

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

Matthew A. Brown. Scoretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222.3040

2005 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) Corporate III No 2. Name of Contraction 6267 GORDON EXCAVATING, INC. WAKETICA 02879 6 Sic Code RHODE ISLAND 75 GENERAL EXCAVATING AND CONSTRUCTION 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name DONALD GORDON Street Address *879* Treasurer Name Street Address Street Address State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Inrector Name Street Address Car State $Z\phi$ WAKETIEZ Director Name Street Address Street Address Zφ City State 14 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Sources Par Value 2,000 NO PAR VALUE 200

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

	FILED
Ede Date Check No	MAR 2 9 2005 78 13
B)	Ву
FOR 5	SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm t	that I have examined this repor
including any accompanying schedules and sta- confuned herein are true and correct.	itements, and that all statement
Doub Live and correct.	3/4/05
Signature of Officer	Date
DONALD GORDON	
Print or Type Name of Officer	_
PRESIDENT	
Tule of Officer	Form 630 Rev. 42/03



1. Corporate ID No.

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

2004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORST MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No.	2 Name of Corporation					
6267		GORDON EXCAVATING, INC.				
3 Street Address Principal Business O. II CASWEZL S	ffice T		WAKESTIED	State RI	02879	
4 Business, Phone, No.	·	5 State of Incorporation	WAREPIECE)			
401-623-114		RHODE ISLAND			6 SIC Code 75	
7 Brief Description of the Character of GENERAL EXCAVATING	f Business Conducted in Ri AND CONSTRUCTION	bode Island N				
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)	ACES BEFORE USING	G ATTACHMENTS	
Prosident Name DUNALID 6 . C	5		Vice President Name			
Since Address 52 LA KE ST CHY WAKETTEN		_	Street Address			
WAKETTER	State RI	02879	City	State	Zip	
Secretary Name	Ji	L	Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRESSES Director Name DUNALD G. GO Street Address		 S:	Director Name	SPACES BEFORE USI	NG ATTACHMENTS	
52 LAKE ST			Stree: Address			
52 LAKE ST	State RI	Zip 62279	City	State	Zip	
Director Name	J	J	Director Name			
Street Address			Street Address	.		
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED (("X" BOX FOR ATTA		11. SHARES ISSUED (".	 x" box for attack	HWENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
2,000 NO PAR VALUE			100	NIA	NIA	
	<u> </u>				-	
This report must be s	igned in ink by eithe	er the President. Vice I	President, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee	
·	•		,	•		
					that I have examined this report	
File Date			contained herein are to		La 3/30/04.	
Check No. 3498]	Signature of Officer DONALID G	GORDEN	Date	
Bv: \\			Print or Type Name of		···	
FOR SECRETARY OF STA	ATE USE ONLY		PRESIDER	<u></u>		
200000000000000000000000000000000000000		J	Title of Officer		Form 630 Rev. 12/03	

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3440

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

401-222-3040

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(FORM MUST BE TYTED OR PRIN					
1 Corporate ID No.	2. Name of Gorpora				
6267	GORDON E	XCAVATING, INC.			
3. Street Address Principal Busines 11 ASWEZE 4. Business Phone No. 401-623-	5-	5. State of Incorporation	WAKESIED	State	02879
GEMPAL	- CONSTRUCTI	RHODE ISLAND IN Rhode Island W - O (AVA) W ICERS (*X* BOX FOR ATTACK			75
Onesi tone at			Vice President Name	EFORE USING ATTAC	HMEN15
Street Address AG SIMMING City WAKETICAD	s. GORIXIN) JAU	Street Address		
WAKETIED	State RI	02879	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	ZIp
9. NAMES AND ADDREST Director Name DONALD G.		ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	ACHMENTS
Street Address AL SUMMOW	FARM WALL		Street Address		
Street Address AG SHADOW City WAKER END	State	02.47 g	City	State	Zip
Director Name	1-	• •	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
2,000 NO PAR VALUE		N/A	100	NIA	N)A

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

	* 6 2 6 7 *	
File Date:	- 14-03	
Check No.:	6951	
Ву:	Zi.	
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.

