



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 2005

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

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|--------------|--|---|--------------------|--------------|
| 1. Corporate ID No. 96001 | | 2. Name of Corporation Marcel A. Payeur, Inc. | | | |
| 3. Street Address Principal Business Office 113 OTIS ALLEN ROAD | | | City SANFORD | State ME | Zip 04073 |
| 4. Business Phone No. 2073240786 | | 5. State of Incorporation MAINE | | 6. SIC Code 257 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island PAINTING. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Marcel A. Payeur | | | Vice President Name Marcel A. Payeur | | |
| Street Address 113 Otis Allen Rd. | | | Street Address 113 Otis Allen rd. | | |
| City Sanford | State ME | Zip 04073 | City Sanford | State ME | Zip 04073 |
| Secretary Name Suzanne Payeur | | | Treasurer Name Marcel A. Payeur | | |
| Street Address 113 Otis Allen rd. | | | Street Address 113 Otis Allen rd. | | |
| City Sanford | State ME | Zip 04073 | City Sanford | State ME | Zip 04073 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Marcel A. Payeur | | | Director Name n/a | | |
| Street Address 113 Otis Allen rd. | | | Street Address . | | |
| City Sanford | State ME | Zip 04073 | City . | State . | Zip . |
| Director Name n/a | | | Director Name n/a | | |
| Street Address . | | | Street Address . | | |
| City . | State . | Zip . | City . | State . | Zip . |
| 10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 COMM NO PAR VALUE | | | none | | |

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



9 6 0 0 1

96001 FBC 03/21/05 10:53 AM

FILED

File Date: MAR 24 2005

Check No. 8521

By: MB

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.

Marcel A. Payeur 3/21/05
Signature of Officer Date

Marcel A. Payeur
Print or Type Name of Officer

President
Title of Officer



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 OR PRINTED IN BLACK)

| | | | | | |
|--|----------------|--|---|----------------|--------------------|
| 1. Corporate ID No. 96001 | | 2. Name of Corporation Marcel A. Payeur, Inc. | | | |
| 3. Street Address Principal Business Office 113 Otis Allen Rd. | | | City Sanford | State Maine | Zip 04073 |
| 4. Business Phone No. 1-207-324-0786 | | 5. State of Incorporation MAINE | | | 6. SIC Code 257 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island PAINTING. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Marcel A. Payeur | | | Vice President Name Marcel A. Payeur | | |
| Street Address 113 Otis Allen Rd. | | | Street Address 113 Otis Allen Rd. | | |
| City Sanford | State Maine | Zip 04073 | City Sanford | State Maine | Zip 04073 |
| Secretary Name Suzanne Payeur | | | Treasurer Name Marcel A. Payeur | | |
| Street Address 113 Otis Allen Rd. | | | Street Address 113 Otis Allen Rd. | | |
| City Sanford | State Maine | Zip 04073 | City Sanford | State Maine | Zip 04073 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Marcel A. Payeur | | | Director Name none | | |
| Street Address 13 Otis Allen Rd. | | | Street Address | | |
| City Sanford | State Maine | Zip 04073 | City | State | Zip |
| Director Name none | | | Director Name none | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 COMM NO PAR VALUE | | | none | | |

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



* 9 6 0 0 1 *

File Date 1-20-04
Check No. 7264
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.
Marcel A. Payeur 1/15/04
Signature of Officer Date
Marcel A. Payeur
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96001 2. Name of Corporation Marcel A. Payeur, Inc.
3. Street Address Principal Business Office 113 Otis Allen Rd. City Sanford State Me Zip 04073
4. Business Phone No. (207)324-0786 5. State of Incorporation Maine 6. SIC Code 257
7. Brief Description of the Character of Business Conducted in Rhode Island
Painting

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

| | | | | | |
|---------------------------|-----------|--------------|---------------------------|------------|--------------|
| President Name | | | Vice President Name | | |
| <u>Marcel A. Payeur</u> | | | <u>Marcel A. Payeur</u> | | |
| Street Address | | | Street Address | | |
| <u>113 Otis Allen Rd.</u> | | | <u>113 Otis Allen Rd.</u> | | |
| City | State | Zip | City | State | Zip |
| <u>Sanford</u> | <u>ME</u> | <u>04073</u> | <u>Sanford</u> | <u>Me.</u> | <u>04073</u> |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | | | City | | |
| State | | | State | | |
| Zip | | | Zip | | |

