



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)

|  |              |  |   |                     |              |
|--|--------------|--|---|---------------------|--------------|
| 1. Corporate ID No.<br>99326   |              | 2. Name of Corporation<br>Brucker Construction, Inc. |   |                     |              |
| 3. Street Address Principal Business Office<br>324 Old River Road  |              | City<br>Manville                                     | State<br>RI   | Zip<br>02838        |              |
| 4. Business Phone No.<br>401-640-9598  |              | 5. State of Incorporation<br>RHODE ISLAND            |   | 6. SIC Code<br>0034 |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO PERFORM CARPENTRY SERVICES AND TO PERFORM GENERAL CONTRACTING AND BUILDING SERVICES FOR RESIDENTIAL AND COMMERCIAL PROJECTS. |              |  |   |                     |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |   |                     |              |
| President Name<br>Michael S. Brucker   |              | Vice President Name<br>Michael J. Brucker            |   |                     |              |
| Street Address<br>324 Old River Road   |              | Street Address<br>324 Old River Rd                   |   |                     |              |
| City<br>Manville   | State<br>RI  | Zip<br>02838   | City<br>Manville  | State<br>RI         | Zip<br>02838 |
| Secretary Name<br>Michael J. Brucker   |              | Treasurer Name<br>Michael J. Brucker                 |   |                     |              |
| Street Address<br>324 Old River Rd   |              | Street Address<br>324 Old River Rd                   |   |                     |              |
| City<br>Manville   | State<br>RI  | Zip<br>02838   | City<br>Manville  | State<br>RI         | Zip<br>02838 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |              |  |   |                     |              |
| Director Name  |              | Director Name  |   |                     |              |
| Street Address   |              | Street Address                                       |   |                     |              |
| City   | State        | Zip  | City  | State               | Zip          |
| Director Name  |              | Director Name  |   |                     |              |
| Street Address   |              | Street Address                                       |   |                     |              |
| City   | State        | Zip  | City  | State               | Zip          |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |  | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                     |              |
| AUTHORIZED SHARES  |              |  | ISSUED SHARES   |                     |              |
| Number of Shares   | Class/Series | Par Value  | Number of Shares  | Class/Series        | Par Value    |
| 600 COMM NO PAR VALUE  |              |  | none  |                     |              |

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



|                                 |                  |
|---------------------------------|------------------|
| File Date                       | <b>FILED</b>     |
| Check No.                       | FEB 23 2005 2504 |
| By:                             | By <u>LB</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 herein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|   |              |  |  |              |              |
|---|--------------|--|--|--------------|--------------|
| 1. Corporate ID No.<br>99326  |              | 2. Name of Corporation<br>Brucker Construction, Inc. |  |              |              |
| 3. Street Address Principal Business Office<br>324 Old River Road   |              | City<br>Manville                                     |  | State<br>RI  | Zip<br>02838 |
| 4. Business Phone No.<br>401-640-9598   |              | 5. State of Incorporation<br>RHODE ISLAND            |  |              | 6. SIC Code  |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO PERFORM CARPENTRY SERVICES AND TO PERFORM GENERAL CONTRACTING AND BUILDING SERVICES FOR RESIDENTIAL AND COMMERCIAL PROJECTS |              |  |  |              |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |              |  |  |              |              |
| President Name<br>Michael Brucker   |              |  | Vice President Name<br>Michael Brucker   |              |              |
| Street Address<br>324 Old River Road  |              |  | Street Address<br>324 Old River Road   |              |              |
| City<br>Manville,   | State<br>RI  | Zip<br>02838   | City<br>Manville,  | State<br>RI  | Zip<br>02838 |
| Secretary Name<br>Michael Brucker   |              |  | Treasurer Name<br>Michael Brucker  |              |              |
| Street Address<br>324 Old River Road  |              |  | Street Address<br>324 Old River Road   |              |              |
| City<br>Manville,   | State<br>RI  | Zip<br>02838   | City<br>Manville,  | State<br>RI  | Zip<br>02838 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |  |              |              |
| Director Name<br>none   |              |  | Director Name<br>none  |              |              |
| Street Address  |              |  | Street Address   |              |              |
| City  | State        | Zip  | City   | State        | Zip          |
| Director Name<br>none   |              |  | Director Name<br>none  |              |              |
| Street Address  |              |  | Street Address   |              |              |
| City  | State        | Zip  | City   | State        | Zip          |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>AUTHORIZED SHARES  |              |  | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ISSUED SHARES |              |              |
| Number of Shares  | Class/Series | Par Value  | Number of Shares   | Class/Series | Par Value    |
| 600 COMM NO PAR VALUE   |              |  | none   |              |              |
|   |              |  |  |              |              |

