

# 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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
--	------

	m					
Samuel L. Bo	oth Building Co., Inc.	270	State 0 =	Zip _		
Office 1062		City Bristol	RI	202809		
	5. State of Incorporation			6. SIC Code		
	RHODE ISLAND	<u>)</u>		34		
	ı Rhode İsland					
	S: ("X" BOX FOR AT	ACHMENT) □ FILL IN	SPACES BEFORE USING	ATTACHMENTS		
•	<b></b> (	Vice President Name				
L- Booth			Same			
, (	) ,	Street Address				
		City	State	Zip		
I RI	102809	Viig.		<sub>P</sub>		
· · · · · · · · · · · · · · · · · · ·		Treasurer Name		<del></del>		
revi Address						
		Street Address				
State	Zip	City	State	Zip		
				İ		
S OF THE DIRECTO	ORS: ("X" BOX FOR A	· · ·	N SPACES BEFORE USIN	G ATTACHMENTS		
Maria		Director Manne	A			
70008		Street Address	- DENT			
State	Zip	City	State	Zip		
		Director Name		l		
NONE			None			
	· · · · · · · · · · · · · · · · · · ·	Street Address				
Vata	Zib	Citie	State	Ζip		
Siate	ζ.ιγ	(A)	эше	Est.		
 	TACHMENT)	: 11. SHARES ISSUED (	("X" BOX FOR ATTACH	MENT) [		
		ISSUED SHARES				
Class Series	Par Value	Number of Shares	Class Series	Par Value		
	44.	1 20	Campa	140 00		
Common	No par	100	Cemmen	No par		
	State  State	State  St	Fig. 1. Shares    State   Zip   City	State   Zip   State   Zip   State   State   Zip   Zip   State   Zip   Zip   Zip   State   Zip   Zip   Zip   State   Zip		