Note of Officer

Signature of Officer

Date

DONALD GORDON

Ite 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 CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 + Filing Fee: \$50.00



	ACK)				/
. Corporate ID No.	2. Name of Corpora	tion			
6267		KCAVATING, INC.			
. Street Address Principal Business 11 CASWERL 57			WAKEHERD	State RL	Zip
. Rusiness Phone No.	,	E. State of transmission	WANCEJELO	R.L	029
401-789.4	6.20	5. State of Incorporation RHODE ISLAND	1		6. SIC Code 7
Relef Description of the Characte CONSTRUCT					,
NAMES AND ADDRES	SSES OF THE OFF	CERS CX* BOX FOR ATTAC		S BEFORE USING ATTA	CHMENTS
DUNALS 6	Garage		Vice President Name		
reet Address	GURLOW		Street Aildress		
DONALD G eel Address 46 SHADOW WAKEDIELD	France le	144	21111 71111111		
b)	State	Zip	City	State	Zip
WAKENERD	RI	02079			•
telaty Sum.	•		Treasurer Name		
eet Address			Street Address		
y	State	Zip	City	State	Zip
NAMES AND ADDRES	SES OF THE DIRI	CTORS ("X" BOX FOR ATT		CES BEFORE USING ATT	ACHMENTS
Triala of Ga	(22.)		Director Nume		
et Address	KNOW		Street Address		
16 (4ma)	TADU WAY	,	Street Mauress		
DONADG GO. Address AG SHADO D WAKEHED	State	Zip 🕜	City	State	Zip
VAKEHON	RI	02879	·		,
ector Name	.		. Director Name	•	•
rel Address			Street Address		
•	State	Zip	City	State	Zip
SHARES AUTHORIZE	D ("X" BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
			ISSUED SHARES		•
HOKEN SHAKES	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
THORIZED SHARES unber of Shares		NIA		N/s	WA



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 Officer Date DONALS 6 GORSO. Print or Type Name of Officer PRESIDENT

Title of Officer Ferm 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

TO SAMEW	I HICM W	734	City	. .	***
WAKERE-D	RI	¹ zip 02-879	Cny	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
City	Stale	Zip	City	State	Zip
10. SHARES AUTHORIZED) (*X* BOX FOR ATI	ACHMENT)		CX* BOX FOR ATTACHMEN	77)
AUTHORIZED SHARES Number of Shares	Class (Carlos		ISSUPED SHARES		
2000 NO PAR VAL	Class/Serles	Pur Value	Number of Shares	Class/Series	Par Value
2000 NO PAR VAL	NA	NA	1000	N/A-	NA
This report must be signed	o in the by est	her the President, V	lice President, Secretary, As	ssistant Secretary, Treas	urer, Receiver or Trustee
* 6	267*		• • •	perjury, I declare and affire	
$\sim 2/s$	-/			Jing any accompanying sch is contained herein are true	nedules and statements, and
File Date:	~				1. /
576	-1		Dans	Gordon.	2/6/61
Check No.:			Signature of Officer	Commen	Date
- Tu	•		Print or Type Name of	COPLEDON	
FOR SECRETARY OF STATE USE O	NIY		PRESI	CENT	
	• - • • •		Title of Officer		

Filing Period: January	1-March 1 •	Filing Fee: \$50.0	0		[FI
FORM MUST BE TYPED IN BLAC	(X)				
. Corporate ID No. 6267	2. Name of Carpor	ution XCAVATING, INC	•		
. Street Address Principal Business O	Office		City	State	Zip
46 SHADOW Business Phone No. 401-789-44	BARM W.	5. State of Incorpora RHODE IS		RI	6. SIC CPS
. Brief Description of the Character of	Hustness Conducted	in Rhode Island			
GENERAL (
3. NAMES AND ADDRESS tresident Nume	ES OF THE OFF	ICERS (*X* BOX FOR AT	TTACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
DUNALD G.	CTOKETO.	N			
wateries Warow 1	FARM WA	127	Street Address		
WAKERELD	State KI.	62279	City	State	Zip
ecretary Name			Treasurer Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
P. NAMES AND ADDRESS DOUBLE (C. (2)			ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
DONAWS G. GO Treet godiess 46 SHAIXW WIKEREN	TAKEN 4	/Ay	Street Address		
1.18 VI- Fix A	State	1 _{zip}	Сиу	State	Zip
Director Name	مستسدب	02813	Director Name		
treet Address			Street Address		
lity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES) (*X* BOX FOR AT	FACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	T)
umher of Shares	Class/Series	Pur Value	Number of Shares	Class/Series	l'ar Value
2000 NO PAR VAL	NA	NA	1000	N/A-	NA

that all statements contained her	ein are true and correct.
Dans Gra	2/1/01
Signature of Officer	Date

