



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)

Form with sections 1-11: Corporate ID No. 132998, Name of Corporation Pinto Construction, Inc., Street Address 463 Smithfield Avenue, City Pawtucket, State RI, Zip 02860. Includes officer and director information for Antonio F. Pinto and Susan M. Pinto.

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 Officer (Antonio F. Pinto) and Date 1-23-05

Antonio F. Pinto

Print or Type Name of Officer

President

Title of Officer

File Date 1-31-05, Check No. 9131, By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>132998</b>		2. Name of Corporation <b>Pinto Construction, Inc.</b>			
3. Street Address Principal Business Office <b>463 Smithfield Avenue</b>			City <b>Pawtucket</b>	State <b>R.I.</b>	Zip <b>02860</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>ASPHALT PAVING, SMALL BUILDING CONSTRUCTION, ALLIED TASKS ASSOCIATED THEREIN</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Antonio F. Pinto</b>			Vice President Name <b>Susan M. Pinto</b>		
Street Address <b>463 Smithfield Ave.</b>			Street Address <b>463 Smithfield Ave.</b>		
City <b>Pawtucket</b>	State <b>R.I.</b>	Zip <b>02886</b>	City <b>Pawtucket</b>	State <b>R.I.</b>	Zip <b>02860</b>
Secretary Name <b>Susan M. Pinto</b>			Treasurer Name <b>Antonio F. Pinto</b>		
Street Address <b>463 Smithfield Ave</b>			Street Address <b>463 Smithfield Ave.</b>		
City <b>Pawtucket</b>	State <b>R.I.</b>	Zip <b>02886</b>	City <b>Pawtucket</b>	State <b>R.I.</b>	Zip <b>02886</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Antonio F. Pinto</b>			Director Name <b>Susan M. Pinto</b>		
Street Address <b>463 Smithfield Ave</b>			Street Address <b>463 Smithfield Ave</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02886</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO</b>	<b>PAR VALUE</b>	<b>200</b>	<b>no</b>	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number 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



\* 1 3 2 9 9 8 \*

File Date 2-3-04  
Check No. 8865  
By: [Signature]  
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] 1-15-04  
Signature of Officer Date  
Antonio F. Pinto  
Print or Type Name of Officer  
President  
Title of Officer