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.	2. Name of Corporation
111005	Keach Framing Inc.

3. Street Address Principal Business Office	City	State	Zip
37 CORIANDER LANE	NORTH KINGSTOWN	RI	02852

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4018854505	RHODE ISLAND	3236

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS OF GENERAL CONTRACTOR

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

President Name	Vice President Name
Erin K. Keach	David S. Keach
Street Address	Street Address
37 Coriander Lane	37 Coriander Lane
City / State / Zip	City / State / Zip
North Kingstown / RI / 02852	North Kingstown / RI / 02852
Secretary Name	**Treasurer Name**
David S. Keach	Erin K. Keach
Street Address	Street Address
37 Coriander Lane	37 Coriander Lane
City / State / Zip	City / State / Zip
North Kingstown / RI / 02852	North Kingstown / RI / 02852

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

Director Name	Director Name
Erin K. Keach	David S. Keach
Street Address	Street Address
37 Coriander Lane	37 Coriander Lane
City / State / Zip	City / State / Zip
North Kingstown / RI / 02852	North Kingstown / RI / 02852
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) ☐ — **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*
1,000 NO PAR VALUE			1000	COMMON	NONE

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

[redacted] 1 1 1 0 0 5

[redacted]

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.

Erin K. Keach 2/07/05
Signature of Officer *Date*

Erin K. Keach
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

File Date 2-14-05
Check No. 2272
By: KB
FOR SECRETARY OF STATE USE ONLY

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.	2. Name of Corporation			
111005	Keach Framing Inc.			
3. Street Address Principal Business Office		City	State	Zip
37 CORIANDER LANE		NORTH KINGSTOWN	RI	02852
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4018854505	RHODE ISLAND			3236

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS OF GENERAL CONTRACTOR

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

President Name			Vice President Name		
Erin K. Keach					
Street Address			Street Address		
37 Coriander Lane					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Secretary Name			Treasurer Name		
David S. Keach			Erin K. Keach		
Street Address			Street Address		
37 Coriander Lane			37 Coriander Lane		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	North Kingstown	RI	02852

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

Director Name			Director Name		
Erin K. Keach					
Street Address			Street Address		
37 Coriander Lane					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐			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*
1,000 NO PAR VALUE			NONE		

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

[redacted] 1 1 1 0 0 5 [redacted]

FILED

File Date MAR 02 2004

Check No. By: M22341 $50.00

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.

Erin K. Keach 3/01/04
Signature of Officer *Date*

Erin K. Keach
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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 2003

1. Corporate ID No.	2. Name of Corporation			
111005	Keach Framing Inc.			
3. Street Address Principal Business Office		City	State	Zip
37 CORIANDER LANE		NORTH KINGSTOWN	RI	02852-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4018854505	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS OF GENERAL CONTRACTOR.

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

President Name			Vice President Name		
Erin K. Keach					
Street Address			Street Address		
37 Coriander Lane					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Secretary Name			Treasurer Name		
David S. Keach			Erin K. Keach		
Street Address			Street Address		
37 Coriander Lane			37 Coriander Lane		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	North Kingstown	RI	02852

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

Director Name			Director Name		
Erin K. Keach					
Street Address			Street Address		
37 Coriander Lane					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — 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
1,000 NO PAR VALUE			none		

This report must be [redacted] *by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted]

111005

111005 DBC7 FILED 7 PM
File Date OCT 16 2003
Check No. By VMG000
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Erin K. Keach 8/01/03
Signature of Officer *Date*

ERIN K. KEACH
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

Form 630 12/01

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.	2. Name of Corporation		
111005	Keach Framing Inc.		
3. Street Address Principal Business Office	**City**	**State**	**Zip**
37 CORIANDER LANE	NORTH KINGSTOWN	RI	02852-
4. Business Phone No.	**5. State of Incorporation**		**6. SIC Code**
4018854505	RHODE ISLAND		

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS OF GENERAL CONTRACTOR.

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

President Name			Vice President Name		
Erin K. Keach					
Street Address			**Street Address**		
37 Coriander Lane					
City	**State**	**Zip**	**City**	**State**	**Zip**
North Kingstown	RI	02852			
Secretary Name			**Treasurer Name**		
Davis S. Keach			Erin K. Keach		
Street Address			**Street Address**		
37 Coriander Lane			37 Coriander Lane		
City	**State**	**Zip**	**City**	**State**	**Zip**
North Kingstown	RI	02852	North Kingstown	RI	02852

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

Director Name			Director Name		
Erin K. Keach					
Street Address			**Street Address**		
37 Coriander Lane					
City	**State**	**Zip**	**City**	**State**	**Zip**
North Kingstown	RI	02852			
Director Name			**Director Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **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**
1,000 NO PAR VALUE			1,000	Common	None

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

* 1 1 1 0 0 5 *

111005 DBC7/1[illegible]:3[illegible]PM
FILED
File Date SEP 11 2002
Check No.
By: DC 13980
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.

Erin Keach [signature] 9/11/02
Signature of Officer — Date

ERIN K KEACH
Print or Type Name of Officer

Title of Officer

Form 630 12/01

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

STOP
PLEASE READ INSTRUCTIONS

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. 111005

2. Name of Corporation Keach Framing, Inc.

3. Street Address Principal Business Office 37 Coriander Lane

City North Kingstown *State* RI *Zip* 02852

4. Business Phone No. (401) 885-4505

5. State of Incorporation Rhode Island

6. SIC Code

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 Erin K. Keach
Street Address 37 Coriander Lane
City North Kingstown *State* RI *Zip* 02852

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

Secretary Name David S. Keach
Street Address 37 Coriander Lane
City North Kingstown *State* RI *Zip* 02852

Treasurer Name Erin K. Keach
Street Address 37 Coriander Lane
City North Kingstown *State* RI *Zip* 02852

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

Director Name Erin K. Keach
Street Address 37 Coriander Lane
City North Kingstown *State* RI *Zip* 02852

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*
1,000	Common	None

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	Common	None

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

[redacted]

File Date: 9.4.02

Check No.: 1567

By: dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Erin K. Keach 8/20/02
Signature of Officer *Date*

ERIN K. KEACH
Print or Type Name of Officer

[redacted] 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

STOP
PLEASE READ INSTRUCTIONS

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.: 110006
2. Name of Corporation: Keach Framing, Inc.
3. Street Address Principal Business Office: 37 Coriander Lane
   City: North Kingstown State: RI Zip: 02852
4. Business Phone No.: (401) 88[illegible]-4505
5. State of Incorporation: Rhode Island
6. SIC Code:
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: Erin K. Keach
Street Address: 37 Coriander Lane
City: North Kingstown State: RI Zip: 02852

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

Secretary Name: David S. Keach
Street Address: 37 Coriander Lane
City: North Kingstown State: RI Zip: 02852

Treasurer Name: Erin K. Keach
Street Address: 37 Coriander Lane
City: North Kingstown State: RI Zip: 02852

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

Director Name: Erin K. Keach
Street Address: 37 Coriander Lane
City: North Kingstown State: RI Zip: 02852

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*
1,000	Common	None

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

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
1,000	Common	None

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

[redacted]

File Date: 3-9-01

Check No.: 1174

By: [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

/Erin K. Keach 2/28/01
Signature of Officer *Date*

Erin K. Keach
Print or Type Name of Officer

President
Title of Officer