



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 02

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 44994 2. Name of Corporation Quality Carpentry Co Inc
3. Street Address Principal Business Office 21 Ann Ave State RI Zip 02871
4. Business Phone No. 401 683-9249 5. State of Incorporation Rhode Island 6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island
Remodel homes and build additions, etc.
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name William P Bowley Vice President Name William P Bowley
Street Address 21 Ann Ave Street Address 21 Ann Ave
City Portsmouth State RI Zip 02871 City Portsmouth State RI Zip 02871
Secretary Name William P Bowley Treasurer Name Nancy Bowley
Street Address 21 Ann Ave Street Address 21 Ann Ave
City Portsmouth State RI Zip 02871 City Portsmouth State RI Zip 02871

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name _____ 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)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200 Common no par

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common no par

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

File Date: 8-22-02
Check No.: 7600
By: 2c

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 of Officer William P Bowley Date 7/31/02
Print or Type Name of Officer President
Title of Officer President