7-11.	Comment)
DONALD	WILLIAM

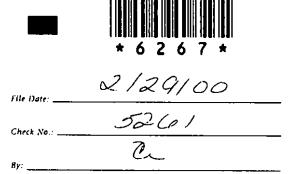
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

AFORM MIST OF THREE IN D.	au)	•			
IFORM MUST BE TYPED IN BLA 1. Corporate ID No.		tion			
6267	GORDON EX	CAVATING, INC.			
3. Street Address Principal Business			City	State	Zip
11 CASWER	2 3/		WAKEMERD	RI	02875
4. Business Phone No. 401-789	-4470	5. State of Incorporation RHODE ISLAND)		6. SIC Code
7. Brief Description of the Character	of Business Conducted in				
60	DUDDAL EX	LAVATING +C	Construction		
8. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BI	EFORE USING ATTA	CHMENTS
President Name	6 ()	Vice President Name		
Street Address	GORDO.	\sim	Street Address		
46 Supra	1 Farm 1	JAU	Street Mauress		
Street Address 46 SHACO City WALEVIELD	State	Zip	City	State	Zip
WALEROUS	RI	028 79			·
Secretary Name		•	Treasurer Name		
Street Address			Street Address		
			Street Municos		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIRE	ECTORS (*X* BOX FOR ATT	GCHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
Director Name			Director Name	DELOND COM CALL	ACTIVITY VIG
DONALD 6 STREET Address 46 STAADOW WAKERED	. GORDON)			
Street Address	Gandi	11-	Street Address		
46 SHADON	MYZM W	ing,	Cir	•	
LAKING	RI	12.876	City	Stale	Zip
Director Name	, 42	02079	Director Name		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
10. SHARES AUTHORIZE	D (*X* BOX FOR ATT)	- ACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ESTATED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 NO PAR VAL	NA	NO	100	NIA	NA

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

DONALD 6. GORDON

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

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

FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business		CAVATING, INC.	City	State	Zip
22 LISA 4	ANE		HOPKINTON	RI	02832
4. Rusiness Phone No.	7 ^	5. State of Incorporation			6. SIC Code
401 539 · 602 7. Brief Description of the Character EXCAV	of Business Conducted in	RHODE ISLANI Rhade Island CONSTRUCTION	o J		75
8. NAMES AND ADDRES President Name DONALD G	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC		EFORE USING ATTA	CHMENTS
Street Address 22 LISA LA	nE		Street Address		
Hope Varing	State ZZ	02832	City	State	Zip
Secretary Name			Treasurer Nume	••	• • • • • • •
Street Address			Street Address		
Chy	State	Zip	City	State	Zip
19. NAMES AND ADDRES Director Name TONALD G. Street Address 22 USA LAS	GORDON WE	CTORS (*X* BOX FOR ATT.	ACHMENT) FILL IN SPACES Director Name Street Address	BEFORE USING ATT	ACHMENTS
HOPE VALLEY	State	02232	City	State	Zip
Director Name		• • •	Director Name	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Street Address			Street Address		
Спу	State	Zip	. City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 NO PAR VAL	NA	NO	100	NIA	NO
This report must be sign	ed in ink by eith	er the President, Vice	i	ant Secretary, Treas	urer, Receiver or Trustee
118411	9448 11948 8444 1884 188	I			_

Fares 21 12 /06

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

DONALD G. GORDON

Signature of Officer

Title of Officer

Print or Type Name of Officer PRESIDENT

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

FORM MUST BE TYPED IN B	BLACK)				
1 Corporate ID No 6267	2 Name of Corpora GORDON E	XCAVATING, INC.			
7. Brief Description of the Chara	9-6030 cter of Business Conducted o		HOPE VALLEY	State R.I.	21p 6 283 6, SIC Cude 0075
	ESSES OF THE OFF	4 VATNG CERS CX* BOX FOR ATTACHA	JENT)		
President Name			Vice President Name		
Street Address ZZ 45A	G. GORD - LANE	o N	Street Address		
	ing State RI	^{Zip} 02832	City	State	Zip
Secretary Name		00000	Treasurer Name		
Sticet Address			Street Address		
City	State	Zip	Crty	State	Zip
Director Name		ECTORS ("X" BOX FOR ATTAC	HMENT) Director Name		
Street Address	G. GOILLON LANE) 02832	Street Address		
Cio HADIE VALL	State D	71p 02822	City	State	Zip
Director Name		- CO 3 C	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZID SHARES	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 NO PAR VAL		0	100	NIA	NA

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

	* 6 2 6 7 *
File Date	424
Check No	4933
By:	XID 3
FOR SECRETARY O	E STATE 02F ONLY

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

Signature of Officer Date

DONALD GORDO Print or Type Name of Officer

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 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

FOR	мм	UST	ВE	TY	PED	IN	BLAC	χ,
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1. Corporate ID No.

