



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 OR PRINTED IN BLACK)

1. Corporate ID No. 98102		2. Name of Corporation C.N.A. Plastering Co., Inc.		
3. Street Address Principal Business Office 3 ABBOTT RUN VALLEY RD			City CUMBERLAND	State RI
4. Business Phone No. (401) 334-4533		5. State of Incorporation RHODE ISLAND		6. SIC Code 299
7. Brief Description of the Character of Business Conducted in Rhode Island SHEET ROCK, PLASTERING AND PAINTING BUSINESS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name CARLOS M SOARES			Vice President Name	
Street Address 3 ABBOTT RUN VALLEY RD.			Street Address	
City CUMBERLAND	State RI	Zip 02864	City	State
Secretary Name			Treasurer Name	
Street Address			Street Address	
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name CARLOS M SOARES			Director Name	
Street Address 3 ABBOTT RUN VALLEY RD			Street Address	
City CUMBERLAND	State RI	Zip 02864	City	State
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
400	NO PAR VALUE		50	NO PAR COMMON
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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



**FILED**

File Date: MAR 07 2005

Check No. By: M60342

By: GAB

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: CARLOS M SOARES Date: 3-3-05

Print or Type Name of Officer: CARLOS M. SOARES

Title of Officer: PRESIDENT



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. 98102		2. Name of Corporation C.N.A. Plastering Co., Inc.			
3. Street Address Principal Business Office 3 ABBOTT RUN VALLEY RD.			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. (401) 334-4533		5. State of Incorporation RHODE ISLAND			6. SIC Code 299
7. Brief Description of the Character of Business Conducted in Rhode Island SHEET ROCK, PLASTERING AND PAINTING BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CARLOS M. SOARES			Vice President Name		
Street Address 3 ABBOTT RUN VALLEY RD.			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CARLOS M. SOARES			Director Name		
Street Address 3 ABBOTT RUN VALLEY RD.			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
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
400	NO PAR VALUE		50	NO PAR	COMMON

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



\* 9 8 1 0 2 \*

**RECEIVED**

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

Check No. JAN 20 2004

By: BY UD 5273

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.

CARLOS M. SOARES 1/12/04  
Signature of Officer Date

CARLOS M. SOARES  
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 OR PRINTED IN BLACK)

1. Corporate ID No. **98102**  
2. Name of Corporation **C.N.A. Plastering Co., Inc.**  
3. Street Address Principal Business Office  
**33 TITUS ST.**  
4. Business Phone No. **401-724-3488**  
5. State of Incorporation **RHODE ISLAND**  
6. SIC Code **299**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**WALL PLASTERING**

City **CUMBERLAND** State **RI** Zip **02864**  
6. SIC Code **299**

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

President Name **CARLOS M. SOARES**  
Street Address **33 TITUS ST.**  
City **CUMBERLAND** State **RI** Zip **02864**  
Secretary Name  
Street Address  
City State Zip

Vice President Name  
Street Address  
City State Zip  
Treasurer Name  
Street Address  
City State Zip

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

Director Name **CARLOS M. SOARES**  
Street Address **33 TITUS ST.**  
City **CUMBERLAND** State **RI** Zip **02864**  
Director Name  
Street Address  
City State Zip

Director Name  
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  
**400 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**50 NO PAR COMMON**

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



\* 9 8 1 0 2 \*

File Date: **1-30-03**

Check No.: **10408**

By: **ICP**

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.

**Carlos Soares** 1/24/03  
Signature of Officer Date

**CARLOS M. SOARES**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



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. **98102** 2. Name of Corporation **C.N.A. Plastering Co., Inc.**  
3. Street Address Principal Business Office **33 TITUS ST.** City **CUMBERLAND** State **RI** Zip **02864**  
4. Business Phone No. **(401) 724-3488** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**  
7. Brief Description of the Character of Business Conducted in Rhode Island **WALL PLASTERING**

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

President Name <b>CARLOS M. SOARES</b>	Vice President Name
Street Address <b>33 TITUS ST.</b>	Street Address
City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>	City State Zip
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	Director Name
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	Class/Series	Par Value
<b>400 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>50</b>	<b>NO PAR COMMON</b>	

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



\* 9 8 1 0 2 \*

File Date: 1-22-02  
Check No.: 10084  
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]  
Signature of Officer Date 1/17/02  
CARLOS M. SOARES  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

FOR SECRETARY OF STATE USE ONLY



**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. **98102** 2. Name of Corporation **C.N.A. Plastering Co., Inc.**  
3. Street Address Principal Business Office **33 TITUS ST.** City **CUMBERLAND** State **RI** Zip **02864**  
4. Business Phone No. **(401) 724-3488** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**  
7. Brief Description of the Character of Business Conducted in Rhode Island **WALL PLASTERING**

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

President Name <b>CARLOS M. SOARES</b>	Vice President Name
Street Address <b>33 TITUS ST.</b>	Street Address
City <b>CUMBERLAND</b> State <b>RI</b> Zip <b>02864</b>	City State Zip
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	Director Name
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  
**400 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**50 NO PAR COMMON**

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



\* 9 8 1 0 2 \*

File Date: 1/23  
Check No.: 1305  
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: [Signature] Date: 1/22/01  
Print or Type Name of Officer: CARLOS M. SOARES  
Title of Officer: PRESIDENT



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  
401-222-3040



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. 98102 2. Name of Corporation C.N.A. Plastering Co., Inc.

3. Street Address Principal Business Office

33 TITUS ST.

City

State

Zip

CUMBERLAND

RI

02864

4. Business Phone No.

(401) 724-3488

5. State of Incorporation  
RHODE ISLAND

6. SIC Code  
299

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

WALL PLASTERING

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

President Name

CARLOS M. SOARES

Vice President Name

Street Address

33 TITUS ST.

Street Address

City

State

Zip

City

State

Zip

CUMBERLAND RI 02864

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

CARLOS M. SOARES

Director Name

Street Address

33 TITUS ST.

Street Address

City

State

Zip

City

State

Zip

CUMBERLAND RI 02864

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

400 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

50

NO PAR

COMMON

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



\* 9 8 1 0 2 \*

File Date:

3/16/00

Check No.:

1072

By:

CS

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

CARLOS M. SOARES

Date

1/15/2000

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. 98102 2. Name of Corporation CNA PLASTERING CO INC  
3. Street Address Principal Business Office 33 TITUS ST. City CUMBERLAND State RI Zip 02864  
4. Business Phone No. (401) 724-3488 5. State of Incorporation RHODE ISLAND 6. SIC Code 0299  
7. Brief Description of the Character of Business Conducted in Rhode Island  
WALL PLASTERING

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

President Name <u>CARLOS M. SOARES</u>	Vice President Name
Street Address <u>33 TITUS ST.</u>	Street Address
City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>	City State Zip
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 <u>CARLOS M. SOARES</u>	Director Name
Street Address <u>33 TITUS ST.</u>	Street Address
City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>	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	Class/Series	Par Value
<u>400 NO PAR VALUE</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>0</u>		

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

File Date: \_\_\_\_\_ PAID 1010 DB  
Check No.: \_\_\_\_\_ 1461  
JUL 12 1999  
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.

Carlos Soares 7/19/99  
Signature of Officer Date  
Carlos Soares 7/19/99  
Print or Type Name of Officer  
CARLOS M. SOARES  
Title of Officer