## 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
--	------

TREATMENS PROME NO. 40   5 State of Inscarporation   34   10   25   11   25   11   25   11   25   11   25   11   25   11   25   11   25   11   25   11   25   11   25   11   25   11   25   11   25   11   25   25	Corporate ID No.	2. Name of Corporation		·		
State of Incorporation   State of Incorporat			th Building Co., Inc.	City	State _	Zip
State   Stat				<u>Bristol</u>	KI	02809
To ACT AS A GENERAL CONTRACTOR.  NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS statent Name   Vice President Name   Vice Vice Address   Vice President Name   Vice Vice Address   Vice Vice Vice Address   Vice Vice Vice Vice Address   Vice Vice Vice Vice Vice Vice Vice Vice		- 2001	•			
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Sq. Mc.  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  NONC  Street Address  NOAC  Street Address  Street Address  Street Address  NOAC  Street Address  Street Address  NOAC  Street Address  Street Address  NOAC  Street Address  NOA	rief Description of the Chara	cter of Business Conducted in				34
Weel Both  Mel Both  Same  Street Address  Str					ant and bringing Horses	WITH CHILDRENGE
State   Zip   City   State   Zip   City   State   Zip    NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT    Letter Name   None   None    Letter Name   None   None    Letter Name   None    State   Zip   City   State   Zip    Letter Name   None    Letter		SES OF THE OFFICER	S: ("X" BOX FOR ATT		SPACES BEFORE USING A	II IACHMEN 15
Bristol Bristo	muel Booth				Same	<u> </u>
Bristol   State   Zip   OX809   City   State   Zip    NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT    Peter Name   NGA   City   State   Zip    State   Zip   Zip   Zip   Zip    State   Zip   Zip   Zip   Zip    State   Zip   Zip   Zip   Zip   Zip    State   Zip   Zip   Zip   Zip   Zip   Zip   Zip    State   Zip	et Address .	2000		Street Address		
Treasurer Name  Same  State  Street Address  S		State	Zip	City	State	Zip
Sq Net Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net State Sq Net Address Sq Net Address Sq Net Address Sq Net Address Sq Net Name None None None None None None None Non	Bristol	RI	1 02809			
State   Zip   City   State   Zip    NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT octor Name   None    Wet Address   State   Zip   City   State   Zip    State   Zip   City   City   City   City   City    State   Zip   City   City   City   City   City   City    State   Zip   City   •	śca		Treasurer Name	Same		
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT better Name		<u> </u>		Street Address	34110	·
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT rector Name		Court	7(0	City	State	Zib
Director Name  NGA C  seet Address  Street Address  State  Zip  Director Name  NOAC  State  NOAC  Street Address  Street Address  Vector Name  NOAC  Street Address  Street Address  Street Address  Street Address  State  Zip  Address  State  Zip  State  NoAC  Street Address  State  Zip  State	r	Sittle	Σip	City	51412	
State Zip City State Zip  Cector Name  NOAC  Street Address  Director Name  NOAC  Street Address  Street Address  Street Address  Street Address  Street Address  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   11. SHARES  THORIZED SHARES  INDEED SHA		SES OF THE DIRECTO	ORS: ("X" BOX FOR A	-	N SPACES BEFORE USING	ATTACHMENTS
Street Address  Street Address  Street Address  Street Address  Director Name  NOAC  Street Address  NOAC  State  Zip  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES  ISSUED SHARES  ISSUED SHARES  Number of Shares  Class Series  Par Value  No No Par Value  No No Par Value	ector Name	None			None	
Pector Name  NOAC  Street Address  Street Address  Street Address  State  Zip  City  State  Zip  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  THORIZED SHARES  INDER of Shares  Class Series  Par Value  Number of Shares  Common  No Par  No P	eet Address			Street Address		· -
Director Name  NOAC  Street Address  Street Address  Street Address  Street Address  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   15. SHARES  STEPHORIZED SHARES		State	Zin	City	State	Zib
NOAC  seet Address  Street Address  Street Address  Street Address  State  State  Zip  City  State  Zip  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  STHORIZED SHARES  ISSUED SHARES  INDIAN OF Shares  Class Series  Par Value  100 NO PAR VALUE  Common  No Par  100  Common  No Par  Common	r	June	E.Ip	· · · · · · · · · · · · · · · · · · ·		
State Zip City State Zip  State Zip  State Zip  State Zip  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES  INDER of Shares Class Series Par Value Number of Shares Class Series Par Value  100 NO PAR VALUE COMMON NO PAR VALUE  Common No Par Shares	rector Name			Director Name	h)o	
O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  OTHORIZED SHARES  INDUSTRIAN SHARES  ISSUED SHARES  Number of Shares  Class Series  Par Value  Number of Shares  Common  No Par Shares	vet Address	None		Street Address	10012	
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES INDEPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INTERPORTATION IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT IN THE SHARES ISSUED ("X" BOX FOR ATTACHMENT IN THE SHARES ISSUED ("X" BOX FOR A						
ISSUED SHARES  Imber of Shares  Class Series  Par Value  Number of Shares  Class Series  Par Value  100 NO PAR VALUE  Common  No Par	y.	State	Zip	City:	State	Zip
INDURED COMMON No Par Value  Number of Shares  Class-Series  Par Value  ON NO PAR VALUE  Common  No Par  Number of Shares  Class-Series  Par Value  ON NO PAR VALUE  Common  No Par  N	. SHARES AUTHORIZI	 ED <i>("X" BOX FOR A1</i>	TACHMENT)	: 11. SHARES ISSUED (	("X" BOX FOR ATTACHM	ENT)
100 NO PAR VALUE Conmon No Par 100 Common No Par	· · · · · · · · · · · · · · · · · · ·		0.1/7		Chara Cantan	Par Lubra
NO NOTAL VALUE	imber of Shares	Gass Series		· · · · · · · · · · · · · · · · · · ·		_
The second of th	100 NO PAR VALUE	Connon	No 140	100	Common	No tar
The state of the s						
This report must be signed in ink by either the President, vice President, Secretary, Assistant Secretary, Treasurer, Receiver of Trust						
	*	8 7 8 0 3	<b>  </b> <del>*</del> -7	including any accon	npanying schedules and statem	
Under penalty of perjury, I declare and affirm that I have examined to including any accompanying schedules and statements, and that all segments are true and correct.		04	<b></b>	Signature of Officer	2 50015	1/6/ Date
including any accompanying schedules and statements, and that all scontained herein are true and correct.	ile Date <u>1-8-</u>					
including any accompanying schedules and statements, and that all scontained herein are true and correct.    Agriculture of Officer   Date	ับ <u>น</u> ย ค		-	Samuel	L. Booth	
including any accompanying schedules and statements, and that all scontained herein are true and correct.    Signature of Officer   Date	Theck No. 4489		-	Samuel		



