti Corporations Divisi

100 North Main Street, Providence, RI 02903-13 401-277-30

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



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!FORM MUST BE TYPED IN BI -1 Corporate ID No.	LACK) 2 Name of Corpor	ration			
88194	•	Contractors, Inc	c.		
3. Street Address Principal Busine	ss Office	200000000000000000000000000000000000000	City	State	Zip
P.O. Box 7368 4. Business Phone No.		5 State of Incorporation	Cumberland	RI	02864
401~725-4578 7 Brief Description of the Charact	ter of Business Conducted	RHODE ISLAI	ND.		0885
Construction Cor 8. NAMES AND ADDRE President Name	ntractor-Exca SSES OF THE OF	vation and Site N FICERS (*x* BOX FOR ATTA	Ork CHMENT) Vice President Name		
Herculano Salust	tio, Jr.		Herculano Salus	tio, Jr.	
19 E. Earle Stre	eet		19 E. Earle Str	eet	
Cumberland	State RI	02864	Cumberland	State RI	^{Zip} 02864
Secretary Name			Treasurer Name		
Herculano Salust	•		Herculano Salus	tio, Jr.	
19 E. Earle Stre	et		19 E. Earle Str	eet	
Cumberland	State RI	^{Zip} 02864	Cumberland	State RI	zip 02864
9. NAMES AND ADDRE. Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) Director Name		0200.
Herculano Salust	io, Jr.		Street Address		
19 E. Earle Stre	et				
Cumberland	State RI	^{Zip} 02864	City	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR	VALUE		100	Common	No par value

		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 berein the third and correct.
File Date	— 4/20/49	Harman Mall Marin 5/5/198
Check No	15221	Senature of Officer of the State of Sare
		Herculano Salustio, Jr.
B)		Print or Type Name of Officer
FOR SECRETARY OF	STATE USE ONLY	_ Hesident_
		fille of Officer

James R. Langevin, Secretary of Sta. Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-277-304

PROFIT CORPORATION ANNUAL REPORT 1997 Filling Period: January 1-March 1 • Filling Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

88194

Kay Cor Contractors, Inc.

3. Street Address Principal Business Office

City

State RI

P.O. Box 7368 4. Business Phone No.

5. State of Incorporation

02864

401/725-4578

RHODE ISLAND

6. SIC Code 0885

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

Construction COntractor-Excavation and Site Work

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

Vice President Name

Herculano Salustio, Jr.

Street Address

Cumberland

Herculano Salustio, Jr. Street Address

19 E.Earle Street

Herculano Salustio, Jr.

City

Zip

c:Same

State

Zip

Cumberland Secretary Name

RI

02864

Treasurer Name

Herculano Salustio, Jr.

Street Address

Street Address Same

State

Zio

_{ci}Same

State

ZIp

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

Director Name

Director Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street City

Zip

Zip

City

State

Zip

Cumberland, Director Name

RI

02864

Director Name

Street Address

City

Street Address

City

State

Zip

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

State

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

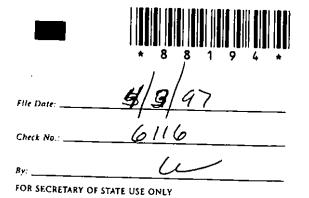
8,000 SHS NO PAR VALUE

100

Common

No par value

his 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