

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

T COPPORATION ANNUAL DEPORT FOR THE VEAR	2005	
T CORPORATION ANNUAL REPORT FOR THE YEAR	2005	

PROFI Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 90997 Construction Management & Builders, Inc. 3. Street Address Principal Business Office State 6 Kimball Lane Lynnfield MA 01940 4. Business Phone No. 5 State of Incorporation 6 SIC Code (781)246-9400 **MASSACHUSETTS** 59 7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF BUILDING, CONSTRUCTION, CONSTRUCTION MANAGEMENT. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Kevin G. Puopolo Street Address Street Address 6 Kimball Lane State Zip City State Lynnfield 01940 <u>| MA</u> Treasurer Name <u>David R. Sullivan</u> Margaret A. Puopolo Street Address Street Address 111 Huntington Avenue 6 Kimball Lane State 7.ip City State ZipBoston | MA 02199 Lynnfield MA 01940 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Kevin G. Puopolo Margaret A. Puopolo Street Address Sinvi Address 6 Kimball Lane 6 Kimball Lane Cuy State City Zip Lynnfield MA 01940 Lynnfield MA 01940 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/Scries Par Value Number of Shares Class/Series Par Value 200,000 NO PAR VALUE 200 Common No Par 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 barrin are true and correct. File Date Re<u>vin G. Puopolo</u> Print or Type Name of Officer

President

Title of Officer



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

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

Matthew A. Brown, Secretary of State

401.222.3040

Corporate ID No.	2. Name of Corporat	ton				
90997	Construction	Management & Builder	s, Inc.			
Street Address Principal Busines 6 Kimball L			Lynnfield	State MA	21p 01940	
Business Phone No. 781 – 246 – 940	-	5. State of Incorporation MASSACHUSE			6. SIC Code 59	
Bruf Description of the Charact BUSINESS OF BUILD	er of Business Conducted JING, CONSTRUCTIO	In Rhode Island N, CONSTRUCTION MA	NAGEMENT.		<u> </u>	
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT) resident Name Kevin G. Puopolo			TACHMENT) FILL IN SE	ACES BEFORE USING	G ATTACHMENTS	
Freet Address 6 Kimball Lane			Street Address			
Lynnfield	State MA	2ip 01940	City	State	Zip	
ecretary Name			Treasurer Name			
David R. Sullivan			Margaret A. Puopolo			
111 Huntington Avenue			Street Address 6 Kimball Lane			
Boston	State MA	^{Zip} 02199	Lynnfield:	State MA	^{Zip} 01940	
THE RESTRICT AND ADDRESS AT						
irector Name <u>Kevin G. Pu</u> e		JRS: (X BOX FOR X	TTACHMENT) FILL IN S Director Name Margaret A.		NG ATTACHMENTS	
Kevin G. Puercet Address 6 Kimball L	opolo	SKS! (A BOX FOR A	Margaret A. Sireei Address	Puopolo	NG ATTACHMENTS	
Kevin G. Puercet Address 6 Kimball Leady Lynnfield	opolo	21p 01940	Director Name Margaret A	Puopolo	Zip 01940	
Kevin G. Puercet Address 6 Kimball Leady Lynnfield	ane State	Zip	Margaret A. Street Address 6 Kimball Li	Puopolo ane	Zip	
Kevin G. Purect Address 6 Kimball Laty Lynnfield rector Name	ane State	Zip	Margaret A. Street Address 6 Kimball La City Lynnfield	Puopolo ane	Zip	
Kevin G. Pur rect Address 6 Kimball La	ane State	Zip	Margaret A. Street Address 6 Kimball Le City Lynnfield Director Name	Puopolo ane	Zip	
Kevin G. Purrect Address 6 Kimball Laty Lynnfield rector Name	state State State	2ip 01940	Margaret A. Street Address 6 Kimball La City Lynnfield Director Name Street Address	Puopolo ane State MA State	zip 01940	
Kevin G. Purrect Address 6 Kimball Landy Lynnfield rector Name Tree Address 10 D. SHARES AUTHORIZED THORIZED SHARES	state State State	2ip 01940	Margaret A. Street Address 6 Kimball La City Lynnfield Director Name Street Address City 11. SHARES ISSUED (**)	Puopolo ane State MA State	zip 01940	
Kevin G. Purret Address 6 Kimball Laty Lynnfield rector Name rect Address 0. SHARES AUTHORIZED THORIZED SHARES	State State MA State ("X" BOX FOR A)	Zip 01940	Margaret A. Street Address 6 Kimball Le City Lynnfield Director Name Street Address City 11. SHARES ISSUED ("X	Puopolo ane State MA State C BOX FOR ATTACH	Zip 01940	
Kevin G. Purrect Address 6 Kimball Landress Lynnfield rector Name rect Address 1) D. SHARES AUTHORIZED THORIZED SHARES Limber of Shares 200,000 NO PAR VALUE	State MA State MA Class/Scries	Zip 01940 Zip TACHMENT)	Margaret A. Street Address 6 Kimball Le City Lynnfield Director Name Street Address City 11. SHARES ISSUED (**) ISSUED SHARES Number of Shares	Puopolo ane State MA State C BOX FOR ATTACH Class/Series Common	Zip O1940 Zip IMENT) Par Value No Par	

