



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Divis
100 North Main Str
Providence, RI 02903-13
401 222 31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 32413		2. Name of Corporation United Industries of New England, Inc.			
3. Street Address Principal Business Office 99 Hartford Avenue			City Providence	State RI	Zip 02909
4. Business Phone No. (401) 421-6106		5. State of Incorporation RHODE ISLAND			6. SIC Code 810
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE OF SPECIALTY HARDWARE ITEMS, GENERAL METAL WORK, WOODWORKING, CABINETRY, UPHOLSTERY AND REUPHOLSTERY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ludmilla Gorkina			Vice President Name Open		
Street Address 99 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Markus Gorkin			Treasurer Name Markus Gorkin		
Street Address 99 Hartford Avenue			Street Address 99 Hartford Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100 Shares	Common	No Par

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



4/23/04

File Date **4-23-04**
Check No. **43346**
By: **DA**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this rep including any accompanying schedules and statements, and that all stateme contained herein are true and correct.

Signature of Officer **Markus Gorkin** Date **4/10/04**

Print or Type Name of Officer

Title of Officer