



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 128969		2. Name of Corporation B.I. Housewright, Inc.	
3. Street Address Principal Business Office Old Town Road, PO Box 1083		City New Shoreham	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	6. SIC Code 0034
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF CONSTRUCTION MANAGEMENT			

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Shea E. Butcher			Vice President Name None		
Street Address Old Town Road, PO Box 1083			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
Secretary Name Katharine Atwater Butcher			Treasurer Name Shea E. Butcher		
Street Address Old Town Road, PO Box 1083			Street Address Old Town Road, PO Box 1083		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Shea E. Butcher			Director Name None		
Street Address Old Town Road, PO Box 1083			Street Address		
City New Shoreham	State RI	Zip 02807	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000		\$.01 PAR VALUE	100		.01/Share

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



FILED

OCT 15 2004

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.

K. Erik Wallin
Signature of Officer
10/13/04
Date

K. Erik Wallin
Print or Type Name of Officer
Assistant Secretary
Title of Officer

128969 DBC 10/15/04 11:44:19 AM BY *Kane*
File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Addendum to Annual Report

Additional Officers:

Assistant Secretary

John S. Pfarr
37 Sunset Terrace
Essex, CT 06426

Assistant Secretary

K. Erik Wallin
228 High Street
Wakefield, RI 02879

FILED
OCT 15 2004