



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96385		2. Name of Corporation Beacon Sales Acquisition, Inc.			
3. Street Address Principal Business Office One Lakeland Plaza Drive			City Peabody	State Massachusetts	Zip 01960
4. Business Phone No. 617-666-2800		5. State of Incorporation Delaware		6. SIC Code 2618	
7. Brief Description of the Character of Business Conducted in Rhode Island distribution of commercial and residential roofing and related products					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert R. Buck			Vice President Name David R. Grace		
Street Address One Lakeland Plaza Drive			Street Address One Lakeland Plaza Drive		
City Peabody	State Massachusetts	Zip 01690	City Peabody	State Massachusetts	Zip 01690
Secretary Name David R. Grace			Treasurer Name David R. Grace		
Street Address One Lakeland Plaza Drive			Street Address One Lakeland Plaza Drive		
City Peabody	State Massachusetts	Zip 01690	City Peabody	State Massachusetts	Zip 01690
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert R. Buck			Director Name		
Street Address One Lakeland Plaza Drive			Street Address		
City Peabody	State Massachusetts	Zip 01690	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"/> AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
1,000	Common	\$0.01	Number of Shares	Class/Series	Par Value
			100	Common	\$0.01

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

FILED

File Date MAR 03 2005 331316

Check No. 331316

By: UB

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 February 25, 2005
 Date
 David R. Grace
 Print or Type Name of Officer
 Secretary and Treasurer
 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 IN BLACK)

1. Corporate ID No. 96385
2. Name of Corporation Beacon Sales Acquisition, Inc.
3. Street Address Principal Business Office 50 WEBSTER AVENUE City SOMERVILLE State MA Zip 02143
4. Business Phone No. 6176662800 5. State of Incorporation DELAWARE 6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island THE DISTRIBUTION OF COMMERCIAL AND RESIDENTIAL ROOFING AND RELATED PRODUCTS.

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

President Name Robert R. Buck Street Address 50 Webster Avenue City Somerville State MA Zip 02143	Vice President Name Peter M. Gotsch Street Address 10 S. Wacker Dr., Ste. 3175 City Chicago State IL Zip 60606
Secretary Name David R. Grace Street Address 50 Webster Avenue City Somerville State MA Zip 02143	Treasurer Name David R. Grace Street Address 50 Webster Avenue City Somerville State MA Zip 02143

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

Director Name Peter M. Gotsch Street Address 10 S. Wacker Dr., Ste. 3175 City Chicago State IL Zip 60606	Director Name Krista Hatcher Street Address 10 S. Wacker Dr., Ste. 3175 City Chicago State IL Zip 60606
Director Name Brian P. Simmons Street Address 10 S. Wacker Dr., Ste. 3175 City Chicago State IL Zip 60606	Director Name Andrew R. Logic Street Address 50 Webster Avenue City Somerville State MA Zip 02143

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$0.01 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$0.01

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



9 6 3 8 5

96385 FBC 02/24/04 01:05:23 PM
File Date _____
Check No. _____
By: _____ AUG 23 2004
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 8/6/04
Peter M. Gotsch
Print or Type Name of Officer
Vice President
Title of Officer

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 **96385** 2. Name of Corporation **Beacon Sales Acquisition, Inc.**

3. Street Address Principal Business Office **50 Webster Avenue** City **Somerville** State **MA** Zip **02143**

4. Business Phone No **(617) 666-2800** 5. State of Incorporation **DELAWARE** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
The distribution of commercial and residential roofing and related products

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

President Name **John H. Meister**
Street Address **50 Webster Avenue**
City **Somerville** State **MA** Zip **02143**

Vice President Name **Peter M. Gotsch**
Street Address **10 S. Wacker Dr., Ste. 3175**
City **Chicago** State **IL** Zip **60606**

Secretary Name **David R. Grace**
Street Address **50 Webster Avenue**
City **Somerville** State **MA** Zip **02143**

Treasurer Name **David R. Grace**
Street Address **50 Webster Avenue**
City **Somerville** State **MA** Zip **02143**

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

Director Name **Peter M. Gotsch**
Street Address **10 S. Wacker Dr., Ste. 3175**
City **Chicago** State **IL** Zip **60606**

Director Name **Krista Hatcher**
Street Address **10 S. Wacker Dr., Ste 3175**
City **Chicago** State **IL** Zip **60606**

Director Name **Brian P. Simmons**
Street Address **10 S. Wacker Dr., Ste. 3175**
City **Chicago** State **IL** Zip **60606**

