



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 44101		2. Name of Corporation Allan R. McCrillis, Inc.			
3. Street Address Principal Business Office 316 Randall Avenue			City Warwick	State RI	Zip 02889
4. Business Phone No. 401.737.0667		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Contractor					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Allan R. McCrillis			Vice President Name Allan R. McCrillis		
Street Address 316 Randall Avenue			Street Address 316 Randall Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Allan R. McCrillis			Treasurer Name Allan R. McCrillis		
Street Address 316 Randall Avenue			Street Address 316 Randall Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Allan R. McCrillis			Director Name		
Street Address 316 Randall Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 shs	Common	No Par	1000 shs	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	AUG 31 2007
By:	4896
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.

Allan R. McCrillis 8-30-07
Signature Date
ALLAN R. MCCRILLIS
Print or Type Name
PRESIDENT
Title



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
108 W. River Street
Providence, RI 02904-2115
(401) 271-3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
In accordance with R.I.G.L. § 1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. § 1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 3964		2. Name of Corporation Chamberlin of RI, Inc.			
3. Street Address, Principal Business Office 160 Greenwich Ave.			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-739-2226		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Sales and installation of construction products.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael L. Schwab			Vice President Name Nancy J. Schwab		
Street Address 396 Cedar Ave.			Street Address 396 Cedar Ave.		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
300	Comm No Par Value		50	Common	no par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	AUG 31 2007
Check No.	
By	11/650
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.

Nancy J. Schwab Aug. 20, 07
Signature Date

Nancy J. Schwab
Print or Type Name
Vice President
Title