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



Samuel L. Booth Building Co., Inc.  1. State of Incorporation  1. State Occupance  1. State of Incorporation  1. State Occupance  1. Sta	,	,	3			
3. Steet Address Principal Business Office  98 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State State  tate  10 State State State State  10 State Stat	(FORM MUST BE TYPED OR PRIN 1. Corporate ID No.		ition			
3. Steet Address Principal Business Office  98 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State Street  10 State State  tate  10 State State State State  10 State Stat		Samuel L. B	ooth Building Co., Inc.			
4. Business Phone No. 4. Discrete Address  State Address  City State Zip  D. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  State Address  City State Zip  D. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  State Address  City State Zip  D. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name  State Address  State Address  State Address  State Address  State Address  State Address  State Zip City State Zip  Director Name  State Address  City State Zip  Director Name  State Address  State Address  State Address  State Address  City State Zip  Director Name  State Zip  Director Name  State Address  City State Zip  Director Name  Director Name  State Address  City State Zip  Director Name  Director Name  Director Name  Director Name  Director Name  Director Name  Director Address  City State Zip  Director Name  Director N				City .	State	
4. Business Phone No.  S. State of Incorporation RHODE ISLAND 34  7. First Posseption of the Character of Business Conducted in Rhode Island General Control Control RHODE ISLAND  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Street Address  State Address  State Address  Street Address	98 State	Street		* Bristol	RI	02809
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  8. Street Address  City State  City Sta	4. Business Phone No.	_	5. State of Incorporation	·	•	6. SIC Code
B. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)  President Name  Street Address  City  State	401 - 254	-6006	RHODE ISLAND			34
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  Street Address  City State  City Stat	7. Brief Description of the Charact	ter of Business Conducted		<u> </u>		
President Name  Street Address  City State Zip  City State Zip  Street Address  City State Zip  Director Name  Director Name  Street Address  Street Address  City State Zip  Director Name  Street Address  Street Address  Street Address  City State Zip  Director Name  Street Address  Street Address  City State Zip  Director Name  City State Zip  Director Name  City State Zip  City Stat			beveral	Contractor		
Street Address    Street Address   State   R   R   R   R   R   R   R   R   R	8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACH		BEFORE USING ATTAC	CHMENTS
Street Address  Street Address	President Name	1 1	$\Omega = II$	Vice President Name		
Street Address  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Director Name  Street Address  City  State  Zip  City  City  State  Zip  City  State  Zip  City  City  City  State  Zip  City  City  City  City  State  Zip  City   Janus	-1 h.	1.Jooth	Strant Address			
Street Address  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Director Name  Street Address  City  State  Zip  City  City  State  Zip  City  State  Zip  City  City  City  State  Zip  City  City  City  City  State  Zip  City   Street Address		) 1	Street Address			
Street Address  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Director Name  Street Address  City  State  Zip  City  City  State  Zip  City  State  Zip  City  City  City  State  Zip  City  City  City  City  State  Zip  City   Ciby A	State 0	/ ۵۰ نر ط Zin	City	State	Zin	
Street Address  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Director Name  Street Address  City  State  Zip  City  City  State  Zip  City  State  Zip  City  City  City  State  Zip  City  City  City  City  State  Zip  City   Bristol	R7	02809	,	¥•	2-7	
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  Street Address  City State Zip City State Zip  Director Name  Street Address  City State Zip  Oirector Name  Street Address  City State Zip  Oirector Name  Street Address  Street Address  Street Address  Street Address  Street Address  City State Zip  OO SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)  NUMBER OF SHARES SUED (*X* BOX FOR ATTACHMENT)  ISSUED SHARES  Number of Shares Class/Series Par Value  Number of Shares Class/Series Par Value	· ·			Treasurer Name		
Street Address  Street Address  City State Zip City State Zip  Oirector Name  Street Address  City State Zip  City State Zip  City State Zip  City State Zip  Oirector Name  Street Address  City State Zip  City State Zip  City State Zip  Oirector Name  Street Address  City State Zip  City State Zip  Oirector Name  Street Address  City State Zip  Oirector Name  City State Zip  Oirector Name  Street Address  City State Zip  Oirector Name  City State Zip  Oirector Name  City State Zip  Oirector Name  Street Address  City State Zip  Oirector Name  City State Zip	,					
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name  Street Address  Street Address  City State Zip City State Zip  Director Name  Street Address  Street Address  City State Zip City State Zip  OSTACH Address  Street Address  Street Address  Street Address  Street Address  City State Zip  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES Number of Shares Class/Series Par Value  Number of Shares Class/Series Par Value	Street Address			Street Address		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name  Street Address  Street Address  City State Zip City State Zip  Director Name  Street Address  Street Address  City State Zip City State Zip  OSTACH Address  Street Address  Street Address  Street Address  Street Address  City State Zip  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES Number of Shares Class/Series Par Value  Number of Shares Class/Series Par Value						
Director Name  Street Address  City State Zip City State Zip  Director Name  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  City State Zip  City State Zip  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES Number of Shares  Class/Series Par Value  A Control of Shares  Class/Series Par Value  City State  Class/Series Par Value	City	State	Zip	City	State	Zip
City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA		S BEFORE USING ATTA	ACHMENTS
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 Number of Shares Cluss/Series Par Value	Street Address			Street Address		
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 Number of Shares Class/Series Par Value	City	State	Zip	City	State	Zip
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 Number of Shares Class/Series Par Value	Director Name			Director Name		
City State Zip City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series Par Value  ACOLOG DAD NALLES						
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  ACO NO DARWALUE	Street Address			Street Address		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  ACO NO DARWALUE						
AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  Number of Shares  Class/Series  Par Value	City	State	Zip	City	State	Zip
AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  Number of Shares  Class/Series  Par Value	10. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*.	X" BOX FOR ATTACHMENT	")
400 NO DAD VALUE	AUTHORIZED SHARES			ISSUED SHARES		
100 NO PAR VALUE	Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
	100 NO PAR VALUE			100	•	No per velu
				, ,		- 1 104
	10. SHARES AUTHORIZED SHARES Number of Shares	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (". ISSUED SHARES Number of Shares	X" BOX FOR ATTACHMENT	") Par Value
	ima ieboit must ne <b>sig</b> i	ncu in ink by ein		resident, secretary, Assis	nami secretary, measi	arci, neceivel of flustee
This report must be <b>signed in ink</b> by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste						