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 Kevin G. Puopolo Print or Type Name of Officer President Title of Officer

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

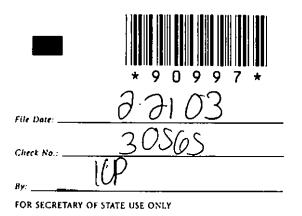
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

					(1.511.00
FORM MUST BE TYPED OR PRINTE	D IN BLACK)				
. Corporate II) No.	2. Name of Carporation	1			
90997	Construction N	fanagement & Builders, i	Inc.		
. Street Address Principal Business O	ffice		City	State	Zip
121 CONIFER HIL Business Phone No.	L DRIVE	5. State of Incorporation	DANVERS	MA	01923 6. SIC Code
978-750-8111 Brief Description of the Character o	f Business Conducted in R	MASSACHUSETT hode island	S		59
CONSTRUCTION M. NAMES AND ADDRESS			MENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTACH	MENTS
KEVIN G. PUOPO	LO		Street Address		
121 CONIFER HI	LL DRIVE				
lity	State	Zip	City	State	Zip
DANVERS ecretary Name	MA	01923	Treasurer Name		•
DAVID SULLIVAN treet Address			MARGARET A. Street Address	PUOPOLO	
111 HUNTINGTON	AVENUE State	Zip	121 CONIFER	HILL DRIVE	Zip
BOSTON · NAMES AND ADDRESS Officetor Name	MA ES OF THE DIREC	02199 TORS (*x* BOX FOR ATTAC	DANVERS CHMENT) FILL IN SPACE Director Name	MA S BEFORE USING ATTAC	01923 CHMENTS
KEVIN G. PUOPO	LO		MARGARET A Street Address	. PUOPOLO	
121 CONIFER HI				R HILL DRIVE	
City	State	Zip	City	State	ZIp
DANVERS Director Name	MA	01923	DANVERS Director Name	MA	01923
treet Address			Street Address		
Etty	State	Zip	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARIS	("X" BOX FOR ATTACE	HMENT)	11. SHARES ISSUED (*.	X" BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

200



200,000 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 herein are true and correct. Signature of Office

COMMON

NO .PAR

KEVING. MUDAOLO Print or Type Name of Officer

PRESIDENT

⇔ 5

Title of Officer Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORP	PORATION A v 1-March I • F	ANNUAL REP iling Fee: \$50.00	ORT FOR THE	YEAR 2002	ST(PLEASE INSTRUC
(FORM MUST BE TYPED IN BL	ACK)				1.31.60
1. Corporate ID No.	2. Name of Corporation	•			<u></u>
90997	Construction N	fanagement & Builders,	Inc.		
3. Street Address Principal Business	Office		City	State	Zip
121 Conifer 4. Business Phone No. 978-750-8111	Hill Drive	5. State of Incorporation MASSACHUSETT	Danvers	MA	01923 6. SIC Code 59
2. Brief Description of the Characte	r of Business Conducted In Ri		•		•
Construction 8. NAMES AND ADDRES President Name	Management SES OF THE OFFICE	Services ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF Vice President Name	FORE USING ATTACHM	ENTS
Kevin G. Puo	polo				
Street Address		•	Street Address		
121 Conifer	Hill Drive	Zip	City	State	Zip
Danvers	MA	01923			,
Secretary Name	• • • • • • • • • • • • • • • • • • • •	······································	Trensurer Name	****	
David Sulliv	an		Margaret A. P	uopolo	
28 State Str	eet		121 Conifer H	ill Drive	
Boston	State MA	ZIp	City	State	Zip
9. NAMES AND ADDRES		02109 FORS (*X* BOX FOR ATTAC	Danvers CHMENT) FILL IN SPACES B Director Name	MA EFORE USING ATTACH	01923 IMENTS
Kevin G. Puoj	polo		Margaret A. Street Address	Puopolo	
121 Conifer D	Hill Drive	Zip	121 Conifer	Hill Drive	Zip
Danvers Director Name	MA	01923	Danvers Director Name	MA	01923
treet Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORIZE	D (*x* box for attach	MENT) (11. SHARES ISSUED ("X" B "ISSUED SHARES	OX FOR ATTACHMENT)	
iumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 SHS NO PAR			200	Common	No Par

