

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

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.

401.222.3040

1, Corporate IO No. <b>89437</b>	2. Name of Con Vinyl Solu	2. Name of Corporation Vinyl Solutions, Inc				
3. Street Address Principal Business Office 49 Kelley Avenue			City East Providence	State RI	Ζψ <b>02916</b>	
401- 225-0374 Rhode Island		5. State of Incorporation Rhode Island				
	ERAL SPECULAT	TIVE HOME BUILDING BUSI				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT) President Name Peter T. Driscoll			ACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Peter T. Driscoll			
Street Address 49 Kelley Avenue			Street Address 49 Kelley Avenue			
City East Providence	State RI	<sup>ズφ</sup> 02916	City East Providence	State RI	<sup>λίρ</sup> 02916	
Secretary Name Peter T. Driscoll			Treasurer Name Peter T. Driscoll			
Street Address 49 Kelley Avenue			Street Address 49 Kelley Avenue			
<sup>Cuy</sup> East Providence	State RI	<sup>Zip</sup> 02916	East Providence	State RI	<sup>Zip</sup> 02916	
5. NAMES AND ADDRES  Otrector Name  Peter T. Driscoll  Street Address	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	Director Name Peter T. Driscoll	SPACES BEFORE USIN	NG ATTACHMENTS	
49 Kelley Avenue			Street Address 49 Kelley Avenue			
City  East Providence  Ourector Name	RI State	<sup>Zip</sup> 02916	City East Providence Director Name	State RI	<sup>Zψ</sup> == 02 <b>9</b> 16	
Street Address			Street Address			
Жу	State	Zip	CHy	State	<u> </u>	
. SHARES AUTHORIZEI	o '	į.	10. SHARES ISSUED ( ISSUED SHARES — THIS SECTION			
This information is curre	ntly of record in th	ne Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100		0	
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This report must be even	ited on behalf of th	ne corporation by an authorize	d representation If the			

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File Date _	FILLD
Check No	JUN 28 2010
By: RY	121384 10:57
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a including any accompanying schedules a	ffirm that I have examined this report, and statements, and that all statements
contained herein are true and correct.	17 10 10
Peter Drisco	11 Date
Print or Type Name Resident	
Title	

Form 630 Rev. 08/08