2. Name of Corporation

INC.

020/	GORDON EXCAVATING,
3. Street Address Principal Business Offic	r
11 Caswell Street	

City Wakefield RI

02879

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code 0075

7. Brief Description of the Character of Business Conducted in Rhode Island General Construction and Excavating

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

President Name

Vice President Name

Donald G. Gordon Street Address

44 Wood Avenue

Street Address

State

Secretary Name

Narragansett

02882 RI

Zip

Donald G. Gordon

Street Address

44 Wood Avenue

State

Street Address

City

State

Zip

City Narragansett

RI

02882

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

Donald G. Gordon

Street Address

Street Address

44 Wood Avenue City

Narragansett Director Name

State

RI

Zip

02882

City

State

Zip

Director Name

Street Address

City

Zip

City

Street Address

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED) SHARES

Number of Shares

Class/Series

Par Value

2000 NO PAR VAL

N/A

None

100

N/A

this report, including any accompanying schedules and statements, and

None

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



Check No.:

File Date:

FOR SECRETARY OF STATE USE ONLY

that all statements contained herein are true and correct.

Title of Officer

Donald G. Gordon Print or Type Name of Officer

President



PROFIT CORPORATION ANNUAL REPORT

1996



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

Filing Period: January 1-March 1

Filing Fee: \$50.00

		PLEASE TYPE OR PRI	NT IN BLACK INK.		
1. CORPORATE TO NO.	2. HAME OF COGPORATION				
6267	GORDON EX	KCAVATING, INC.			
TS STREET ADORESS PRINCIPAL BÜSNIESS OFFICE			1	STATE	7 71P CODE
48 Shadow Farm W			South Kingstown	R.I.	02879
A BUSHKSS PROJETIO		STATE OF FICE PEOPLE TION		- 1 6.TSIC CODE	
401-789-4420		RHODE ISLA	AND		1 0075
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSI) NESS CONDUCTED TH AHODE ISLAHD				
General Excavati	ing				,
PRESIDENT NAME	8 . N A M E	S AND ADDRES	SSES OF THE OFF	I-C F R S	
PRESIDENT NAME	_	<u> </u>	VICE PRESIDENT NAME		
Donald G. Gordon					1
STALET ADDRESS	_		STREET ADORESS		
48 Shadow Farm V	vay	22°C00E	chy	STATE	1 2 P COOK
Wakefield	R.I.	02879		50000	Dr www.
SECRETARY HAME			TREASURER NAME		
lara ya Tarina a a a a a a a a a a a a a a a a a a					
STREET ADDAESS			STREET ADORESS		
any.	SIATE	TZP CODE	anv	I STATE	T ZIP COO€
.l.	9. NAME		SSES OF THE DIA	ECTORS	<u> </u>
DIRECTOR HAME			DIRECTOR HAME		
STREET ADDRESS			STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
			STACE TADDRESS		
City T	STATE	ZIP COOE	ชพ	STATE	72P C00£
]	
DIRECTOR NAME			D.RECTOR HAME		
SYREET ADDRESS			STREET ADDRESS		
άιγ	STATE	ZIP CODE	anv	STATE	ZP C30£
		<u> </u>			
		RES AUTHORIZ	ED AND ISSUED		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	() MAYBER OF SHARES	ISSUED SHARES	DID WALLS
100.00.00	aran and	ran ratus	~	CLASS / SERIES	PAR VALUE
2000 NO PAR V	AL		J NONE	N/A	NO

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

File Date:	5/31/	196	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer
	-/ /		Signature of Officer

3220

For Secretary of State Use Only

Check No:

By:

Donald G. Gordon

Print or Type Name of Officer

5-21-96 President

Title of Office.