Director Name **Andrew R. Logie**
Street Address **50 Webster Avenue**
City **Somerville** State **MA** Zip **02143**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$0.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$0.01

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



* 9 6 3 8 5 *

File Date: 1-21-03
Check No.: 223198
By: [Signature]

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 1/13/03

Peter M. Gotsch
Print or Type Name of Officer

Vice President
Title of Officer



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. **96385** 2. Name of Corporation **Beacon Sales Acquisition, Inc.**
3. Street Address Principal Business Office **50 Webster Avenue** City **Somerville** State **MA** Zip **02143**
4. Business Phone No. **(617) 666-2800** 5. State of Incorporation **DELAWARE** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
The distribution of commercial and residential roofing and related products

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

President Name Richard Mallory Street Address 50 Webster Avenue City Somerville State MA Zip 02143	Vice President Name Peter M. Gotsch Street Address 10 S. Wacker Drive, Suite 3175 City Chicago State IL Zip 60606
Secretary Name David R. Grace Street Address 50 Webster Avenue City Somerville State MA Zip 02143	Treasurer Name David R. Grace Street Address 50 Webster Avenue City Somerville State MA Zip 02143

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

Director Name Peter Gotsch Street Address 10 S. Wacker Drive, Suite 3175 City Chicago State IL Zip 60606	Director Name Marcus George Street Address 10 S. Wacker Drive, Suite 3175 City Chicago State IL Zip 60606
Director Name Brian Simmons Street Address 10 S. Wacker Drive, Suite 3175 City Chicago State IL Zip 60606	Director Name Andrew R. Logic Street Address 50 Webster Avenue City Somerville State MA Zip 02143

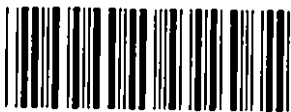
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$0.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$0.01

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



* 9 6 3 8 5 *

File Date: 2-19-02
Check No.: 215502
By: [Signature]

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: 2/19/02
Peter M. Gotsch
Print or Type Name of Officer
Vice President
Title of Officer

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. **96385** 2. Name of Corporation **Beacon Sales Acquisition, Inc.**

3. Street Address Principal Business Office **50 Webster Ave.** City **Somerville** State **MA** Zip **02143**
4. Business Phone No **(617) 666-2800** 5. State of Incorporation **DELAWARE** 6. SIC Code **2618**

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

The distribution of commercial and residential roofing and related products

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

President Name Richard Mallory Street Address 50 Webster Ave. City Somerville State MA Zip 02143	Vice President Name Peter Gotsch Street Address 10 S. Wacker Dr., Ste. 3175 City Chicago State IL Zip 60606
Secretary Name David R. Grace Street Address 50 Webster Ave. City Somerville State MA Zip 02143	Treasurer Name David R. Grace Street Address 50 Webster Ave. City Somerville State MA Zip 02143

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

Director Name Peter Gotsch Street Address 10 S. Wacker Dr., Ste. 3175 City Chicago State IL Zip 60606	Director Name Marcus George Street Address 10 S. Wacker Dr., Ste. 3175 City Chicago State IL Zip 60606
Director Name Brian P. Simmons Street Address 10 S. Wacker Dr., Ste. 3175 City Chicago State IL Zip 60606	Director Name Andrew R. Logie Street Address 50 Webster Ave. City Somerville State MA Zip 02143

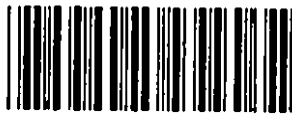
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares **1,000** Class/Series **COMM** Par Value **\$0.01**

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

ISSUED SHARES
Number of Shares **100** Class/Series **Common** Par Value **\$0.01**

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



* 9 6 3 8 5 *

File Date 3-1-01
Check No. 208048
By: WD

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.

S. Michael Peck 2/28/01
Signature of Officer Date

S. Michael Peck
Print or Type Name of Officer
Assistant Secretary
Title of Officer



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. **96385** 2. Name of Corporation **Beacon Sales Acquisition, Inc.**TO DO BUSINESS UNDER FICTITIOUS NAME**
3. Street Address Principal Business Office **50 Webster Avenue** City **Somerville** State **MA** Zip **02143**
4. Business Phone No. **(617) 666-2800** 5. State of Incorporation **DELAWARE** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
The distribution of commercial and residential roofing and related products

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

President Name Richard Mallory Street Address 50 Webster Avenue City Somerville State MA Zip 02143	Vice President Name Peter M. Gotsch Street Address 10 S. Wacker Drive, Suite 3175 City Chicago State IL Zip 60606
Secretary Name David R. Grace Street Address 50 Webster Avenue City Somerville State MA Zip 02143	Treasurer Name David R. Grace Street Address 50 Webster Avenue City Somerville State MA Zip 02143

