



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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 COMPANY, INC.**

3. Street Address Principal Business Office

21 ANN AVENUE

City

PORTSMOUTH

State

R.I.

Zip

02871

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

CONSTRUCTION

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

President Name

WILLIAM BOWLEY

Street Address

21 ANN AVENUE

City

PORTSMOUTH

State

R.I.

Zip

02871

Secretary Name

WILLIAM BOWLEY

Street Address

21 ANN AVENUE

City

PORTSMOUTH

State

R.I.

Zip

02871

Vice President Name

WILLIAM BOWLEY

Street Address

21 ANN AVENUE

City

PORTSMOUTH

State

R.I.

Zip

02871

Treasurer Name

NANCY BOWLEY

Street Address

21 ANN AVENUE

City

PORTSMOUTH

State

R.I.

Zip

02871

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200 SHS NO PAR VAL

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

NONE

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



* 4 4 9 9 4 *

File Date:

1/13/00
6049

Check No.:

2

By:

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.

William P. Bowley
Signature of Officer

1/12/2000
Date

WILLIAM P. BOWLEY

Print or Type Name of Officer

PRESIDENT

Title of Officer