OFTACH ROTTOM REFORE RETURNING

Date EORM 31 12/05

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0006267

Corporate ID:

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

1995

Annual Report for the year:

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

SORDON EXCAV	ATING, INC	3.	•			
Name of Corporation: Business entity organized under the laws of the State of Rhoo For foreign entity, address and telephone number of principal of			(check one): poration (See RIGL Chapter 7-1.1) Service Corporation (See RIGL Chapter 7-5.1)			
Phone ()		Brief statement of the character of business conducted i				
Address and telephone of the principal office of business entity. Island (Provide street address - Not P.O. Box).	in Rhode	General co	ontracting and exc	avating		
48 Shadow Farm Way Wakefield, RI 02879 Phone (401) 789-4420			- -	·		
		IE OFFICERS ARE:	 :			
Donald G. Gordon	48 Shado	w Farm Way	Wakefield, RI	028 7 9		
VICE PRESIDENT	STREET ADD	RESS	CHYSTAIL	ZIP CODE		
SECRETARY	STREET ADD	RESS	CITYSTATE	ZIP CODE		
TREASURER	STREET ADD	RESS	CH 9/STATE	ZIS CODI		
THE		E DIRECTORS ARE	<u> </u>			
Donald G. Gordon	STREET ADD	w Farm Way	Wakefield, RI			
NAME SOURCE STATE OF THE STATE	STREET ADD	=	CITYSIATE	ZIP COD		
NAME	STREET ADD	RESS	CHYSTATE	ZIP COD		
NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES		r may be attached)		
Number of Shares Class / Series		Number of Shares	Class / Series			
6000 N/A						
Date2/21/		Dans H	a fee			
Form 31 1.95	PRINT OR TY	DNALD GORO	<u> </u>			
		ENT FOR SERVICE				
PLEASE NOTE: If the registered office and/or registered age	ent indicated below	is incorrect, Form 9 mus	it be filed.			

MARGARET A. LAURENCE 19 CASMELL STREET MAKEFIELD PI 02879 MAR 1 3 1995 By 1850 Clatt 2588 Julyag Fee \$50 (f) Payable to Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

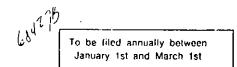
File Annually TLC Sept 1 - Nov. ! CORP fact 1 - Merch 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID	0006367		Annual Report for the	year	1994
Name of Business Entity			GORDON EX	CAVATING, I	NC
Business e dity organized ience	. R1		Business Eetity is a	check (me)	
Federal Taxpayer Identities : on			1 Profess	ss Corporation (See Rb annal Service Corporat d Laabdity Company (S	ion (Sec RIGL Chapter 7-5-1)
	·····		communications m	ting address of contact my be directed RET A. LAURI	
Photo <u>f</u>			-	SWELL STREET	
Kind (Pley de street inferess)		Rhode			ss conducted in Rhote Island:
48 SHADOW FAR WAKEFIELD, RI			GENERA	L EXCAVATING	G AND BUILDING
			i Date of Organizatio Date of Quanticatio	I = I	iode Island (if foreign entity)
There101					· · ————
DONALD G. GO	RSINSTENSIONE	STR OLAD	W FARM WAY	MAKEFIELD	, RI 02879
Continues of strong Continues		STR C AIR		CityMate	ze core.
Çê ib isaxex î î întror €	The avis & Coskings	SIROT W	rias	CHANGER	श्रेम रंपचेत्र
 -	THE NA	AMES OF TH	E DIRECTORS ARI	E:	
SAME AS ABO	OVE	STREET A SE		CONNAH	<u> </u>
Xwe '	<u></u> _	८ सम्म	ISLN	(1) /S AH	E ti o a
NUMBER OF SHARES AUT	HORIZED (C'Applicable)		NUMBER OF SHAR	FS ISSUED AND OUT	ISTANDING (It Applicable)
NUMBER 2,000			NUMBER		
CLASS N/A			CLASS		
SURIUS N/A			SERIES		
PAR VALUE OR WITHOUT PAR NO PA	AR VALUE		PAR VALUE OR WITHOUT PAR	, .	
Due FEBRUARY 4	. 19 . 94	B ₂	Donal X	y Lo	don
	-ED	THIS CHAIN	OONALD G. GO!	RDON	
Bylin	1 7 1994 L 7 <i>90</i>		PRESIDENT		
Ferri Jr. 1893	ESIGNATED REGISTERES) OR RESÍÐF	NT AGENT FOR S	ERVICE OF PROC	ESS:

PFEASE NOTE: 0 + self-operation has changed its registered of the analog registered or resident agent. Form 9 in Form 3.3.0.3 m, subscribed and the self-operation has changed its registered of the analog operation of the self-operation has changed its registered of the analog operation of the self-operation has changed its registered of the self-operation of the self-operation has changed its registered of the self-operation of the se

Filing fee: \$15.00



State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

COLF IDE

Annual Report for the year

FIRST: The name of the corporation is GORDON EXCAVATING, INC.

