



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **33900** 2. Name of Corporation **William R. Bishop Plastering, Inc.**
3. Street Address Principal Business Office **9 LITTLEFIELD ST.** City **PAWTUCKET** State **RI.** Zip **02861**
4. Business Phone No. **(401) 7240048** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**

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

PLASTERING ONLY

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

| | |
|--|--|
| President Name WILLIAM R. BISHOP | Vice President Name MARY A. BISHOP |
| Street Address | Street Address |
| City (SAME AS ABOVE) Zip | City (SAME AS ABOVE) State Zip |
| Secretary Name MARY A. BISHOP | Treasurer Name MARY A. BISHOP |
| Street Address (SAME AS ABOVE) | Street Address (SAME AS ABOVE) |
| City State Zip | City State Zip |

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

| | |
|---|--|
| Director Name WILLIAM R. BISHOP | Director Name MARY A. BISHOP |
| 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
4,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common NO PAR VAL

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



* 3 3 9 0 0 *

File Date: 4-16-02

Check No.: 2245

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.

[Signature] 3/25/02
Signature of Officer Date
MARY A. BISHOP
Print or Type Name of Officer
VICE PRESIDENT