

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

2005

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR2005							
Filing Period: January 1 - Murch 1 • Filing Fee: \$50.00							
(FORM MUST BE TYPED OR PR	INTED IN BIACK)						
1. Corporate ID No.	2. Name of Corpore						
99326 3. Street Address Principal Bysiqes		struction, Inc.	Cin	State	Zip _ O = O		
324 OIG &	ver Ro	ad	Many	ulle RI	02838 6. SIC Code		
4. Business Phone No. 40] - 640 -	9598	5. State of Incorporation RHODE ISLAND		<u></u> ,	0034		
7. Brief Description of the Charact TO PERFORM CARPE ANDCOMMERCIAL PF 8. NAMES AND ADDRESS	INTRY SERVICES A	I in Rhode Island ND TO PERFORM GENERA PRS: ("X" BOX FOR ATTA	LCONTRACTING A	AND BUILDING SERVICES FO FILL IN SPACES BEFORE U			
President Name Chae	Soruc	KO (Vice President Nam		ucker		
Street Address Old	River	Road	Street Address	old River	Rd		
Manville	State RI	^{zip} 02&3&	man	ville 182	#D2838		
some Chael	J	rucker	The Name	the J B	CUCKIC		
324 O1	1 KIVE	er Rd	Sign Address 324	Old Bive	er Kal		
Manulle	Siair	102838	Many	rile state RI	102838		
9. NAMEŠ AND ADDRĒSSI Director Name	es of the direct	TORS: ("X" BOX FOR AT	TACHMENT) [Director Name	FILL IN SPACES BEFORE	USING ATTACHMENTS		
Street Address	·		Street Address				
City	State	Zip	Clty [,]	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Ζφ		
10. SHARES AUTHORIZEL AUTHORIZED SHARES	O ("X" BOX FOR A	TTACHMENT)	11. SHARES I	SSUED ("X" BOX FOR ATT	ACHMENT) [
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value		
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This report must be	signed in ink by	either the President, Vice F	President, Secretar	y, Assistant Secretary, Treasu	rer, Receiver or Trustee		
1100	(16 16)18 16188 11f1\$ 11f						
			Under nen	ally of perjury. Declare and affile	rm that I have examined this report		

File Dote _ <u>8204</u> 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 hereis e trac and correct. Form 630 Rev. 12/03



FOR SECRETARY OF STATE USE ONLY

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

99	Brown, Secretary	•				A		
PROFIT CORPO		NNUAL REPO! Filing Fee: \$50.00	RT FOR	THE YEAR	20 <u>0</u>	4		
iling Period: January 1 - l FORM MUST BE TYPED OR PRI		uing ree: \$50.00						
. Corporate ID No.	2. Name of Corpor	ation				<u>. </u>		
99326		struction, Inc.	1		1900	12/0		
Sirrei Address Principal Business	Kiver	Road	c.W	<u>anulle</u>	State	6 51C Gode		
Business Phone No.	-9598	5. State of Incorporation RHODE ISLAN	_		<u> </u>			
	TRY SERVICES A	ND TO PERFORM GENEI						
. NAMES AND ADDRESSE resident Name Michael B		ERS: ("X" BOX FOR A		Michael Bru	• • • •	io al monimum		
irect Address 324 C	old River Road		Street Ac		d River Road			
Manville,	State RI	^{Zφ} 02838	City	Manville,	State RI	^{Zip} 02838		
ocretary Name Micha	el Brucker	, , , , , , , , , , , , , , , , , , ,	Treasur	r Name Mic	hael Brucker			
irees Address	24 Old River Ro	ad ·	Street Ad	Street Address 324 Old River Road				
Manville,	State Al	^{Zip} 02838	City	Manville	State , RI	^{2(p} 02838		
. NAMES AND ADDRESSE	S OF THE DIREC	TORS: ("X" BOX FOR	ATTACHME	NT) FILL IN	SPACES BEFORE US	ING ATTACHMENTS		
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	MONO		Street Ad		none	<u> </u>		
Street Address			Sintel AL	· ,				
City	State	<i>24</i> p	City		State	Zip		
Oirector Name			Director	Name		***************************************		
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O. SHARES AUTHORIZED	("X" BOX FOR	ATTACHMENT)	11 Si		 X" BOX FOR ATTAC	нме N T) 🗌		
Number of Shares	Class/Series	Par Value	Number	of Shares	Class/Sories	Par Value		
600 COMM NO PAR VALUE				none				
This report must be	signed in ink by	either the President, Vic	e President,	Secretary, Assistant	Secretary, Treasurer	, Receiver or Trustee		
			! :	Under penalty of perjunctively accomp.	iry, I declare and affirm	that I have examined this repor atements, and that all statement		
File Date 3.1.)4			contained hereun are to		2/26/04		
Check No.	166	_	Œ	ignatura of Office	1 Bruce	Date!		

