



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. 87803		2. Name of Corporation Samuel L. Booth Building Co., Inc.			
3. Street Address Principal Business Office P.O. Box 1062		City Bristol		State RI	Zip 02809
4. Business Phone No. 1.01 - 254 - 6006		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A GENERAL CONTRACTOR.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Samuel L. Booth			Vice President Name Same		
Street Address 1 Basswood Road			Street Address Same		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Same			Treasurer Name Same		
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 None			Director Name None		
Street Address			Street Address		
City	State	Zip	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
100 NO PAR VALUE	Common	No par	100	Common	No par

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



File Date	1-13-05
Check No.	4898
By:	ac
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
Samuel L. Booth
Date
1/10/05Print or Type Name of Officer
Samuel L. BoothTitle 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. 87803		2. Name of Corporation Samuel L. Booth Building Co., Inc.			
3. Street Address Principal Business Office PO Box 1062			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-254-6006		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A GENERAL CONTRACTOR.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Samuel Booth			Vice President Name Same		
Street Address 1 Basswood Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Same			Treasurer Name Same		
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 None			Director Name None		
Street Address			Street Address		
City	State	Zip	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
100 NO PAR VALUE	Common	No Par	100	Common	No Par

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	1-8-04
Check No.	4489
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.

	1/6/04
Signature of Officer	Date
Samuel L. Booth	
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

87803

2. Name of Corporation

Samuel L. Booth Building Co., Inc.

3. Street Address Principal Business Office

98 State Street

City

Bristol

State

RI

Zip

02809

4. Business Phone No.

401-254-6006

5. State of Incorporation

RHODE ISLAND

6. SIC Code

34

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

General Contractor

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Samuel L. Booth

Vice President Name

Street Address

1 Basswood Road

Street Address

City

Bristol

State

RI

Zip

02809

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

No 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: 2/12/03

Check No.: 3459

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.

x Samuel L. Booth 1/15/03
Signature of Officer Date

Samuel L. Booth
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/02



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. 87803 2. Name of Corporation Samuel L. Booth Building Co., Inc.
3. Street Address Principal Business Office 98 State Street City Bristol State RI Zip 02809
4. Business Phone No. 401-254-6006 5. State of Incorporation RHODE ISLAND 6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island Builder of Custom Homes

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

President Name Samuel L. Booth Vice President Name N/A
Street Address 1 Basswood Dr Street Address N/A
City Bristol State RI Zip 02809 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 N/A Director Name N/A
Street Address N/A Street Address N/A
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 100 NO PAR VALUE Class/Series Par Value

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

ISSUED SHARES
Number of Shares NONE 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: 1-10-02
3493
Check No.: 2
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.

Samuel L. Booth 1/7/02
Signature of Officer Date
Samuel L. Booth
Print or Type Name of Officer
President
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **87803** 2. Name of Corporation **Samuel L. Booth Building Co., Inc.**
3. Street Address Principal Business Office **98 State Street** City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **401-254-6006** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**
7. Brief Description of the Character of Business Conducted in Rhode Island **General Contractor**

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

President Name Samuel L. Booth Street Address 1 Basswood Rd City Bristol State RI Zip 02809	Vice President Name Same Street Address City State Zip
Secretary Name Same Street Address City State Zip	Treasurer Name Same Street Address 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	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
100 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common NO Par

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: **1-19-01**

Check No.: **2947**

By: **SA**

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.

Samuel L. Booth **1/8/01**
Signature of Officer Date

Samuel L. Booth
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
401-222-3040



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. **87803** 2. Name of Corporation **Samuel L. Booth Building Co., Inc.**
3. Street Address Principal Business Office **98 State Street** City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **401-254-6006** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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

General Contractor

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

President Name Samuel L Booth Street Address 1 Basswood Street City Bristol State RI Zip 02809 Secretary Name None Street Address City State Zip	Vice President Name None Street Address City State Zip Treasurer Name None Street Address City State Zip
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name None Street Address City State Zip Director Name None Street Address City State Zip	Director Name None Street Address City State Zip Director Name None Street Address City State Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1	Common	No par

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: **2-8-00**

Check No.: **2487**

By: **AMF**

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.

Samuel L Booth 1/15/00
Signature of Officer Date

Samuel L. Booth
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
401-222-3040



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. **87803** 2. Name of Corporation **Samuel L. Booth Building Co., Inc.**
3. Street Address Principal Business Office **98 State Street** City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **(401) 254-6006** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**
7. Brief Description of the Character of Business Conducted in Rhode Island **General Contractor**

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

President Name	Samuel L. Booth	Vice President Name	NONE
Street Address	1 Basswood Road	Street Address	
City	Bristol	City	
State	RI	State	
Zip	02809	Zip	
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) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name		Director Name	
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
100 SHS 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



* 8 7 8 0 3 *

File Date: **7.1.99**
Check No.: **2176**
By: **LP**

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 **Samuel L. Booth** Date **6/29/99**
Print or Type Name of Officer **Samuel L. Booth**
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
401-277-3040



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. **87803** 2. Name of Corporation **Samuel L. Booth Building Co., Inc.**
3. Street Address Principal Business Office **1 Basswood Rd** City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **(401) 254-6006** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**
7. Brief Description of the Character of Business Conducted in Rhode Island **General Contractor**

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

President Name Samuel L. Booth	Vice President Name
Street Address 1 Basswood Rd	Street Address
City Bristol	City
State RI	State
Zip 02809	Zip
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
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
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
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100 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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1

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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: **3.10.98**
Check No.: **1042**
By: **WP**

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.

Samuel L. Booth **2/15/98**
Signature of Officer Date

Samuel L. Booth
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
Corporations Division
100 North Main Street, Providence, RI 02903-
401-277-3



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. **87803** 2. Name of Corporation **Samuel L. Booth Building Co., Inc.**
3. Street Address Principal Business Office **One Basswood Street** City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **401-254-6006** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island
General Contractor / Residential Homes

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

President Name Samuel L. Booth	Vice President Name Same
Street Address One Basswood Street	Street Address
City Bristol	City
State RI	State
Zip 02809	Zip
Secretary Name Same	Treasurer Name Same
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VALUE			1		No Par

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



File Date: **34.97**
Check No.: **1355**
By: **114**
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 **Samuel L Booth** Date **3/1/97**
Print or Type Name of Officer **Samuel L Booth**
Title of Officer **President**