



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. 26225		2. Name of Corporation R. ZOPPO CO., INC.			
3. Street Address Principal Business Office 160 Old Maple Street			City Stoughton	State MA	Zip 02072
4. Business Phone No. 781-344-8822		5. State of Incorporation MASSACHUSETTS			6. SIC Code 3889
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE CONSTRUCTION BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Zoppo			Vice President Name		
Street Address 8 Wagon Road			Street Address		
City Walpole	State MA	Zip 02081	City	State	Zip
Secretary Name David Zoppo			Treasurer Name Stanley J. Sylvester		
Street Address 10 Dale Walk			Street Address 26 Willard Circle		
City Medfield	State MA	Zip 02052	City Westwood	State MA	Zip 02090
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard Zoppo			Director Name		
Street Address 8 Wagon Road			Street Address		
City Walpole	State MA	Zip 02081	City	State	Zip
Director Name David Zoppo			Director Name		
Street Address 10 Dale Walk			Street Address		
City Medfield	State MA	Zip 02052	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
21,000 COMM NO PAR VALUE	consists of	NONE	574	Class A Common	NONE
1,000 Class A plus 20,000 Class B			10906	Class B Common	NONE

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



* 2 6 2 2 5 *

File Date 2/13/04
Check No. 000907
By: IS

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] 2/12/04
Signature of Officer Date
Stanley J. Sylvester
Print or Type Name of Officer
Treasurer
Title of Officer