



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  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

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.

(401) 683-9249

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)**

President Name

WILLIAM P BOWLEY

Street Address

21 ANN AVENUE

City

PORTSMOUTH

State

R. I.

Zip

02871

Secretary Name

WILLIAM P BOWLEY

Street Address

21 ANN AVENUE

City

PORTSMOUTH

State

R. I.

Zip

02871

Vice President Name

WILLIAM P BOWLEY

Street Address

21 ANN AVENUE

City

PORTSMOUTH

State

R. I.

Zip

02871

Treasurer Name

NANCY E. BOWLEY

Street Address

21 ANN AVENUE

City

PORTSMOUTH

State

R. I.

Zip

02871

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

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 AND ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200 SHS NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

NO PAR VAL

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: 1/15/97

Check No.: 3901

By: [Signature]

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.

Nancy Bowley 1-14-97  
Signature of Officer Date

Nancy Bowley  
Print or Type Name of Officer

Treasurer  
Title of Officer