



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95030  
2. Name of Corporation American Builders & Contractors Supply Co.  
3. Street Address Principal Business Office  
ONE ABC PARKWAY  
4. Business Phone No. 6083682245  
5. State of Incorporation DELAWARE  
6. SIC Code 5033  
7. Brief Description of the Character of Business Conducted in Rhode Island  
WHOLESALE DISTRIBUTION OF BUILDING MATERIALS.

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

President Name  
David A. Luck  
Street Address  
One ABC Pkwy  
City State Zip  
Beloit WI 53511  
Secretary Name  
Diane M. Hendricks  
Street Address  
One ABC Pkwy  
City State Zip  
Beloit WI 53511  
Vice President Name  
Kevin Hendricks  
Street Address  
One ABC Pkwy  
City State Zip  
Beloit WI 53511  
Treasurer Name  
Kendra A. Story  
Street Address  
One ABC Pkwy  
City State Zip  
Beloit WI 53511

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

Director Name  
Kenneth A. Hendricks  
Street Address  
One ABC Pkwy  
City State Zip  
Beloit WI 53511  
Director Name  
same as officers  
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  
10,000 COMM NO PAR VALUE \$ .01 / KAS

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
147.04 Common 1.47

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



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\*95030 FBC 02/20/04 03:16:36 PM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

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.

Signature of Officer

Date

Kendra A. Story

Print or Type Name of Officer

CFO/Treasurer

Title of Officer

Form 630 12/01