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



File Date 3-1-04  
Check No. 15466  
By: iup  
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: Michael Brucker  
Date: 2/26/04  
Print of Type Name of Officer: President  
Title of Officer: President



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

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

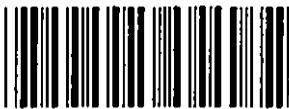


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|   |                    |   |  |
|---|--------------------|---|--|
| 1. Corporate ID No.<br><b>99326</b>   |                    | 2. Name of Corporation<br><b>Brucker Construction, Inc.</b> |  |
| 3. Street Address Principal Business Office<br><b>324 Old River Rd</b>  |                    | City<br><b>Manville</b>                                     | State<br><b>RI</b>                               |
| 4. Business Phone No.<br><b>401-640-9598</b>  |                    | Zip<br><b>02838</b>   | 5. State of Incorporation<br><b>RHODE ISLAND</b> |
| 6. SIC Code<br><b>0034</b>  |                    |   |  |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Construction</b>              |                    |   |  |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>  |                    |   |  |
| President Name<br><b>Michael Brucker</b>  |                    | Vice President Name<br><b>Michael Brucker</b>               |  |
| Street Address<br><b>324 Old River Rd</b>   |                    | Street Address<br><b>324 Old River Rd</b>                   |  |
| City<br><b>Manville</b>   | State<br><b>RI</b> | City<br><b>Manville</b>                                     | State<br><b>RI</b>                               |
| Zip<br><b>02838</b>   |                    | Zip<br><b>02838</b>   |  |
| Secretary Name<br><b>Michael Brucker</b>  |                    | Treasurer Name<br><b>Michael Brucker</b>                    |  |
| Street Address<br><b>324 Old River Rd</b>   |                    | Street Address<br><b>324 Old River Rd</b>                   |  |
| City<br><b>Manville</b>   | State<br><b>RI</b> | City<br><b>Manville</b>                                     | State<br><b>RI</b>                               |
| Zip<br><b>02838</b>   |                    | Zip<br><b>02838</b>   |  |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b> |                    |   |  |
| Director Name   |                    | Director Name   |  |
| Street Address  |                    | Street Address  |  |
| City  | State              | City  | State  |
| Zip   |                    | Zip   |  |
| Director Name   |                    | Director Name   |  |
| Street Address  |                    | Street Address  |  |
| City  | State              | City  | State  |
| Zip   |                    | Zip   |  |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)  |                    |   |  |
| AUTHORIZED SHARES   |                    |   |  |
| Number of Shares  | Class/Series       | Par Value   |  |
| <b>600 COMM NO PAR VALUE</b>  |                    |   |  |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)  |                    |   |  |
| ISSUED SHARES   |                    |   |  |
| Number of Shares  | Class/Series       | Par Value   |  |
| <b>None</b>   |                    |   |  |

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



\* 9 9 3 2 6 \*

File Date: **3-10-03**  
Check No.: **15355**  
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 of Officer **[Signature]** Date **3/10/03**  
**Michael Brucker**  
Print or Type Name of Officer  
**President**  
Title of Officer



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99326 2. Name of Corporation Brucker Construction, Inc.  
3. Street Address Principal Business Office 324 Old River Road City Manville State RI Zip 02838  
4. Business Phone No. 401-640-9598 5. State of Incorporation RHODE ISLAND 6. SIC Code 0034

7. Brief Description of the Character of Business Conducted in Rhode Island

Residential Home Builder

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| President Name            | Vice President Name       |
|---------------------------|---------------------------|
| <u>Michael J. Brucker</u> | <u>Michael J. Brucker</u> |
| Street Address            | Street Address            |
| <u>324 Old River Rd</u>   | <u>324 Old River Rd</u>   |
| City                      | City                      |
| <u>Manville</u>           | <u>Manville</u>           |
| State                     | State                     |
| <u>RI</u>                 | <u>RI</u>                 |
| Zip                       | Zip                       |
| <u>02838</u>              | <u>02838</u>              |
| Secretary Name            | Treasurer Name            |
| <u>Michael J. Brucker</u> | <u>Michael J. Brucker</u> |
| Street Address            | Street Address            |
| <u>324 Old River Rd</u>   | <u>324 Old River Rd</u>   |
| City                      | City                      |
| <u>Manville</u>           | <u>Manville</u>           |
| State                     | State                     |
| <u>RI</u>                 | <u>RI</u>                 |
| Zip                       | Zip                       |
| <u>02838</u>              | <u>02838</u>              |

