

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 • Fili	ng Fee: \$50.00	OKI FOR THE	IEAR	<del></del>		
(FORM MUST BE TYPED IN B							
1 '	2. Name of Corporal						
129095 3. Street Address Principal Busin	<u>l Davenpo</u>	ort Construct	ion, Inc.				
300 Waterman	**		1	State	7. р		
4. Business Phone No.	uriti <u>ko</u> ad	5. State of Incorporation	Greene	R.I.	. 02827		
(401) 397-460	3	Rhode Isla			6. SIC Code		
7. Brief Description of the Chara		ctcd in Rhode Island	001-8				
General Const. 8: NAMES AND ADDRESS President Name	ruction_Bu	Siness	FACTOR TO DELLE TO SERVICE				
President Name	TOPOG THE COLUMN	TEND IN TOWALL	Vice President Name	ACES BEFORE USING AT	TACHMENTS		
Jeffrey P. Da:	venport		· Heidi A. Davenport				
			Street Address		<del></del>		
300 Waterman	Hill Road		. 300 Waterm	nan Hill Road			
City	State	Zip	City	State	Zip		
Greene Secretary Name	R.I.		Greene	R.I.	02827		
1			Treasurer Name				
Heidi A. Daver	nport	<del></del>	· Heidi A. Davenport				
			Street Address				
300 Waterman 1	HILL Road			nan Hill Road			
1 '		Zip	City	State	Zip		
Greene_	R.I.	02827	Greene	R.I.	02827		
9: NAMES AND ADDRESS Director Name	es of the pike	JUKS CX BUX FOR A	Director Name	PACES BEFORE USING A	TTACHMENTS		
			,Director Nume				
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Citv	State	Zip	City	18:			
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Director Name	* • • • • • • • • •		Director Name				
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Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address	<del></del>			
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10. SHARES AUTHORIZE	D. ("X" BOX FOR AT	TACHMENT):	11., SHARES ISSUED ("X"	" BOX FOR ATTACHMENT	7.0		
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1,000 No Par	<u>Value</u>		400	Common	No-Par		
This report must be signed	liminate to and		<u> </u>	<u>                                    </u>			
This report must be signed	in ink by either i	the President, Vice Pri	esident, Secretary, Assis.	tant Secretary, Treasur	er, Receiver or Trustee		
_ <del></del>			Under penalty of peri	ury, I declare and affirm th	at I have examined		
			this report, including	any accompanying schedu	les and statements.		
	-	7	and that all statement	s contained herein are true	and correct.		
File Dale 2.5	24-05		// (); \		- / / -		
	440		Mary Lander	~ <u>/</u>	2/23/05		
Check No.	440		Sepantre of Officer	Da	1e		
	<u>a</u> .		" JEFF	<b>グドブ レサイ</b>	16116001		
B <u>y</u>		_	Print or Type Name of C	Officer			
FOR SECRETARY OF STATE U	JSE ONLY		Tresio	de へ t			
			Title of Officer	<u> </u>	Form 630 12/01		



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

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Filing Period: Januar	y I - March I ●	CANNUAL KE. Filing Fee: \$50.00	PORT FOR THE	E YEAR 2004			
FORM MUST BE TYPED							
1. Corporate ID No.	2. Name of Cor						
129095		ORT CONSTRUCTION	N, INC.				
3. Street Address Principal	Business Office		City	State	Zip		
300 WATERMAN H	ILL ROAD		GREENE	RI			
f. Business Phone No.		5. State of Incorpora	prion		6. SIC Code		
401-397-4603		RHODE ISLA	ND		. 0018		
7. Brief Description of the C GENERAL CONSTRUCT	Character of Business C	onducted in Rhode Island					
		THE THE					
President Name	CESSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT)   FILL IN	SPACES BEFORE USING A	TTACHMENTS		
JEFFREY P. DAVENPORT			Vice President Name - HEIDI A DAVE	· HEIDI A. DAVENPORT			
Street Address			Street Address				
300 WATERMAN HILL ROAD			. 300 WATERMAN HILL ROAD				
Ciry	State	Zip	City	State	Zip		
GREENE	RI	02827	GREENE	RI	02827		
ecreiary Name	000	<del></del>	Treasurer Name				
HEIDI A. DAVENP	ORT		HEIDI A. DAVENPORT				
Street Address 300 WATERMAN HILL ROAD			Street Address				
			.300 WATERMAN HILL ROAD				
City GREENE	State RI	Zip 02827	City	State	Zip		
	1		. GREENE	RI	02827		
7. NAMES AND ADDR	F22E2 OF THE DI	RECTORS ("X" BOX FO	RATTACHMENT) 🗆 FILL I	N SPACES BEFORE USING	ATTACHMENTS		
			Director Name				
treet Address	<del></del>						
ereei Address			Street Address				
City			<u> </u>				
.ny	State	Zip	·City	State	Zip		
Director Name					<u>}</u>		
Sirector Traine			* Director Name		• • • • • • • • • • • • • • • • • • • •		
ireet Address	<del></del> -			<del> </del>			
			Street Address				
lity	State	Zip	City	State	7/-		
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10. SHARES AUTHOR	IZED C'X" BOX FO	RATTACHMENTO IT	II SHADES ISSUED	CIVE BOY FOR ATTACHMEN	<del></del>		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			II. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES				
umber of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Por Value		
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OUD NO PAR VALU	,c		, 400	СОММОИ	NO PAR		
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his report must be sig	ned in ink by citl	ner the President, Vice	President, Secretary, As.	sistant Sacratary Tenan	Page Page 2		
	·			sistam becretary, Treust	irer, Receiver or Triist		
El III El SING	IRCO GRADA IRCO AND						
	Trini Krini Trini Tri						
1 2	y U y 5		Under penalty of p	perjury. I declare and affirm	that I have examined		
		<del></del>	this report, includi	ng any accompanying sched	lules and statements,		
129095 DBC 03/20/	/04 01:58:29 PM*		and that all statem	ents contained herein are tn	g and correct.		
File Date		_		1), 5			
- <del></del>		_	Signiflate a Officer	Lan,	)ata		
Check No.			Defense of Officer Dote Dote Dote				
	ark 29 2004		Print or Type Name of Officer				
<u> </u>	<del> </del>	112=					
OR SECRETARY OF STA	HE LISE ONLY	1 La415	PRESIDE	<u> </u>	<u></u>		
		اللاح	Title of Officer	<del>_</del>	Form 630 12/		