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 contained herein are true and correct. Signature of Officed

KEVIN G. PUOPOLO Print or Type Name of Officer

PRESIDENT

Title of Officer

 $\langle \gamma () \rangle$

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 M	UST BE TYPED IN BL	ACK)					
I. Corporal	e ID No. 90997	2. Name of Corporation Construct	n ion Management	& Builders	, Inc.		
3. Street Ad	ddress Principal Busines	ss Office		City	St	ite	Zip
	121 Coni:	fer Hill Dri	ve	Danve	ers	MA	01923
4. Business	Phone No. (978) 750	0-8111	5. State of Incorporation MASSACHUSET	TS			6. SIC Code 59
7. Brief Des	scription of the Charact	er of Rusiness Conducted in	Rhode Island				
	Construct	tion Managem	ent Services				
8. NAM President N	ES AND ADDRE	SSES OF THE OFFIC	ERS ("X" BOX FOR ATTAC	HMENT) FILL, Vice President N	IN SPACES BEFORI	E USING AT	TTACHMENTS
Street Addi		fer Hill Dri	ve	Street Address			
City	Danvers	State MA	zip 01923	City	Sta	ite	Zip
Secretary N		Sullivan	•	Treasurer Name	Margaret A	. Puop	oolo
Street Addr	"28 State	Street		Street Address	121 Conife	r Hill	Drive
City	Boston	State MA	^{Zip} 02109	City	Danvers	MA	zip 01923
9. NAM Director No	me		CTORS (*X* BOX FOR ATT	ACHMENT) FII Director Name	LL IN SPACES BEFO	RE USING	ATTACHMENTS
	Kevin G.	Puopolo			Margaret A	. Puop	olo
Street Addre		fer Hill Dri	ve	Street Address	121 Conife	r Hill	Drive
City	Danvers	State MA	^{Zip} 01923	Clly	Danvers	me MA	zip 01923
Director Na	me	•		Director Name			•

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

Zip

AUTHORIZED SHARES

Street Address

City

Number of Shares

200,000 SHS NO PAR

FOR SECRETARY OF STATE USE ONLY

Class/Series Par Value

State

Number of Shares Class/Series Par Value

Zip

Street Address

200

Common

State

No Par

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

	Inder penalty of perjury, I declare and affirm th his report, including any accompanying schedu		
لــ	has all statements troptained herein are true and	d cori	ect.
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	Snature of Officer	Date	
X	Kevin G Puopolo		
	rint or 1550 Medic of Officer		
	President		
7	itle of Officer		



1. Corporate ID No.

4. Business Phone No.

President Name

Street Address

City

90997

978-750-8111

Kevin G. Puopolo

FOR SECRETARY OF STATE USE ONLY

3. Street Address Principal Business Office

121 Conifer Hill Drive

121 Conifer Hill Drive

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

Construction Management Services

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

State

FILL IN SPACES BEFORE USING ATTACHMENTS

State

Danvers

Print or Type Name of Officer President

Title of Officer

Vice President Name

Street Address

City

MA

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Construction Management & Builders, Inc.

5. State of incorporation

MASSACHUSETTS

01923

6. SIC Code

59

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

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

Danvers	MA	01923			
Secretary Name		· · · · · · · · · · · · · · · · · · ·	Treasurer Nome		
David R. Su Street Address	ıllivan		Margaret A. Street Address	Puopolo	
28 State St	reet		121 Conifer	Hill Drive	
City	State	Zip	City	State	Zip
Boston	: MA	02109	Danvers	MA	01923
9. NAMES AND ADD Director Name	RESSES OF THE DIREC	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
Kevin G. Pu	opolo		Margaret A. Street Address	Puopolo	
121 Conifer	Hill Drive	Zip	121 Conifer	Hill Drive	Zip
Danvers	MA	01923	Danvers Director Name	MA	01923
Street Address			Street Address		
City	State	Z(p	City	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	IZED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 shs no) PAR		200	Common	No Par
This report must be s	s igned in ink by eithe	r the President, Vice	President, Secretary, Assistar	nt Secretary, Treasure	r, Receiver or Trustee
*	90997*		Under penalty of perjury this report, including an		
File Date:3	16/00	/	that all statements onto		
Check No.:	22/02/	CB	Agnature of Officer	•	Date



