

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 846927 (2)**

1. Corporation Name

**MARSHALL CONTRACTORS, INC.**

Principal Place of Business

**75 NEWMAN AVENUE  
RUMFORD RI 02916**

Mailing Address

**75 NEWMAN AVENUE  
RUMFORD RI 02916**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

3. Date Incorporated or Qualified

**09/09/1980**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**05-0304036**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE  
NAME **PEREIRA, DAVID M.**  
STREET ADDRESS **58 LEANN DRIVE**  
CITY-ST-ZIP **SEEKONK MA**

TITLE **DVS** ☐ DELETE  
NAME **MARSHALL, JOANANNE**  
STREET ADDRESS **760 ELMGROVE AVENUE**  
CITY-ST-ZIP **PROVIDENCE RI**

TITLE **PDT** ☐ DELETE  
NAME **MARSHALL III, JOHN L**  
STREET ADDRESS **760 ELMGROVE AVENUE**  
CITY-ST-ZIP **PROVIDENCE RI**

TITLE **V** ☐ DELETE  
NAME **MCMAMARA, ROBERT A**  
STREET ADDRESS **536 PINE ST**  
CITY-ST-ZIP **SEEKONK MA**

TITLE **V** ☐ DELETE  
NAME **JAMISON, LAWRENCE W**  
STREET ADDRESS **129 WILSON AVENUE**  
CITY-ST-ZIP **RUMFORD RI**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP **02771**

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP **02906**

3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP **02906**

4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP **02771**

5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP **02916**

6.1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(401) 438-3500

Date

Daytime Phone #

CR2E034 (12/95)