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| Director Name  | Director Name  |
|----------------|----------------|
| <u>none</u>    | <u>none</u>    |
| Street Address | Street Address |
|                |                |
| City           | City           |
|                |                |
| State          | State          |
|                |                |
| Zip            | Zip            |
|                |                |
| Director Name  | Director Name  |
| <u>none</u>    | <u>none</u>    |
| Street Address | Street Address |
|                |                |
| City           | City           |
|                |                |
| State          | State          |
|                |                |
| Zip            | Zip            |
|                |                |

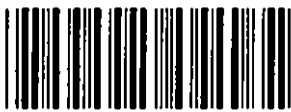
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
600 COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
none

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



\* 9 9 3 2 6 \*

File Date: 2-6-02  
15160  
Check No.: 2  
By: \_\_\_\_\_

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 Michael J. Brucker Date 2/6/02  
Print or Type Name of Officer Michael J. Brucker  
Title of Officer President

Title of Officer  
5



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

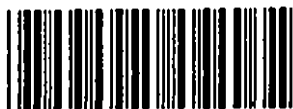


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

|   |                      |   |   |                      |                         |
|---|----------------------|---|---|----------------------|-------------------------|
| 1. Corporate ID No.<br><b>99326</b>   |                      | 2. Name of Corporation<br><b>Brucker Construction, Inc.</b> |   |                      |                         |
| 3. Street Address Principal Business Office<br><b>324 Old River Road</b>  |                      | City<br><b>Manville</b>                                     |   | State<br><b>RI</b>   | Zip<br><b>02838</b>     |
| 4. Business Phone No.<br><b>401-766-0015</b>  |                      | 5. State of Incorporation<br><b>RHODE ISLAND</b>            |   |                      | 6. SIC Code<br><b>1</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Construction</b>                                |                      |   |   |                      |                         |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                      |   |   |                      |                         |
| President Name<br><b>Michael J. Brucker</b>   |                      |   | Vice President Name<br><b>Michael J. Brucker</b>                    |                      |                         |
| Street Address<br><b>324 Old River Road</b>   |                      |   | Street Address<br><b>324 Old River Road</b>                         |                      |                         |
| City<br><b>Manville</b>   | State<br><b>RI</b>   | Zip<br><b>02838</b>   | City<br><b>Manville</b>   | State<br><b>RI</b>   | Zip<br><b>02838</b>     |
| Secretary Name<br><b>Michael J. Brucker</b>   |                      |   | Treasurer Name<br><b>Michael J. Brucker</b>                         |                      |                         |
| Street Address<br><b>324 Old River Road</b>   |                      |   | Street Address<br><b>324 Old River Road</b>                         |                      |                         |
| City<br><b>Manville</b>   | State<br><b>RI</b>   | Zip<br><b>02838</b>   | City<br><b>Manville</b>   | State<br><b>RI</b>   | Zip<br><b>02838</b>     |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                      |   |   |                      |                         |
| Director Name<br><b>NONE</b>  |                      |   | Director Name<br><b>NONE</b>  |                      |                         |
| Street Address<br><b>NONE</b>   |                      |   | Street Address<br><b>NONE</b>                                       |                      |                         |
| City<br><b>NONE</b>   | State<br><b>NONE</b> | Zip<br><b>NONE</b>  | City<br><b>NONE</b>   | State<br><b>NONE</b> | Zip<br><b>NONE</b>      |
| Director Name<br><b>NONE</b>  |                      |   | Director Name<br><b>NONE</b>  |                      |                         |
| Street Address<br><b>NONE</b>   |                      |   | Street Address<br><b>NONE</b>                                       |                      |                         |
| City<br><b>NONE</b>   | State<br><b>NONE</b> | Zip<br><b>NONE</b>  | City<br><b>NONE</b>   | State<br><b>NONE</b> | Zip<br><b>NONE</b>      |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>   |                      |   | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |                      |                         |
| AUTHORIZED SHARES   |                      |   | ISSUED SHARES   |                      |                         |
| Number of Shares  | Class/Series         | Par Value   | Number of Shares  | Class/Series         | Par Value               |
| <b>600 COMM NO PAR VALUE</b>  |                      |   | <b>600</b>  | <b>COM</b>           | <b>NONE</b>             |

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



\* 9 9 3 2 6 \*

2/26

File Date: \_\_\_\_\_

Check No.: **15004**

By: **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 herein are true and correct.