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BL	ACK)				TASTREE III
1. Corporate ID No. 90997	2. Name of Corpora Constructio	_{tion} n Management & B	ullders, Inc.		
3. Street Address Principal Busines	ss Office		City	State	Zip
121 CONIFER H	HILL DRIVE		DANVERS	MA	01923
I. Business Phone No.		S. State of Incorporation	on		6. SIC Code
978-750-8111		MASSACHUS	SETTS		59
Brief Description of the Charact CONSTRUCTION					
-			ACHMENT) (FILL IN SPACES	BEFORE USING ATTACH	MENTS -
resident Name			Vice President Name		
Kevin Puopolo					
treet Address		-	Street Address	•	
121 Conifer H	Iill Drive				
lity	State	ZIp	÷ City	State	Zip
Danvers	MA	01923			,
ecretary Name	** **** * ** *	· · · · · · · · · · · · · · · · · · ·	Treasurer Name	•	
David R. Sull	.ivan		. Margaret A.	Puopolo	
treet Address			Street Address		_
425 Summer St	reet		121 Conifer	uill Deine	
ity	State	Zip	City	State	zip
Boston	MA	02210	Danvers	MA	01923
. NAMES AND ADDRE	SSES OF THE DIRI	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC		HMENTS
Kevin G. Puop	olo		: Margaret A.	Puopolo	
treet Address			Street Address		
121 Conifer H	ill Drive		121 Conifer	Hill Drive	
iry	, State	Zip	City	State	zip
Danvers	MA	01923	Danvers	MA	01923
Irector Name		***************************************	Director Name		
reet Address	:		Street Address		-
lity	State	71-			
7		<i>Zip</i> I	City	State	Zip
O. SHARES AUTHORIZI	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 SHS NO PA	R		200	Common	No Par
•			†	,	1

9 0 9 9 7 *
Jan 26,99
19820
F ONLY

Under penalty of perjury, I declare and aff	irm that I have examined
this report, including any accompanying s	chedules and statements, and
that all statements contained herein are tr	ue and correct.
10X	3/15/99
Synature of Officer	Date
kevin & Ruopolo	
frint or Type Name of Officer	
President	
Title of Officer	· ·



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

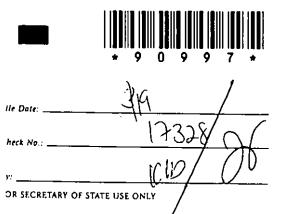
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLIAN READ INSTRUCTIONS

FORM MUST BE TYPED IN BLACK) Corporate ID No Name of Corporation 90997 Construction Management & Builders, Inc. Street Address Principal Business Office State Zip 121 Conifer Hill Drive Danvers 01923 MA Business Phone No. 6. SIC Code **0059** 978-750-8111 Brief Description of the Character of Business Conducted in Rhode Island Construction Management Services . NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) resident Name Vice President Name Kevin Puopolo reel Address Street Address 121 Conifer Hill Drive lty State Zip 01923 Danvers retary Name Treasurer Name David R. Sullivan Margaret A. Puopolo et Address Street Address 425 Summer Street 121 Conifer Hill Drive State Zip State Zip Boston MA 02210 01923 Danvers MA IAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) or Name Director Name Kevin G. Puopolo Margaret A. Puopolo Address Street Address 121 Conifer Hill Drive 121 Conifer Hill Drive State State Danvers 01923 MA 01923 v Name Director Name Iddress Street Address State City State Zip 1. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) THORIZED SHARES ESSUEED SHARES mber of Shares Class/Series Par Value Number of Shares Class/Series Par Value 200,000 SHS NO PAR 200 Common No Par

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

Title of Officer



Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and that all matements contained herein are true and correct.

Signature of Officer

Kevin 6. Puopolo

Print or Type Name of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Illing	Period:	January	1-March I	•	Filing	Fee:	\$50.00
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(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No.

2. Name of Corporation

90997

Construction Management & Builders, Inc.

3. Street Address Principal Business Office State Zip 121 Conifer Hill Dr. 01923 MA Danvers 4. Business Phone No. 5. State of Incorporation 6. SIC Code **MASSACHUSETTS** 508-750-8111 0059 7. Brief Description of the Character of Business Conducted in Rhode Island Construction Management Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Kevin G. Puopolo Street Address Street Address 121 Conifer Hill Drive State Zip Danvers MA .01923 Secretary Name David R. Sullivan Margaret A. Puopolo 425 Summer St. 121 Conifer Hill Drive City Zip City State Zip Boston Danvers MA 02210 01923 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Kevin G. Puopolo Margaret A. Puopolo Street Address Street Address 121 Conifer Hill Drive 121 Conifer Hill Drive Zip Danvers Danvers ... MA ... 0.1923. 01923 **Director Name** Director Name

Street Address

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

Street Address

City

AUTHORIZZED SHARES Number of Shares Class/Sertes

State

Par Value

Zip

ESSUED SHARES

City

Number of Shares

Class/Series

State

Par Value

Zip

200,000 SHS NO PAR

200

Common

No Par

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

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4/3/97
14306
TE 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 spotement Signature of Title of Officer