

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 - M (FORM MUST BE TYPED OR PRI	darch i 🐪 Filing	Fee: \$50,00	FOR THE YEAR	2003		
L. Corporate ID No. 125397	2. Name of Corporation RKR Construction Inc.					
3. Street Address Principal Business Office 111 ANGEU RD			Cumberleno	Siale R I	Zip 0 2864	
4. Business Phone No. 401 - 692	-0862	5. State of Incorporation RHODE ISLAND			6. SIC Gode 6638	
7. Brief Discription of the Character	of Business Conducted in P	hode Island PEL, STONE, LOAM, MU	LCH ETC.		<u> </u>	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name LEVIN M TEIXEIRA			CHMENT) FILL IN SPACES BÉFORE USING ÄTTACHMENTS			
Street Address	_		Street Address			
CunBerlan Secretary Name	State RI	^{7.10} 07864	City	State	Zip	
-	NE		Treasurer Name NONE			
Street Address			Street Address			
City	State	Zip	Сиу	State	Ζφ	
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	: :: ("X" BOX FOR ATT.	ACHMENT)	/(// \ I -		
Street Address			Street Address	<u></u>	-	
City	State.	Ζψ ,	City	State	2φ 3	
Director Name	NE "	1 · · · · · · · · · · · · · · · · · · ·	Director Name		الرادية الرادية الرادية	
Street Address			Street Address			
City	State	ZIp	Guy	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X")	BOX FOR ATTACHME	V7) [
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value	
100 NO PAR VALUE			NONE			
This report must be s	signed in ink by cither	the President, Vice Pre	esident, Secretary, Assistant Se	cretary, Treasurer, Rece	eiver or Trustee	
			Under penalty of perjury, 1	declare and affirm that I !	have examined this report	

File Date

FEB 2 4 2005

By:

FOR SECRETARY OF STATE USE ONLY

including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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Form 630 Rev. 12/03



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Treasurer, Rec	civer or Trustee
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ct.	nts, and that all statements
7 Your	Sur 1-5-12
<u>~ / ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	Date
1	/ -

Filing Period: January (FORM MUST BE TYPED OR		ing Fee: \$50.00			
1. Corporate ID No.	2 Name of Corporal	ion	<u> </u>	·	
125397	RKR Construc	tion Inc.			
3. Street Address Principal Bust	Iness Office		CumBerlan	UD State RI	07864
	578-0662	5 State of Incorporation RHODE ISLAND			6 SIC Cride 6638
7. Brief Description of the Char CONSTRUCTION TR	ncier of Business Conducted in RUCKING, HAULING GR	n Rhode Island AVEL, STONE, LOAM, MI	JLCH ETC.		0036
8. NAMES AND ADDRES	SSES OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USI	NG ATTACHMENTS
President Name			Vice President Name		
Street Address	o M. Te	IXSIRA		NONE	<u> </u>
III AC	XOFU RC	>	Street Address		
CunBeels	Ino State 125	7.ip 02864	City	State	Zip
Secretary Name	<u> </u>		Treasurer Name	None	3
Street Address			Street Address		
City	State	Z.(p	City	State	Zip
9. NAMES AND ADDRES Director Name	SSES OF THE DIRECTO	ORS: ("X" BOX FOR AT	TACHMENT) FILL Director Name	N SPACES BEFORE US	ING ATTACHMENTS
Street Address	10100		/	UDNOS_	
			Street Address		 ·
City	State	Ζφ	City	State	Zip
Director Name	NONB	J	Director Name	\mathcal{N}	l
Sirver Address	770100		Street Address	100,00	
City	State	Z.(p	City	State	Zip
10. SHARES AUTHORIZI AUTHORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT) [11. SHARES ISSUED ("X" BOX FOR ATTAC	HMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			NONE		-
This report must	be signed in ink by eit	her the President, Vice P	resident, Secretary, Assista	nt Secretary, Treasurer	Receiver or Trustee
			•	,	
	(0)				

1-7-04 File Date Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a including any accompanying schedules a	ffirm that I have examined this report, and statements, and that all statements.
contained herein are true and correct.	
0 Henn 11111	Nevere 1-50
Signature of Officer	Date
LAEVIN M-	<i>TEIXEIRA</i>
Print or Type Name of Officer	
President	
Title of Officer	Form 630 Pay 12/03



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 _

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 Rusiness Office **RHODE ISLAND** CONSTRUCTION TRUCKING HAVING ASHPHAULT LOAM, 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILLIN SPACES B FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name KEUIN Street Address TEIXEIRA Street Address City State Treasurer Name NONE Street Address City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE CONTE Street Address Street Address State City Director Name Director Name Street Address Street Address City State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUEED SHARES Number of Shares Class/Series Par Value Number of Shores Class/Series Par Value 100 NO PAR VALUE NONE

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

	* 1 2 5 3 9 7 *
File Date:	3-13-03
Check No.:	1039
Ву:	Di .
FOR SECRETA	RY 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.

Form 630 12/02