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 OR PRINTED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
122196	Imperatore Steel Erectors, Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
2700 Plainfield Pike		Cranston	RI	02921
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
(401) 942-7790	RHODE ISLAND			6536

7. Brief Description of the Character of Business Conducted in Rhode Island
STORING, USING OR OTHERWISE DEALING WITH THE BUSINESS OF PROVIDING CRANES TO CUSTOMERS, STORAGE OF CUSTOMER'S ITEMS

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

President Name	*Vice President Name*
Brad Bilodeau	Brad Bilodeau
Street Address	*Street Address*
2700 Plainfield Pike	Same
City / *State* / *Zip*	*City* / *State* / *Zip*
Cranston / RI / 02921	
Secretary Name	*Treasurer Name*
A. Michael Acciardo	Brad Bilodeau
Street Address	*Street Address*
2700 Plainfield Pike	Same
City / *State* / *Zip*	*City* / *State* / *Zip*
Cranston / RI / 02921	

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

Director Name	*Director Name*
None	
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)*** ☐ **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*
600 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 Trustee

[redacted]

122196

File Date 2-1-05
Check No. 4250
By: Dc

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.

Brad Bilodeau — *Signature of Officer* — 1-27-05 *Date*

Brad Bilodeau
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 02903-1335
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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
122196	Imperatore Steel Erectors, Inc.		
3. Street Address Principal Business Office	City	State	Zip
14 Field Street	Cranston	RI	02920
4. Business Phone No.	5. State of Incorporation		6. SIC Code
942-7790	RHODE ISLAND		6536

7. Brief Description of the Character of Business Conducted in Rhode Island
STORING, USING OR OTHERWISE DEALING WITH THE BUSINESS OF PROVIDING CRANES TO CUSTOMERS, STORAGE OF CUSTOMERS' ITEMS

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

President Name	Street Address	City	State	Zip
Brad Bilodeau	14 Field Street	Cranston	RI	02920

Vice President Name	Street Address	City	State	Zip
Brad Bilodeau	Same			

Secretary Name	Street Address	City	State	Zip
A. Michael Acciardo	same			

Treasurer Name	Street Address	City	State	Zip
Brad Bilodeau	same			

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

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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*
600 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 Trustee

[redacted] [redacted]

* 1 2 2 1 9 6 *

File Date 2/16/04
Check No. 3142
By: Enc

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.

Brad Bilodeau — 2-10-04
Signature of Officer — *Date*

Brad Bilodeau
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03

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 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 122196
2. Name of Corporation: Imperatore Steel Erectors, Inc.
3. Street Address Principal Business Office: 14 Field Street — City: Cranson — State: RI — Zip: 02920
4. Business Phone No.: 942-7790
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6536
7. Brief Description of the Character of Business Conducted in Rhode Island: Storing and providing cranes to customers and storage of customers' items

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

President Name: Brad Bilodeau	Vice President Name: Brad Bilodeau
Street Address: 14 Field Street	Street Address: same
City / State / Zip	City / State / Zip
Secretary Name: ~~Brad Bilodeau~~ A. MICHAEL ACCIARDO	Treasurer Name: Brad Bilodeau
Street Address: same	Street Address: same
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	Class/Series	Par Value
600	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	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 Trustee

[redacted] * 1 2 2 1 9 6 *

File Date: 2.18.03
Check No.: 1984
By: IOP

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.

Brad Bilodeau — Signature of Officer — Date

Brad Bilodeau
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/02