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

riling Periou: Janua:	ry 1-march 1	, , , , , , , , , , , , , , , , , , ,			
FORM MUST BE TYPED OR PRI	NTED IN BLACK) 2. Name of Corporati	a n			
I. Corporate ID No. 99326	•	struction, Inc.			
3. Street Address Principal Busine	_	- D /	City	State DT	21/0142Q
394 OI	a Tive	5. State of Incorporation	Manulle	ICE_	6. SIC Code
1. Business Phone No. 401 - 1040 -	9598	RHODE ISLAND			0034
7. Brief Description of the Charac	ter of Business Conducted in				- ,
B. NAMES AND ADDRE		フ ヾヽ C ERS (*X* BOX FOR ATTACH	MENT) - FILL IN SPACES BEI	ORE USING ATTA	CHMENTS
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10 PACE	d. Kiver	Rd	334 Old	thren	kd.
divor Will	State	^z /01 425	Chanalla	State	21p 82 8
Secretary Name	7	DW 22 0	Treasurer Name	164 L	<u></u>
Michael	Bruck	1	MICHUEL	prucher	Λ
لارم تالک	DILPA	Q D	51100 AST 3004 016	River R	d
	Stat	3'5 C2 G	city days	Staff	21p 02 0
wanus	NA	UN 69 8	MUNIVILLE DI SPACES B	EFORE USING ATT	ACHMENTS
9. NAMES`AND ADDRE Director Name	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFURE USING ATT	ACHMENTS
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City	State	Zip	: City	State	' Zip
Director Name			Director Name		
Street or France					
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his report must be sig	ned in ink by eithe	er the President, Vice P	resident, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Trustee
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heck No.: _	15355
ly:	2
	TARY OF STATE USE ONLY

Under penayly 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 Pffi Title of Officer

Form 630 12/02

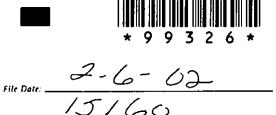


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT	CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	2002
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Filing Period	l: January 1–March 1 🔸	Filing Fee: \$50	0.00				



(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corporati				·
99326	Brucker Cons	struction, Inc.			• -
4. Business Phone No.	-9598	S. State of Incorporation RHODE ISLAND	Manuile	State RI	51p DA838 6. SIC COde DD34
7. Brief Description of the Characte			120n		,
8. NAMES AND ADDRES	SSES OF THE OFFICE	ERS (A HOX FOR ATTACE	(MENT) FILL, IN SPACES B	EFORĒ USIŅĢ ATTA	CHMENTS
Michael Street Address	J. Bri	iccer Rd	sireri Addiess 324 0		ucker en Rd
Manuile	State	21p D 2 8 38	Manuite	State	267836
Secretary Name Michael	J. Bru	Crer	Treasurer Natine Mc Kopl	J. Bro	1cles
Street Address 324 DI	•	1 BG	Street Address 324 ON	-	Rd
Manyily	State RI	DX 636 CTORS GX: BOX FOR ATTA	Marult	State QJ BEFORE USING AT	ÖZ&38
9. NAMES AND ADDRES	eses de tur mikit	TORS OF BOX FOR ALTA	Director Name	BEFORE OSING AT	
Street Address	و		Street Address		
City	State .	Zip	City	State	Zip
Director Name	• • • • • • • • • • • • • • • • • • • •	•;••• •••••• • •	Director Name	.•	••
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*x* box for a <u>i</u> tac	CHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMEN	777
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			restutiit, secretary, Assist	am Secretary, Hea:	suici, Receiver of Huster



FOR SECRETARY OF STATE USE ONLY

Check No.: _

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

Print or Type Na

Title of Officer

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Ferm 630 12/01



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 . Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation Brucker Construction, Inc. 99326 3. Street Address Principal Business Office *3*24 6. SIC Code 5. State of Incorporation 4. Business Phone No. RHODE ISLAND 40x--7. Brief Description of the Character of Business Conducted in Rhode Island trueto 8. NAMES AND ADDRESSES OF THE OFFICERS (X' BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address Street Address ०५ ४ Zip HMENT! FILL IN SPACES BEFORE USING ATTACHMENTS NAMES AND ADDRESSES OF THE DIRECTORS ('X' BOX FOR ATTAC Director Name Street Address Street Address Zip State Director Name Director Name Street Address Street Address State Zip Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ESSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Par Value Class/Series Number of Shares 600 COMM NO PAR VALUE loov 1/0re

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

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* 9 9 3 2 6 *	Under penalty of perjury, I declare and affirm that I have examined
2/26	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date:	Senature of Officer R Date
By:	Print of The Name of Officer
FOR SECRETARY OF STATE USE ONLY	Tille of Officer

KU (Form 630 12/00



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



(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 99326 Brucker Construction, Inc. RHODE ISLAND (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS AND ADDRESSES OF THE OFFICERS Zip ZIp City State State THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City . Director Name Street Address Street Address State ZIP Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 00 AUTHORIZED SHARES Par Value NOPOR Class/Series 600 COMM NO PAR VALUE 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

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 2



Filing Period: January 1-	-March 1 • Fil:	ing Fee: \$50.00	•		INSIRI CHOAS
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3. Street Address Principal Business Off			ction Incu	Sibile	Zip
4. Busintss Phone No.		5. State of Incorporation	manuile_	1 ((上	6. SIC Code
	98 Business Conducted in Rhoo	shoot Shoot	Is/rel		2034
	ulding		TENT) ()		
President Name		•	Vice President Name		
Succession Charles	NUCER		Street Address	<u> </u>	·····
394 010 KI	Ver RD	\	City	State	7 Zip ··
MANUNIC	SC	02838			
Secretary Name			Treasurer Name Vonc		
Street Address	 .		Street Address	· <u>- · · · · · · · · · · · · · · · · · </u>	
City	State	Zip	City	State	ŽIP -
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)	- · · -	
Director Name None			None		
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
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This report must be signed	i n ink by either t	he President, Vice Pr	esident, Secretary, Assistan	t 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 Print or Type Name of Officer