



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. **33900** 2. Name of Corporation **William R. Bishop Plastering, Inc.**  
3. Street Address Principal Business Office **9 LITTLEFIELD STREET PAWTUCKET RI 02861**  
4. Business Phone No. **(401) 724-0048** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0299**

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

**ALL TYPES OF PLASTERING**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <b>WILLIAM BISHOP</b> Street Address <b>9 LITTLEFIELD STREET</b> City State Zip <b>PAWTUCKET RI 02861</b> Secretary Name	Vice President Name <b>MARY A. BISHOP</b> Street Address <b>9 LITTLEFIELD STREET</b> City State Zip <b>Pawtucket RI 02861</b> Treasurer Name
<b>JUDITHANN BISHOP</b> Street Address <b>9 LITTLEFIELD STREET</b> City State Zip <b>PAWTUCKET RI 02861</b>	<b>MARY A. BISHOP</b> Street Address <b>9 LITTLEFIELD STREET</b> City State Zip <b>PAWTUCKET RI 02861</b>

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

Director Name <b>WILLIAM BISHOP</b> Street Address <b>9 LITTLEFIELD STREET</b> City State Zip <b>PAWTUCKET RI 02861</b>	Director Name <b>MARY A. BISHOP</b> Street Address <b>9 LITTLEFIELD STREET</b> City State Zip <b>PAWTUCKET RI 02861</b>
<b>JUDITHANN BISHOP</b> Street Address <b>9 LITTLEFIELD STREET</b> City State Zip <b>PAWTUCKET RI 02861</b>	

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>4,000 COM. NO PAR VAL.</b>	<b>100 COMMON NO PAR VALUE</b>

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



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4/19/97

File Date: ~~FEBRUARY 24, 1997~~

Check No.: **4826**

By: **WAB**

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.

**Mary A. Bishop** 2/27/97  
Signature of Officer Date

**MARY A. BISHOP**  
Print or Type Name of Officer

**VICE-PRESIDENT**  
Title of Officer