**Michael J. Brucker** 2/26/02  
Signature of Officer Date

**Michael J. Brucker**  
Print or Type Name of Officer

**President**  
Title of Officer



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

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)

|   |                             |   |                    |
|---|-----------------------------|---|--------------------|
| 1. Corporate ID No.<br><b>99326</b>   |                             | 2. Name of Corporation<br><b>Brucker Construction, Inc.</b> |                    |
| 3. Street Address Principal Business Office<br><b>324 Old River Rd</b>  |                             | City<br><b>Manville</b>                                     | State<br><b>RI</b> |
| 4. Business Phone No.<br><b>401 766 0015</b>  |                             | 5. State of Incorporation<br><b>RHODE ISLAND</b>            |                    |
| 6. SIC Code<br><b>235500</b>  |                             |   |                    |
| 7. Brief Description of the Character of Business Conducted in Rhode Island                                     |                             |   |                    |
| <b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>  |                             |   |                    |
| President Name<br><b>Michael J. Brucker</b>   |                             | Vice President Name   |                    |
| Street Address<br><b>324 Old River Rd - Manville, RI</b>  |                             | Street Address  |                    |
| City<br><b>Manville</b>   | State<br><b>RI</b>          | City  | State              |
| Zip<br><b>02838</b>   |                             | Zip   |                    |
| Secretary Name<br><b>Michael J. Brucker</b>   |                             | Treasurer Name<br><b>Michael J. Brucker</b>                 |                    |
| Street Address  |                             | Street Address  |                    |
| City  | State                       | City  | State              |
| Zip   |                             | Zip   |                    |
| <b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b> |                             |   |                    |
| Director Name<br><b>Michael J. Brucker</b>  |                             | Director Name   |                    |
| Street Address<br><b>324 Old River Rd</b>   |                             | Street Address  |                    |
| City<br><b>Manville</b>   | State<br><b>RI</b>          | City  | State              |
| Zip<br><b>02838</b>   |                             | Zip   |                    |
| Director Name   |                             | Director Name   |                    |
| Street Address  |                             | Street Address  |                    |
| City  | State                       | City  | State              |
| Zip   |                             | Zip   |                    |
| <b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>   |                             | <b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>           |                    |
| AUTHORIZED SHARES<br><b>600</b>   | ISSUED SHARES<br><b>600</b> |   |                    |
| Number of Shares  | Number of Shares            |   |                    |
| Class/Series  | Class/Series                |   |                    |
| Par Value<br><b>600 COMM NO PAR VALUE</b>   | Par Value<br><b>No Par</b>  |   |                    |

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



\* 9 9 3 2 6 \*

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.

File Date: 1/10/2001

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Michael J. Brucker Date: 2/25/2000

Print or Type Name of Officer: Michael J. Brucker

Title of Officer: President



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

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 99  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

|  |   |
|--|---|
| 1. Corporation No. <u>99326</u>  | 2. Name of Corporation <u>BRUCKER Construction Incorporated</u> |
| 3. Street Address/Principal Business Office <u>324 OLD RIVER ROAD</u>                            | City <u>MANVILLE</u> State <u>RI</u> Zip <u>02838</u>           |
| 4. Business Phone No. <u>401 640 9598</u>  | 5. State of Incorporation <u>Rhode Island</u>                   |
| 6. SIC Code <u>0034</u>  |   |
| 7. Brief Description of the Character of Business Conducted in Rhode Island <u>Home Building</u> |   |

|   |                 |                                 |       |
|---|-----------------|---------------------------------|-------|
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) |                 |                                 |       |
| President Name <u>Michael Brucker</u>                           |                 | Vice President Name <u>None</u> |       |
| Street Address <u>324 OLD RIVER RD</u>                          |                 | Street Address <u>None</u>      |       |
| City <u>MANVILLE</u>  | State <u>RI</u> | City                            | State |
| Zip <u>02838</u>  |                 |                                 |       |
| Secretary Name <u>None</u>                                      |                 | Treasurer Name <u>None</u>      |       |
| Street Address  |                 | Street Address                  |       |
| City  | State           | City                            | State |
| Zip   |                 | Zip                             |       |

|  |       |                           |       |
|--|-------|---------------------------|-------|
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) |       |                           |       |
| Director Name <u>None</u>  |       | Director Name <u>None</u> |       |
| Street Address   |       | Street Address            |       |
| City   | State | City                      | State |
| Zip  |       | Zip                       |       |
| Director Name <u>None</u>  |       | Director Name <u>None</u> |       |
| Street Address   |       | Street Address            |       |
| City   | State | City                      | State |
| Zip  |       | Zip                       |       |

|  |              |           |  |  |              |           |  |
|--|--------------|-----------|--|--|--------------|-----------|--|
| 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 Shares                           | Class/Series | Par Value |  |
| <u>None</u>                                    |              |           |  | <u>None</u>                                |              |           |  |
| <u>None</u>                                    |              |           |  |  |              |           |  |

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

File Date: 8-10-99  
Check No.: 608  
By: Be

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 Michael Brucker Date 8/28/99  
Print or Type Name of Officer President Michael Brucker  
Title of Officer President