



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 <b>145959</b>		2. Name of Corporation <b>The Skyline Group, Inc</b>			
3. Street Address Principal Business Office <b>65 Paine Street</b>		City <b>Uxbridge</b>	State <b>Ma</b>	Zip <b>01569</b>	
4. Business Phone No. <b>508-254-4718</b>		5. State of Incorporation <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 <b>John E Higgins</b>			Vice President Name <b>John E Higgins</b>		
Street Address <b>65 Paine Street</b>			Street Address <b>65 Paine Street</b>		
City <b>Uxbridge</b>	State <b>Ma</b>	Zip <b>01569</b>	City <b>Uxbridge</b>	State <b>Ma</b>	Zip <b>01569</b>
Secretary Name <b>John E Higgins</b>			Treasurer Name <b>John E Higgins</b>		
Street Address <b>65 Paine Street</b>			Street Address <b>65 Paine Street</b>		
City <b>Uxbridge</b>	State <b>Ma</b>	Zip <b>01569</b>	City <b>Uxbridge</b>	State <b>Ma</b>	Zip <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 <b>John E Higgins</b>			Director Name		
Street Address <b>65 Paine Street</b>			Street Address		
City <b>Uxbridge</b>	State <b>Ma</b>	Zip <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		
			Number of Shares <b>30,000</b>	Class/Series <b>CNP</b>	Par Value <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**

File Date **JUL 08 2009** 10:20

Check No. **094115**

By: **02-01 AM 10-20**

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SECRETARY OF STATE  
CORPORATIONS DIV

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  
**John E Higgins**  
President

Title