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FILED  
Jul 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 02916-1945



3. Date Incorporated or Qualified  
09/09/1980

3a. Date of Last Report  
05/01/1996

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 MCNAMARA, 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

1.1 TITLE V/D ☐ Change ☒ Addition

1.2 NAME Michael F. McNally  
1.3 STREET ADDRESS 34 Mallard Cove Way  
1.4 CITY-ST-ZIP Barrington, RI 02806 ☐ Change ☒ Addition

2.1 TITLE T/D ☐ Change ☒ Addition

2.2 NAME Charles L. Caranci  
2.3 STREET ADDRESS 170 Sterling Avenue  
2.4 CITY-ST-ZIP Providence, RI 02909 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE P/S/D ☒ Change ☐ Addition

4.2 NAME Robert A. McNamara  
4.3 STREET ADDRESS 536 Pine Street  
4.4 CITY-ST-ZIP Seekonk, MA 02771

5.1 TITLE V ☐ Change ☒ Addition

5.2 NAME S. James Dusam  
5.3 STREET ADDRESS Two Karen Ann Drive  
5.4 CITY-ST-ZIP Smithfield, RI 02917

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Michael F. McNally*  
Michael F. McNally, General, 7/17/97, (401) 428-5500

CR2E034 (9/96)