SECOND: It is incorporated under the laws of THE STATE OF RHODE ISLAND

THIRD: Character of business, briefly stated, is GENERAL EXCAVATION

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 48 SHADOW FARM WAY, WAKEFIELD, RI 02879

Sixth: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name

Office

DONALD G. GORDON

Director

48 SHADOW FARM WAY 48 SHADOW FARM WAY SEC'Y OF STATE

Director

Director

DONALD G. GORDON

President

43 SHADOW FARM WAY

WAKEFIELD, RI 02879

Vice President

Secretary

Treasurer

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

Class

Series

Par Value or statement that shares are without par value

1000

No. of Shares

N/A

N/A

N/A

Eighth: Number of Shares issued:

No. of Shares

Series

Par Value or statement that shares are without par value

Dated:

19

GORDON EXCAVATING,

Title PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information, 277-3040

State of Rhode Island and Providence Plantations

		100 NORTH	IONS DIVISION MAIN STREET HODE ISLAND 02903		63.00
Corporate ID	0005257		•	Report for the ye	ear 1992
First:	The name of the corporat	ion is		N.EXCAVATIN	iG, INC
SECOND	: It is incorporated under	the laws of	RHODE ISL	AND	
THIRD:	Character of business, br	iefly stated, is	GENERAL E	XCAVATING &	
			RELATED S	ERVICES	•••••••••••••••••••••••••••••••••••••••
Fourth	: If foreign corporation,	address of its pi	rincipal office	N/A	
Енти:	Business address in Rhode	e Island 59	3 MAIN STRE	ET	
***************		·	WAKEFIELD	, RI 02879	
Sixth:	Names and addresses of i	ts directors and		Address (including number	(Attach rider if necessary)
DONALD	G. GORDON	Director	593 MAIN	STREET, WAKEF	'IELD, RI 02879
******		Director	******************	*******************************	
		Director	*** **** /: ********		
DONALD	G. GORDON	President	593 _{MAIN}	STREET, WAKEF	'IELD, RI 02879
		Vice Preside	ent		
		Secretary	,		
		Treasurer		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Seventi	H: Number of Shares aut	horized:			Par Value or statement that
No. of Si	nares Clas	,<	Senes	1000 C 1.3 C	shares are without par value
1,000) N	/A	N/A	ink 13 1505	
Еісити	Number of Shares issue	d:	•	P.P. 173 JUL 13 1992 OECTY OF STATE	
No. of Si	hares Clas	,x	Series		shares are without par value
Dated	5/8 19	1	GORDON EXCA (Name of Corporation) By Corporation	vating inc.	Lordon
(1	Report must be signed by an offi	cer)	HILL GOLD	***********	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	QQE267	Annual Report fo	r the year 1991
FIRST: The name of	the corporation is	GORDON EXCAV	ATING, INC
Second: It is incorpo	orated under the laws of	Rhode Island	
THIRD: Character of	business, briefly stated, is ⁹⁶	meral excavating and al	l related services.
FOURTH: If foreign c	orporation, address of its princ	ripal office	
Fifth: Business addr	ess in Rhode Island 560 Used	quepaug Road	
· ····	West Kir	gston, R.I. 02881	
SIXTH: Names and a	ddresses of its directors and of		(Attach rider if necessary)
Donald G. Gordon	Director	560 Usequepaug Road, We	st Kingston, R.I. 02881
	Director		
	Director	•••••	
Donald G. Gordon	President	560 Usequepaug Road, We	st Kingston, R.I. 02881
	Vice President		
	Secretary		
	Treasurer		
SEVENTH: Number o	f Shares authorized:		Par Value or statement that shares are without
No. of Shares 2,000	Class N/A	Series N/A	par value
-,	•••	٠. م	MAR, 10
Ездити: Number of	Shares issued:	**C	Par Value or statement that
No. of Shares	Class	Series	or statement that shares are without par value NONE 1997 Par Value or statement that shares are without par value
Dated February 26	19 91(Nan	CORDON EXCAVATING, INC	
	Ву		XInda
(Report must be sig	ned by an officer) Title	President	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0008	257	Annual Report for the year 1990 GORDON EXCAVATING, INC.			
FIRST: The name of	the corporation is				
SECOND: It is incorp	porated under the laws of	Rhode Island			
THIRD: Character o	f business, briefly stated, is	general excavatio	n services		
FOURTH: If foreign	corporation, address of its	principal office			
FIFTH: Business add	ress in Rhode Island 560) Usequepaug Road, We	st Kingston, R.I. 02892		
SIXTH: Names and a	addresses of its directors ar		(Attach rider if necessary)		
Donald G. Gordon	Director	560 Usequepaug Ro	oad, West Kingston, R.I. 02892		
	Director				
	Director		·····		
Donald G. Gordon	President	560 Usequepaug Ro	oad, West Kingston, R.I. 02892		
	Vice Presi	dent			
	Secretary		·····		
	Treasurer		•••••		
SEVENTH: Number (of Shares authorized:		Par Value or statement that		
No of Shares	Class	Series	shares are without par value		
2,000	None	N/A	no par value		
Eighth: Number of	Shares issued:	:	Par Value		
No of Shares	Class	Senes 5	or statement that Sir shares are without par value		
	None	N/A	no par value		
Dated 2/22	1990	GORDON EXCAVATI	NG, INC.		
(Report must be si	gned by an officer)	Title			