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

| | | | | | |
|---------------------------|-----------|--------------|----------------|-------|-----|
| Director Name | | | Director Name | | |
| <u>Marcel A. Payeur</u> | | | <u>none</u> | | |
| Street Address | | | Street Address | | |
| <u>113 Otis Allen Rd.</u> | | | | | |
| City | State | Zip | City | State | Zip |
| <u>Sanford</u> | <u>ME</u> | <u>04073</u> | | | |
| Director Name | | | Director Name | | |
| <u>none</u> | | | <u>none</u> | | |
| Street Address | | | Street Address | | |
| City | | | City | | |
| State | | | State | | |
| Zip | | | Zip | | |

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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

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.

Marcel A. Payeur 3/1/03
Signature of Officer Date

Marcel A. Payeur
Print or Type Name of Officer
President
Title of Officer

FILED
File Date: MAR 10 2003
Check No.: BV GDA 5987
By: _____



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. 96001
2. Name of Corporation Marcel A. Payeur, Inc.
3. Street Address Principal Business Office 113 Otis Allen Rd. City Sanford State ME Zip 04073
4. Business Phone No. (207) 324-0786 5. State of Incorporation Maine 6. SIC Code 257
7. Brief Description of the Character of Business Conducted in Rhode Island Painting

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

| | |
|--------------------------------------|---|
| President Name Marcel A. Payeur | Vice President Name Marcel A. Payeur |
| Street Address 113 Otis Allen Rd. | Street Address 113 Otis Allen Rd. |
| City Sanford State Maine Zip 04073 | City Sanford State Maine Zip 04073 |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

| | |
|--------------------------------------|-----------------------|
| Director Name Marcel A. Payeur | Director Name none |
| Street Address 113 Otis Allen rd. | Street Address |
| City Sanford State Maine Zip 04073 | City State Zip |
| Director Name none | Director Name none |
| 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 |
|-------------------|------------------|--------------|-----------|
| | 200 | COMM NO | PAR VALUE |

correct

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

| ISSUED SHARES | Number of Shares | Class/Series | Par Value |
|---------------|------------------|--------------|-----------|
| | none | | |

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

File Date: 1-11-02
Check No.: 4819
By: [Signature]

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: Marcel A. Payeur Date: 1-9-02
Print or Type Name of Officer: Marcel A. Payeur
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96001** 2. Name of Corporation **Marcel A. Payeur, Inc.**
 3. Street Address Principal Business Office **113 Otis Allen Rd.** City **Sanford** State **Maine** Zip **04073**
 4. Business Phone No. **(207)324-0786** 5. State of Incorporation **MAINE** 6. SIC **257**

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

Painting

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

| | |
|---|---|
| President Name Marcel A. Payeur | Vice President Name Marcel A. Payeur |
| Street Address 113 Otis Allen Rd. | Street Address 113 Otis Allen Rd. |
| City Sanford State Maine Zip 04073 | City Sanford State Maine Zip 04073 |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| 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 Marcel A. Payeur | Director Name none |
| Street Address 113 Otis Allen Rd. | Street Address |
| City Sanford State Maine Zip 04073 | City State Zip |
| Director Name none | Director Name none |
| 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
200 COMM NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
none

correct

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



* 9 6 0 0 1 *

2/2

File Date: _____

3580

Check No.: _____

22

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.

Marcel A. Payeur 1-16-01
 Signature of Officer Date

Marcel A. Payeur
 Print or Type Name of Officer

President
 Title of Officer



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. 96001
2. Name of Corporation Marcel A. Payeur, Inc.
3. Street Address Principal Business Office Otis Allen Rd. RR 1 Box 2890 Sanford Maine 04073
4. Business Phone No. 207-324-0786
5. State of Incorporation Maine
6. SIC Code 0257
7. Brief Description of the Character of Business Conducted in Rhode Island Painting

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

| | | | |
|----------------|-----------------------------|---------------------|------------------------------|
| President Name | Marcel A. Payeur | Vice President Name | Marcel A. Payeur |
| Street Address | Otis Allen Rd. RR1 Box 2890 | Street Address | Otis Allen Rd. RR 1 Box 2890 |
| City | Sanford | City | Sanford |
| State | Maine | State | Maine |
| Zip | 04073 | Zip | 04073 |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | | City | |
| State | | State | |
| Zip | | Zip | |

