

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 2005

Filing Period: January 1 · March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In incoordance 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.		J (2 ) J . J J J J J J J J J J J . J J . J J J J J J J J J J J . J J . J J J . J J . J J . J J .	
1. Corporate ID No. 2. Name of Corporation			
3. Street Address Principal Business Office	City	State	Zip
7 Walker Rd	toster	<u> </u>	02825
4. Business Phone No. 5. State of Incorporation (401) 323-1403			
6. Brief Description of the Character of Business Conducted in Rhode Island Tile & Stone Installation + re	pair		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN SP	ACES BEFORE USING AT	TTACHMENTS
President Name William Thatcher	Vice President Name None		
7 Walker Rd.	Street Address 10 1 C		
Toster State R1 Zip 02825	Cay Nose	Siare Mark	I Nose
Secretary Name  No 16	Treasurer Name None		
Street Address	Street Address		
None	11018	Chata	7/0
City Norl State More Zip Nort	Cuy None	State None	Zip Nose
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A'D Director Name	TTACHMENT)   FILL IN S  Director Name,	SPACES BEFORE USING	ATTACHMENTS
None	Nose		
Street Address None	Street Address		
City None State None Zip None	City None	siate Nose	Zip 1614
Director Name Director Name 1019			
Street Address 1	Street Address		
Nore	None		
City Nage State Note Zip Note	City DOAR	State None	Zip None
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [			
AUTHORIZED SHARES	ISSUED SHARES — THIS SECT	TION MUST BE COMPLETED	
Number of Shares Class/Series Par Value	Number of Shares	Class/Series	Par Value
50,000,000 STK \$.01	None	None	More
		·	
This report must be executed on behalf of the corporation by an authori	zed representative. If the co	rporation is in the hands	of a receiver or trustee,
this report must be executed on behalf of the corporation by the receive	er or trustee.		
	Hadan nanalty of na	rjury, I declare and affirm tha	at I have examined this repor
	including any accor	npanying schedules and state	ements, and that all statemen
	contained herein are	e true and correct.	-1.100
File Date	<u>Welli</u>	1-Thanks	5/1/08 Date
Check No.	Signature	+ dont	100
MAY 0 5 2008	Print or Type Name	m 1. 1791C	, n < 1
By:		ident	
By FOR SECRETARY OF STATE USE ONLY	Title		