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

Director Name Peter M. Gotsch Street Address 10 South Wacker Drive, Suite 3175 City Chicago State IL Zip 60606	Director Name Marcus George Street Address 10 South Wacker Drive, Suite 3175 City Chicago State IL Zip 60606
Director Name Brian P. Simmons Street Address 10 South Wacker Drive, Suite 3175 City Chicago State IL Zip 60606	Director Name Andrew R. Logie Street Address 50 Webster Avenue City Somerville State MA Zip 02143

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	COMM	\$0.01 PAR VAL

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	\$0.01

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



File Date: _____ **FILED** _____

Check No.: _____ **MAK 03 2000** _____

By: _____ **By CC 06090530** _____

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: *Peter M. Gotsch* Date: 3/1/00

Peter M. Gotsch
Print or Type Name of Officer

Vice President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **96385** 2. Name of Corporation **Beacon Sales Acquisition, Inc.**TO DO BUSINESS UNDER FICTITIOUS NAME ONLY O**

3. Street Address Principal Business Office
50 Webster Avenue City **Somerville** State **MA** Zip **02143**

4. Business Phone No. **(617) 666-2800** 5. State of Incorporation **DELAWARE** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Distribution of commercial and residential roofing and related products.

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

President Name Andrew R. Logie	Vice President Name Peter M. Gotsch
Street Address 50 Webster Avenue	Street Address 10 S. Wacker Dr., Ste. 3175
City Somerville State MA Zip 02143	City Chicago State IL Zip 60606
Secretary Name David R. Grace	Treasurer Name David R. Grace
Street Address 50 Webster Avenue	Street Address 50 Webster Avenue
City Somerville State MA Zip 02143	City Somerville State MA Zip 02143

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

Director Name Peter M. Gotsch	Director Name Brian P. Simmons
Street Address 10 S. Wacker Dr., Ste. 3275	Street Address 10 S. Wacker Dr., Ste. 3175
City Chicago State IL Zip 60606	City Chicago State IL Zip 60606
Director Name Marcus J. George	Director Name Andrew R. Logie
Street Address 10 S. Wacker Dr., Ste. 3175	Street Address 50 Webster Avenue
City Chicago State IL Zip 60606	City Somerville State MA Zip 02143

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM \$0.01 PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	\$0.01

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



File Date: 04-12-99
Check No.: 188329
By: JD

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.

S. Michael Peck 3/15/99
Signature of Officer Date

S. Michael Peck
Print or Type Name of Officer
Assistant Secretary
Title of Officer

EXHIBIT A

STATE OF RHODE ISLAND
CORPORATION ANNUAL REPORT FOR 1999

Assistant Secretary: S. Michael Peck
10 S. Wacker Drive, Ste. 4000
Chicago, IL 60606

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96385** 2. Name of Corporation **Beacon Sales Acquisition, Inc. **TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF**

3. Street Address Principal Business Office
50 Webster Avenue City Somerville State MA Zip 02143

4. Business Phone No. 617-666-2800 5. State of Incorporation **DELAWARE** 6. SIC Code 2618

7. Brief Description of the Character of Business Conducted in Rhode Island
Distribution of commercial and residential roofing and related products

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) X

President Name
Andrew R. Logie
Street Address
50 Webster Avenue
City Somerville State MA Zip 02143

Secretary Name
David R. Grace
Street Address
50 Webster Avenue
City Somerville State MA Zip 02143

Vice President Name
Peter M. Gotsch
Street Address
10 South Wacker Dr., Suite 3175
City Chicago State IL Zip 60606

Treasurer Name
David R. Grace
Street Address
50 Webster Avenue
City Somerville State MA Zip 02143

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name
Peter M. Gotsch
Street Address
10 South Wacker Dr., Suite 3175
City Chicago State IL Zip 60606

Director Name
Marcus J. George
Street Address
10 South Wacker Dr., Suite 3175
City Chicago State IL Zip 60606

Director Name
Brian P. Simmons
Street Address
10 South Wacker Dr., Suite 3175
City Chicago State IL Zip 60606

Director Name
Andrew R. Logie
Street Address
50 Webster Avenue
City Somerville State MA Zip 02143

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	\$0.01 PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$0.01

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



File Date: 2.27.98
Check No.: 170701
By: [Signature]

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] 2/23/98
Signature of Officer Date

S. Michael Peck
Print or Type Name of Officer
Assistant Secretary
Title of Officer