PROFIT CORPORATON ANNUAL REPORT 1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
86464	PEZZA CMS INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
326 Namquid Drive	Warwick	RI	02886

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
232-7320	Rhode Island	8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Construction Management

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Gregory C. Pezza	326 Namquid Drive	Warwick	RI	02886

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Gregory C. Pezza	Same			

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Gregory C. Pezza	Same			

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Gregory C. Pezza	Same			

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
None				

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100	Common	None	100	Common	None

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.

Gregory C. Pezza
Signature of Officer

Gregory C. Pezza
Print or Type Name of Officer

PRESIDENT
Title of Officer

2/29/96
Date

File Date: 3/1/96
Check No: 893870
By: QB / LP
For Secretary of State Use Only

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