

STATE OF KHODE 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

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PR	INTED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				
13008	SOUTH COUN	TY POST & BEAM, INC.			
3. Street Address Principal Business			West Kingston	State	Zip
1 Business Phone No.	<u> Lane</u>	S 5	West Kingston		02892
401-783-4	1415	5. State of Incorporation			6. SIC Code
7. Brief Incheston of the Chamitie CONTRACTOR, CONS	TRUCTION	RHODE ISLAND Rhode Island			34
8. NAMES AND ADDRESSE	S OF THE OFFICERS	5: ("X" ROY FOR ATT	ACUMPAIN		
President Name	2 =	A (A BOX TOR A) I	Vice President Name	ACES BEFORE USING	G ATTACHMENTS
Senneth S	S Bourier	_	NONE		· ·
Sirver Address Hole Barber	Pond Ro	nd	Sirvet Address		
lilest Kingston	Siaic	02892	City	State	Zip
Secretary Name			Treasurer Name		
Yove			None		
Street Address			Street Address		
City					
Çii)	State	Zip	Clg	State	Zip
9. NAMES AND ADDRESSES	 	 S:	TACHMENT	_	1
Director Name		o (n DON TOR AT	Director Name	PACES BEFORE USIN	NG ATTACHMENTS
None			Nove		
Sinvi Address			Street Address	_	
City	18		<u>:</u>		i
····)	State	Zip	City	State	Zip
Director Name	.L	.J	Director Name		
MONE			1/2 N/Q		
Street Address			Street Address	<u> </u>	
City	T				
City	State	2.ip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATT)	 CHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACH!	 MENT)
Number of Shares	Class/Series	Par Value	ISSUED SHARES		
500 NO DAR VALUE		Tar tante	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			NONE		
This report must be s	iened in ink by eithe	r the Descident Miss D		<u> </u>	
,	ance in the by chile	i die Flesident, vice Pi	resident, Secretary, Assistant S	Secretary, Treasurer, R	eceiver or Trustee
]				
	 				
			Under penalty of a size		
	LED-	1	including any accompany	. I declare and affirm tha ving schedules and state:	t I have examined this report, ments, and that all statements
			contined have in are true	and correct.	neno, and that an statements
File DateMAR 0	3 2005	3	_K&-	هر	
Check NoBy	(M-) 284		Signorure of Officer		Date
	M-U-		Kennoth "	S Bourie	, _
Ву:			Print or Type Name of Offi	icer	<u> </u>
FOR SECRETARY OF STA	TE USE ONLY		- Presiden	+	
	- ONLI		Title of Officer	<u> </u>	



STATE OF KHODE 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

Form 630 Rev. 12/03

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. 2. Name of Corporation 13008 SOUTH COUNTY POST & BEAM, INC. 3. Street Address Principal Business Office West Kingstov 521 Liberty Land 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-783 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTOR, CONSTRUCTION 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name NONE Zip NON Street Address Street Address State Zip City Zin 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Street Address City Zip Z.Ip NON Street Address Street Address City State 2ip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Senes Par Value Number of Shares Class/Series Par Value **500 NO PAR VALUE** 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 entained herein are true and correct. File Date Date Check No. FOR SECRETARY OF STATE USE ONLY

Title of Officer

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

401-222-3040

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

(FORM MUST BE TYPED OR PRIN					
1. Corporate ID No.	2. Name of Corporation		·		
13008		ITY POST & BEAM, INC.			
3. Street Address Principal Business	•••		City	State	Zip
561 Liberty L	lane	5. State of Incorporation	West Kingston	RI	0289Z 6. SIC Code
401-789-4 2. Brief Description of the Characy		RHODE ISLAND			34
timber t	rame Cons	truction			
8. NAMES AND ADDRES			MENT) FILL IN SPACES BE	FORE USING ATTACH	IMENTS
President Name			Vice President Name		
Street Address	. Bouviee		Men Neth	S. Bouvier	
Hole Bobers	Pond Road	Zip	Holo Barbers	Pond Road	No. 2-
West Kingston Secretary Name	. RI	"02892	West Kingston	i RI	02892
Sireet Address			NONE Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
NONE			Nove		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
NONE			NONE		
Street Address	•		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTACE	HMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ESSUED SHARFS Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			•		
SOU NO PAR VALUE			NONE		
_			i		
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report must be sign	in the by citilet	me rresident, vice P.	resident, Secretary, Assista	nt Secretary, Treasur	er, Receiver or Truste
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lle Date: _	1-13-63	
Check No.:	25414	
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FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedu	ules and statements, an
that all statements contained herein are true an	
K873_	
Signature of Officer	Date
Kenneth S. Bourier	
Print or Type Name of Officer	

