

City

AUTHORIZED SHARES

**600 NO PAR VALUE** 

Number of Shares

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

## 2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 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 RI 02921 2700 Plainfield Pike Cranston 4. Business Phone No. 6. SIC Code 5. State of Incorporation (401)942-7790 6536 **RHODE ISLAND** 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 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 Same 2700 Plainfield Pike ZIP Zip Cin State 02921 RI Cranston Treasurer Name Secretary Name Brad Bilodeau A. Michael Acciardo Street Address Street Address Same <u> 2700 Plainfield Pike</u> Zip City State 02921 RI 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 ZIP State City State 7.φ Director Name Director Name Street Address Street Address

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

City

ISSUED SHARES

Number of Shares

100

	*122196	
File Date	2-1-05	
Check No.	4250	
Ву:	2.	
•	FOR SECRETARY OF STATE USE ONLY	

State

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

Class/Series

Zıр

Par Value

Under penalty of perjury, I declare and affirm that I lincluding any accompanying schedules and statemen	
contained berein are true and correct.  Signature of Officer	1-27-05
Signature of Officer	Date
Brad Bilodeau	
Print or Type Name of Officer	<u> </u>
President	
Tule of Officer	

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

Class/Series

Common

Zip

Par Value

No Par Value



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PRO	FI	r	CORF	O	RA	T	ION	Ai	NN	UA	L R	EP	OR	T	FO	R	TH	E	YEAR	2004	
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Filing Period: January 1 - March 1 (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 Cranston State **02920** RI <u>14 Field Street</u> 6. SIC Code 4. Business Phone No. 5. State of Incorporation 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 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 14 Field Street Same State State 02920 Cranston RI Secretary Name Treasurer Name Brad Bilodeau A. Michael Acciardo Street Address Street Address same same City State Zip City State Zф FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name none Street Address Street Address State Zip Director Name Street Address Street Address City State Zip City State 7.(p 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series No Par Value 100 Common **600 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. Signature of Office Brad Bilodeau Print or Type Name of Officer President

Title of Officer



(FORM MUST BE TYPED OR PRINTED IN BLACK)

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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

401-222-3040

1. Corporate ID No. 2. Name of Corporation 122196 Imperatore Steel Erectors, Inc. State City 3. Street Address Principal Business Office 02920 RI Cranson 14 Field Street
4. Business Phone No. 6. SIC Code 5. State of Incorporation 6536 942-7790 **RHODE ISLAND** 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 Vice President Name President Name Brad Bilodeau Brad Bilodeau Street Address Street Address 14 Field Street same Zip State City Treasurer Name Brad Bilodeau Brade 11 todoau Street Address Street Address same same Zip City State Zip State City 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 ZIP City State Zip Director Name Director Name Street Address Street Address ZIP City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

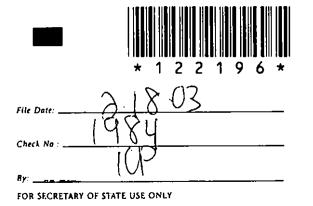
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Par Value

ISSUED SHARES

Number of Shares

100



Class/Series

ALTITHORIZED SHARES

**600 NO PAR VALUE** 

Number of Shares

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Class/Series

Common

Brad Bildley Sknuture of Officer		
Sknature of Officer	Date	
Brad Bilodeau		
Print or Type Name of Officer		

President

Title of Officer ee∰ab 5

Form 630 12/02

Par Value

No Par Value