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

		I MAIN STREET HODE ISLAND 02903	s Pa
Corporate ID 0006267		Annual Report for t	he year 1989
FIRST: The name of	the corporation is	GORDON EXCAVATING, INC.	
SECOND: It is incorp	orated under the laws of	Rhode Island	
THIRD: Character of	business, briefly stated, is	general excavation serv	ices
FOURTH: If foreign o	corporation, address of its p	rincipal office	······································
Fifth: Business add	ress in Rhode Island 560	Usequepaug Road, West	Kingston, R.I. 02892
SIXTH: Names and a	ddresses of its directors and		(Attach rider if necessary)
Donald G. Gordon	Director	560 Usequepaug Road,	West Kingston, R.I. 0289
	Director		
	Director		
Donald G. Gordon	President	560 Usequepaug Road,	.West.Kingston, R.I02892
	Vice Preside	ent	
	Secretary		
	Treasurer		
Seventh: Number of	f Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
2,000	None	N/A	no par value
_		F:	
EIGHTH: Number of	Shares issued:	:::3	O 5 1390 Par Value or statement that shares are without
No. of Shares	Class	Series	par value
•	None	N/A G.73	no par value
Dated 2/2 2	1990	GORDON EXCAVATING,	INC.
	I	By Donald of S	Ynd-
(Report must be sig	ened by an officer)	Title President	

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	0005257		RHODE ISLAND 02903		19878
Corporate ID			Annual Re	port for the year	t
FIRST: The	name of the corporat	ion is	GORDON EXCA	VATING. INC	
SECOND: I	is incorporated under	r the laws of	Rhode Island	1	
THIRD: Ch	aracter of business, br	iefly stated, is	general exca	ivating and re	elated services
Fourth: If	foreign corporation,	address of its	principal office		
FIFTH: Bus	iness address in Rhode	e Island11	Caswell Street,	Wakefield, R	t 02879
Sіхтн: N аі	nes and addresses of i	ts directors an		ress (including number, s	(Attach rider if necessary)
Donald G. Gor	don	Director	560 Usequapaug	Rd., West K	ingston, RI 02881
		D'		· · · · · · · · · · · · · · · · · · ·	
**************************	••••••				······································
Donald G. Gor	don	President			
*******************	•••••••••••••••••••••••••••••••••••••••	Vice Presid	dent		
*******************************	•••••	Secretary	***************************************		
		Treasurer		**************************	
Seventh: 1	Number of Shares auti	horiżed:			Par Value
No of Shares	Clas	s	Series		or statement that shares are without par value
2,000			F	AID	
2,000			MAR	21 1989	No Par Value
Eighth: N	umber of Shares issue	d:	SEC'Y C	21 1989 OF STATE	Par Value
No. of Shares	Clas	s	Series		or statement that shares are without par value
-0-					·
Dated Maid	L) 19	89	GORDON EXCAL (Name of Corporation) Ry	ATING, INC.	~~
(Report	must be signed by an office	cer)	Donald G. G	ordon, Presid	lent