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

| | | | |
|----------------|------------------------------|----------------|------|
| Director Name | Marcel A. Payeur | Director Name | none |
| Street Address | Otis Allen Rd. RR 1 Box 2890 | Street Address | |
| City | Sanford | City | |
| State | Maine | State | |
| Zip | 04073 | Zip | |
| Director Name | none | Director Name | none |
| Street Address | | Street Address | |
| City | | City | |
| State | | State | |
| Zip | | Zip | |

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|-------------------|-----------|
| 200 | COMM NO PAR VALUE | |
| correct | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| none | | |

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

File Date: 3/1/00
Check No.: 2157
By: [Signature]

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] 2/28/00
Signature of Officer Date

Marcel A. Payeur
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96001** 2. Name of Corporation **Marcel A. Payeur, Inc.**

3. Street Address Principal Business Office **Otis Allen Rd. Box 2890** City **Sanford** State **Maine** Zip **04073**

4. Business Phone No. **(207)324-0786** 5. State of Incorporation **MAINE** 6. SIC Code **257**

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

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

President Name **Marcel A. Payeur** Vice President Name **Marcel A. Payeur**

Street Address **Otis Allen Rd. Box 2890** Street Address **Otis Allen Rd. Box 2890**

City **Sanford** State **Maine** Zip **04073** City **Sanford** State **Maine** Zip **04073**

Secretary Name **Suzanne Payeur** Treasurer Name **Marcel A. Payeur**

Street Address **Otis Allen Rd. Box 2890** Street Address **Otis Allen Rd. Box 2890**

City **Sanford** State **Maine** Zip **04073** City **Sanford** State **Maine** Zip **04073**

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

Director Name **Marcel A. Payeur** Director Name **none**

Street Address **Otis Allen Rd. Box 2890** Street Address **none**

City **Sanford** State **Maine** Zip **04073** City **none** State **none** Zip **none**

Director Name **none** Director Name **none**

Street Address **none** Street Address **none**

City **none** State **none** Zip **none** City **none** State **none** Zip **none**

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

AUTHORIZED SHARES ISSUED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

200 COMM NO PAR VALUE

none

correct

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

ISSUED SHARES

Number of Shares Class/Series Par Value

none

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



* 9 6 0 0 1 *

File Date: Feb 22, 99

Check No.: 8676

By: [Signature]

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] Date 2/16/99

Signature of Officer

Marcel A. Payeur

Print or Type Name of Officer

President

Title of Officer



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 FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96001** 2. Name of Corporation **Marcel A. Payeur, Inc.**
3. Street Address Principal Business Office **Otis Allen Rd Box 2890** City **Sanford** State **Maine** Zip **04073**
4. Business Phone No. **(207)324-0786** 5. State of Incorporation **MAINE** 6. SIC Code **0257**

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

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

| | |
|---|---|
| President Name Marcel A. Payeur | Vice President Name Marcel A. Payeur |
| Street Address Otis Allen Rd Box 2890 | Street Address Otis Allen Rd Box 2890 |
| City Sanford State Maine Zip 04073 | City Sanford State Maine Zip 04073 |
| Secretary Name Suzanne Payeur | Treasurer Name Marcel A. Payeur |
| Street Address Otis Allen Rd Box 2890 | Street Address Otis Allen Rd Box 2890 |
| City Sanford State Maine Zip 04073 | City Sanford State Maine Zip 04073 |

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

| | |
|---|------------------------------|
| Director Name Marcel A. Payeur | Director Name none |
| Street Address Otis Allen Rd Box 2890 | Street Address |
| City Sanford State Maine Zip 04073 | City State Zip |
| Director Name none | Director Name none |
| 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

200 COMM NO PAR VALUE

correct

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

ISSUED SHARES
Number of Shares Class/Series Par Value

none

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



File Date: 3/4/98
Check No.: 7439
By: KW

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.
Marcel A. Payeur 2/27/98
Signature of Officer Date
Marcel A. Payeur
Print or Type Name of Officer
President
Title of Officer