	* 8 7 8 0 3 *
File Date:	2/12/03
Check No.:	3459
By:	F STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined	
this report, including any accompanying schedules and statements, a	nd
that all statements contained herein are true and correct.	
x Samuel 2 Boots 1/15/03	
Signature of Officer Date	
Sanuel L. Booth	
Print or Type Name of Officer	
President	
Title of Officer Form 630 12/0	,
5 Form 630 12/02	2

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

STOP PLEASE READ PSUBL CHASS

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corporation				
87803 3. Street Address Principal Business		oth Building Co., Inc.	City	State	/in
98 State			Bristol	RI	~02809
4. Business Phone No.	017.27.	5. State of Incorporation			6. SIC Code
401-254-		RHODE ISLAND		.,_ ,	34
7. Brief Description of the Character	of Business Conducted in F	thode Island Builde	er of Custom	Homes	
8. NAMES AND ADDRESS	CEC OF THE OFFICE		•	BEFORE USING ATTACH	IMENTS
President Name	ses of the offic	EKS ( A BOA FOR ATTACE	Vice President Name	BEFORE CHING ATTACL	MATERIAL S
Samuel	L. B.00	th		/A	
Street Address			Street Address	,	
1 16assw	ood Dr	Zip	City	State	<u> </u>
Bristal	R T	<sup>~</sup> "02809	Crty		7.19
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	 Zip
	•				
9. NAMES AND ADDRESS	SES OF THE DIREC	TORS ("X" BOX FOR ATTA		ES BEFORE USING ATTA	CHMENTS
Director Name			Director Name  N/4	1	
Street Address N/A			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	•	
			<u> </u>		
Street Address			Street Address		·
	الم المناسبين			المنطب	en egy - enner mere en
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" ROX FOR ATTAC	HMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	- · · · · · · · · · · · · · · · · · · ·	,	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			NONE		
· ·					
e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	and the second second				

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

Title of Officer

**⊄**\_\$> 5



	1-10-02
File Date:	2
	3493
Check No.:	
	de
Ву:	
FOR SECRETARY OF STAT	TE 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.

