

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 2009

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(cc/d)) is

subject to a penalty fee of \$25.00.	, ,				
1. Corporate ID No <b>75480</b>	2. Name of Corporation U.S. Architectural Products, Inc.				
3. Street Address Principal Business Office 55 Industrial Circle			City: Lincoln	State RI	<sup>Ζip</sup> 02865
4. Business Phone No.         5. State of Incorporation           401-725-8550         RHODE ISLAND					
6. Brief Description of the Character of Construction products and s		hode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name Steven A. Lancia			Vice President Name Lori Albanese		
Street Address			Street Address		
55 Industrial Circle			55 Industrial Circle		
cii): Lincoln	State RI	02865	City Lincoln	RI RI	71p 02865
Steven A. Lancia			Treasurer Name Lori Albanese		
Street Address 55 Industrial Circle			Street Address 55 Industrial Circle		
CHy Lincoln	State	<sup>Zip</sup> 02865	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES	1	1	;	IN SPACES BEFORE USING	
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip
Director Name	J	J	Director Name		
Street Address			Street Address		
City	State	Ζіф	City	State	Zip
9. SHARES AUTHORIZED				O ("X" BOX FOR ATTACL	
			Number of Shares	GECTION MUST BE COMPLETED  Class/Series	Par Value
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par
This report must be executed this report must be executed or	on behalf of the corpo on behalf of the corpo	oration by an authorize tration by the receiver o	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,
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			1	/ n	
			. 11 - /	perjury, I declare and affirm to companying schedules and sta	•
				are true and correct.	
File Date File File				<del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> -	Date
Check No.			Stoven	and and	11aue
JAN 0 7 2009			Steven A.\ Print or Type No.	<u>Jancia</u>	
By:		=	President	···	
By FOR SECRETARY OF STA	TE USE ONLY	-	Title		
					Form 630 Rev. 08/08