



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 2008**

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)(4)) is subject to a penalty fee of \$25.00.

|  |                    |   |   |                     |                     |
|--|--------------------|---|---|---------------------|---------------------|
| 1. Corporate ID No<br><b>145959</b>  |                    | 2. Name of Corporation<br><b>The Skyline Group, Inc</b> |   |                     |                     |
| 3. Street Address Principal Business Office<br><b>65 Paine Street</b>  |                    | City<br><b>Uxbridge</b>                                 | State<br><b>Ma</b>  | Zip<br><b>01569</b> |                     |
| 4. Business Phone No.<br><b>508-254-4718</b>   |                    | 5. State of Incorporation<br><b>Massachusetts</b>       |   |                     |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |                    |   |   |                     |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |   |   |                     |                     |
| President Name<br><b>John E Higgins</b>  |                    |   | Vice President Name<br><b>John E Higgins</b>                        |                     |                     |
| Street Address<br><b>65 Paine Street</b>   |                    |   | Street Address<br><b>65 Paine Street</b>                            |                     |                     |
| City<br><b>Uxbridge</b>  | State<br><b>Ma</b> | Zip<br><b>01569</b>                                     | City<br><b>Uxbridge</b>   | State<br><b>Ma</b>  | Zip<br><b>01569</b> |
| Secretary Name<br><b>John E Higgins</b>  |                    |   | Treasurer Name<br><b>John E Higgins</b>                             |                     |                     |
| Street Address<br><b>65 Paine Street</b>   |                    |   | Street Address<br><b>65 Paine Street</b>                            |                     |                     |
| City<br><b>Uxbridge</b>  | State<br><b>Ma</b> | Zip<br><b>01569</b>                                     | City<br><b>Uxbridge</b>   | State<br><b>Ma</b>  | Zip<br><b>01569</b> |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |   |   |                     |                     |
| Director Name<br><b>John E Higgins</b>   |                    |   | Director Name   |                     |                     |
| Street Address<br><b>65 Paine Street</b>   |                    |   | Street Address  |                     |                     |
| City<br><b>Uxbridge</b>  | State<br><b>Ma</b> | Zip<br><b>01569</b>                                     | City  | State               | Zip                 |
| Director Name  |                    |   | Director Name   |                     |                     |
| Street Address   |                    |   | Street Address  |                     |                     |
| City   | State              | Zip   | City  | State               | Zip                 |
| 9. SHARES AUTHORIZED   |                    |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                     |                     |
| 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. |                    |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                     |                     |
|  |                    | Member of Shares  | Class/Series  | Par Value           |                     |
|  |                    | <b>30,000</b>   | <b>CNP</b>  | <b>0.00</b>         |                     |

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**<sup>m</sup>  
File Date **JUL 08 2009**  
Check No.  
By: **004115**  
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 **John E Higgins** Date **7/6/09**  
Print or Type Name  
**President**  
Title

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
JUL 8 - 7 10 2009  
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