Samuel	1	2	Bo	to	1/7	102	
Signature of Office	er		•		Date	,	
S	1	1	R	H			

Samuel	L.	Booth	171111	
Print or Type Name of	Officer	1000	•	

	vanuel	٠.	100011	_
Print	or Type Name of	f Officer		
	Q -/	1		
	Presiden	. 54		

Corporations Division 100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

87803	Samuel L. I		Co., Inc.		
3. Street Address Principal Busines  97 State 4. Business Phone No.  401 - 254 - 6	Street	5. State of Incorporation		State RT	2ip 02809 6. SIC Code
7. Brief Description of the Charact	and the second of the second o	^ .			. <b> </b>
0 NAMES AND ADDRESS	sere of the orne	General		CEC BEFORE LICINO ATTA	CTTRATERITO
8. NAMES AND ADDRE. President Name	SSES OF THE OFFIC.	EKS ("A" BOX FOR ALL	Vice President Name	CES BEFORE USING ATTA	CHIVENIS
Sanuel L. Street Address	Booth		Street Address	Same	······································
City	R I State	02809	City	State	Zip
Societary Name	1\	Oxto 1	Treasurer Name		-
Shme Street Address	·		Street Address		
Sity	State	Zip	City	State	Zip
O. NAMES AND ADDRE		ı		State PACES BEFORE USING AT	
P. NAMES AND ADDRE		ı	TTACHMENT) FILL IN S		
Oity  9. NAMES AND ADDRE  Director Name  Street Address		ı	TTACHMENT) FILL IN S Director Name		- -
O. NAMES AND ADDRE	SSES OF THE DIREC	TORS ("X" BOX FOR A	TTACHMENT) FILL IN S  Director Name  Street Address	PACES BEFORE USING AT	TACHMENTS
9. NAMES AND ADDRE	SSES OF THE DIREC	TORS ("X" BOX FOR A	TTACHMENT) FILL IN S  Director Name  Street Address  City	PACES BEFORE USING AT	TACHMENTS
O. NAMES AND ADDRE  Director Name  City  Director Name	SSES OF THE DIREC	TORS ("X" BOX FOR A	TTACHMENT) FILL IN S  Director Name  Street Address  City  Director Name	PACES BEFORE USING AT	TACHMENTS
9. NAMES AND ADDRE Director Name Street Address Director Name Street Address City 10. SHARES AUTHORIZI	SSES OF THE DIRECT	TORS ("X" BOX FOR A	TTACHMENT) FILL IN S Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSU	PACES BEFORE USING AT	Zip Zip
9. NAMES AND ADDRE	SSES OF THE DIRECT	TORS ("X" BOX FOR A	TTACHMENT) FILL IN S Director Name  Street Address  City  Director Name  Street Address	PACES BEFORE USING AT	Zip Zip

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



File Date:	1-19-01	
Check No.:	2947	
Ву:	DA _	
FOR SECRETARY O	F 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.

President Title of Officer



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



(FORM MUST BE TYPED IN B	LACK)	· · · · · · · · · · · · · · · · · · ·			
1. Corporate ID No. <b>87803</b>	2. Name of Corporation  Samuel L. E	, Booth Building C	o., Inc.		
3. Street Address Principal Busine	ess Office	· · · · · · · · · · · · · · · · · · ·	City	State 7	Zip
4. Business Phone No.	State Str 254-6006	5. State of Incorporation RHODE ISLAND	Bristol	V.N <u></u>	6. SIC Code 34
7. Brief Description of the Charac	cter of Business Conducted in R				
8. NAMES AND ADDRI President Name	Contractor esses of the offici	ERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPAC	ES BEFORE USING ATTAC	HMENTS
Street Address			Street Address	ONE	
Bristol	od Street RI	02809	City	State	Zip
Secretary Name  None Street Address			Treasurer Name  Street Address	'one	
City	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
Director Name  No.	Ne		Director Name Street Address	one	
Street Address			Silver Audiess		
City	State	Zip	City	State	Zip
Director Name	/ <del>e</del>		Director Name	NE	1
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUEI	O ("X" BOX FOR ATTACHMENT	<b>)</b>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR	VALUE			Conmon	No par
•					

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



File Date:	A-8-00	
rne Date:		
Check No.:	2487	
Bv:	AMF	
FOR SECRETA	RY OF STATE USE ONLY	,
. C. SECKLIA	MI OI DINE CON OUR	

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

Presiden Title of Officer



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 1999

STOP PITAN RIAD INVERTED TO NO.

