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			
125397	RKR Construction Inc.			
3. Street Address Principal Business Office		City	State	Zip
111 ANGELL RD		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-692-0862	RHODE ISLAND			6638

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION TRUCKING, HAULING GRAVEL, STONE, LOAM, MULCH ETC.

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

President Name	Vice President Name
KEVIN M TEIXEIRA	NONE
Street Address: 111 ANGELL RD	Street Address:
City: CUMBERLAND State: RI Zip: 02864	City: State: Zip:
Secretary Name: NONE	Treasurer Name: NONE
Street Address:	Street Address:
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	Director Name
NONE	NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name: NONE	Director Name: NONE
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
100 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE	—	—

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

[redacted] [redacted]

FILED
File Date: FEB 24 2005
Check No.: By 158889
By:
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.

Kevin M Teixeira 2/23/05
Signature of Officer *Date*

KEVIN M TEIXEIRA
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

Form 630 Rev. 12/03

05 FEB 24 P 2:25

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			
125397	RKR Construction Inc.			
3. Street Address Principal Business Office		City	State	Zip
111 ANGELL RD		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-578-0662	RHODE ISLAND			6638

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION TRUCKING, HAULING GRAVEL, STONE, LOAM, MULCH ETC.

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

President Name	Vice President Name
KEVIN M. TEIXEIRA	NONE
Street Address: 111 ANGELL RD	Street Address: —
City: CUMBERLAND State: RI Zip: 02864	City: — State: — Zip: —
Secretary Name: NONE	Treasurer Name: NONE
Street Address: —	Street Address: —
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	Director Name
NONE	NONE
Street Address: —	Street Address: —
City: — State: — Zip: —	City: — State: — Zip: —
Director Name: NONE	Director Name: NONE
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
100	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE	—	—

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

[redacted]

* 125397 *

File Date 1-7-04
Check No. 1168
By: Q

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.

Kevin M Teixeira 1-5-04
Signature of Officer *Date*

KEVIN M TEIXEIRA
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

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.: 125397
2. Name of Corporation: RKR Construction Inc.
3. Street Address Principal Business Office: 111 ANGELL RD
   City: CUMBERLAND State: RI Zip: 02864
4. Business Phone No.: 401-578-0662
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6638
7. Brief Description of the Character of Business Conducted in Rhode Island: CONSTRUCTION TRUCKING, HAULING ASPHALT, LOAM, STONE, GRAVEL, ETC.

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

President Name: KEVIN M. TEIXEIRA
Street Address: 111 ANGELL RD
City: CUMBERLAND State: RI Zip: 02864

Vice President Name: NONE
Street Address:
City: State: Zip:

Secretary Name: NONE
Street Address:
City: State: Zip:

Treasurer Name: ROGER H GUYER
Street Address: 14 GARDEN ST.
City: CUMBERLAND State: RI Zip: 02864

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

Director Name: NONE
Street Address:
City: State: Zip:

Director Name: NONE
Street Address:
City: State: Zip:

Director Name: NONE
Street Address:
City: State: Zip:

Director Name: NONE
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE		

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

[redacted]

125397

File Date: 3-13-03

Check No.: 1039

By: JL

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.

Kevin M Teixeira 3-12-03
Signature of Officer Date

KEVIN M TEIXEIRA
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/02