FORM MUST BE TYPED IN B					
t. Corporate ID No. <b>87803</b>	2. Name of Co Samuel	rperation L. Booth Building Co., In	c.		
3. Street Address Principal Busin			City	State	Zip .
	98 3	State Street	Bristol	RI	02809
	-4 - 6006	5. State of Incorporation RHODE ISLANI	D		6. SIC Code  34
7, Brief Description of the Chara	cter of Business Condu	Gevera	1 Contracto	<del>-</del>	e de la companya de l
	ESSES OF THE	OFFICERS ("X" BOX FOR ATTACE	HMENT) FILL IN SPACES  Vice President Name	BEFORE USING ATTA	CHMENTS
President Name Sam V C	1 4-	Booth Road 	$\mathcal{N}$	ONE	
Street Address	1	Road	Street Address		
City	State 17	Zip	City	State	Zip
	171	_ 02809			
Secretary Name			Treasurer Name		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
9. NAMÉS AND ADDR	ESSES OF THE	DIRECTORS ("X" BOX FOR ATTA		ES BEFORE USING ATT	ACHMENTS 10 18 19 19
Director Name	4		Director Name	)Ne	
Street Address	υ <del>(</del>		Street Address	) /C _	
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIS	ZED ("X" BOX FO	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

	* 8 7 8 0 3 *			
File Date:	7.1.99			
Check No.:	2176			
Ву:	lP			
EOD SECDETABLE	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.

A	amuel	2	Book	- 6	/29	19	9
Sign	ature of Officer			Date	•		
(			$\alpha + b$				

Samuel L. Booth

Print or Type Name of Officer

President

Vitle of Officer



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 Fanuary 1-March 1 • Filing Fee: \$50.00

STOP
PLASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	CK)			•	
1. Corporate ID No	2. Name of Corporation	th Building Co., inc			
		ur Bullanig co., inc			m.
3. Street Address Principal Business C	Basswo	od Rd	Bristol	State RI	<sup>zip</sup> 02809
4. Business Phone No. (401) 25	4-6006	5. State of Incorporation RHODE ISLAND			6. SIC Code 0034
7. Brief Description of the Character	of Business Conducted in Rho	de Island General	Contractor		à
8. NAMES AND ADDRESS	ES OF THE OFFICER	S ("X" ROX FOR ATTACHN	AFNT)		
President Name			Vice President Name		
Samuel Street Address	L Booth	<u>.</u>	Street Address		
1 13 assi	wood Ro	(		•	-
Bristol	State RI	02809	City	State	Zip
Secretary Name	•		Treasurer Name		
				en en en en en en en en en en en en en e	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Street Address			Officer /Immicos	, , , , , , , , , , , , , , , , , , ,	
City	State	Zip	City	State	Zip
City		The second second			24
10. SHARES AUTHORIZED	O ("X" BOX FOR ATTACHM	MENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	۸.
AUTHORIZED SHARES		•	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VA	LUE				Ô
•	• •		•		·

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

	* 8 7 8 0 3 *	
File Date:	3.14.98	
Check No.: _	1642	
Ву:	WP	

FOR SECRETARY OF STATE USE ONLY

4,...

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.

l .	is conta	med netern are true	
Samuel	$\overline{q}$	Boots	2/15/98
Signature of Officer			Date
Samuel	L	Booth	
D 1 1 0T M	C 0.00		

Title of Officer



James R. Langevin, Secretary Corporations Di 100 North Main Street, Providence, RI 02903 401-277

#### PROFIT CORPORATION ANNUAL REPORT 1997

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

(	FORM	MUST	ВE	TYPED	IN	BLACK)	

3. Street Address Principal Business Office

1. Corporate 1D No.

2. Name of Corporation

87803

Samuel L. Booth Building Co., Inc.

One Basswood Street

RI

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401 - 254-6006

RHODE ISLAND

**0034** 

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

## General Contractor / Residential Homes

State

State

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

President Name Samuel L. Booth Vice President Name

Rristol

Same

Street Address One Basswood

Street Address

City

City

State

Zip

Secretary Name

02809

Treasurer Name

Street Address

Source

Same

Street Address

City

Zip

City

State

Zip

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

Director Name

Director Name

None

Hone

Street Address

Street Address

City

City

State

Zip

Director Name

Director Name

None

None

Street Address

Street Address

City

State

City

State

Zip

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

Class/Series

**AUTHORIZED SHARES** Number of Shares

Par Value

Zip

ISSUED SHARES Number of Shares

Class/Series

Par Value

**100 SHS NO PAR VALUE** 

No Par

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



File Date:

Check No .:

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.