Under penalty of perjury, I declare and affirm that I have examined

Tresident Form 630 12/02

ecowara 3. inman, 111, 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 RE TYPED IN					
1. Corporate ID No.	2. Name of Corpo		• .		
13008 3. Street Address Principal Busi	SOUTH CO	DUNTY POST & BEAM, INC.	-		
521 Liberty 4. Business Rhone No. (401) 783 -44 7. Brief Description of the Char	hane 15	5. State of Incorporation RHODE ISLAND	West Kingstou	un RI	21p 0 289 6. SIC Gode 34
Construct	רעו	Knone Minns			
. NAMES AND ADDE	ESSES OF THE OF	FICERS (*X* BOX FOR ATTAC	HMENT) FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
resident Name	1 S. Bowier	,	Vice President Name	MAIL	
ree Address High	is fond ha	_	Street Address	VUIVE	
"Nest Kingstow	n siai RI	zip 02892	City	State	ZIp
Tetary Name	TC		Treasurer Name	77/4	*** * ,
reet Address			7 V C	7110	
,			Street Address		
NAMES AND ADDR	State ESSES OF THE DIR	Zip ECTORS (*X* BOX FOR ATTA	City	State ACES BEFORE USING AT	zip ITACHMENTS
NAMES AND ADDR		·	City		,
NAMES AND ADDR ector Name NONE		·	City CHMENT) FILL IN SPA Director Name		,
NAMES AND ADDR ector Name Vel Address	ESSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	City CHMENT) FILL IN SPA Director Name Street Address	ACES BEFORE USING AT	TACHMENTS
NAMES AND ADDR ector Name NONE ector Name Color Name NONE	ESSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	City CHMENT) FILL IN SPA Director Name Street Address City	ACES BEFORE USING AT	TACHMENTS
NAMES AND ADDR ector Name Color Name Color Name Color Name Address	ESSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	City CHMENT) FILL IN SPA Director Name Street Address City Director Name	ACES BEFORE USING AT	TACHMENTS
NAMES AND ADDR sector Name Cotor Name Pet Address SHARES AUTHORIZ	ESSES OF THE DIR State State	ECTORS (*X* BOX FOR ATTA	City CHMENT) FILL IN SPA Director Name City Street Address City Street Address City 11. SHARES ISSUED	ACES BEFORE USING AT VINE State	· Zip
ly	ESSES OF THE DIR State State	ECTORS (*X* BOX FOR ATTA	City CHMENT) FILL IN SPA Director Name Street Address City Street Address City City	State	· Zip



ile Date:	1-23-02		
Check No	& YILdo		

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 an statements contained nerein	are true and correct.
KUZ	1-10-02
Senature of Officer	

	10 - 0
Kenneth S. Bowier	Date

Print or Type Name of Officer

Title of Officer

Farm 630 12/01

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)	

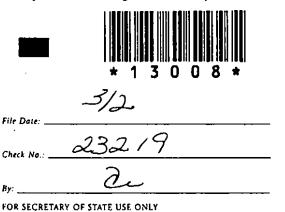
I.	Corporate	ID	No.
		•	TOOG

2. Name of Corporation

SOUTH COUNTY POST & BEAM, INC.

3. Street Address Principal Busine	ess Office		City V' - O-	State	Zip OCO O
201 MOS	THY LANE	-	W. Kingstor	\mathcal{N}	09819
Business Phone No. 7. Brief Description of the Character	4415 cter of Business Conqueted I	5. State of Incorpora RHODE ISL n Rhode Işland		•	6. SIC Gode
8. NAMES AND ADDRI	ACTURE OFFI	CERS ("X" BOX FOR A"	TTACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name	an order	_	Vice President Name		
KSUVERN	10001184		Street Address	ME	
4 do Partiso	s Dond R	DAD	Street Address		
City V	State		City	State	Zip
W-KINSTOY) Secretury Name Soun	K.	04890	Treasurer Name	15	
Street Address	\sim (C		Street Address	40	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRI	ESSES OF THE DIRI	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	CES BEFORE USING ATT	TACHMENTS
Street Address		W	Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	•	• • • •
Street Address			Street Address	. •	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATT	ACHMENT)		("X" BOX FOR ATTACHMEN	(T)
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUFD SHARES Number of Shares	Class/Series	Par Value
500 SHS NO PAR			<u>-</u> /	U1927 U1112	
JUU SHS NU PAR	¥ N L		100		٥

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



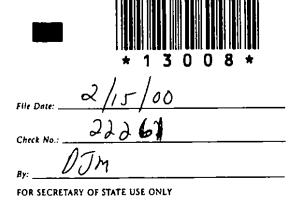
	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
	that all stayements contained herein are true and correct.
	WWW/ 2/9/21
	Signature of Officer Date
i	Kenseth S. Bouriev
!	Prosident
	Title of Officer

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.	2. Name of Corporation	DOCT O BEAM T	NC !		
13008		POST & BEAM, I	City	State	Zip
3. Street Address Principal Business Off. 6. DI LIDEVAV 4. Business Phone No. 4. DI - 783. 4415 7. Brief Description of the Character of	i lare	S. State of Incorporation RHODE ISLAND Telesiand	W. Kingston	RI	02892 6. SIC Code 34
Construction	١ .				a Proc
8. NAMES AND ADDRESSE President Name			IENT) FILL IN SPACES BEFO Vice President Name	DRE USING ATTACHME	MIZ
Street Address Street Address Street Address City Secretary Name	5. Bowick		NONC Street Address	5	
YUU Barner	FIND RO	Zip	City	State	Zip
	RI.	67842	Treasurer Name		
NONE Street Address			Street Address		
City	¹ 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 NONC			Street Address	•	
City	State	Zip	City	State	Zip
Director Name	t		Director Name		
Street Address NONE			Street Address	E	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHE	IENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR VA	L		10		\$50
			ı		٠

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.

that all statements contained	l herein are true ar	nd correct.	
45/2		2/9/00	
Signature of Officer		Date	
Lenneth S.	BUNGER		

Signature of Officer			Date	•	
Lancth	S.	Bunica			
Print or Type Name of Offi	cer				
Przsider	nt				

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

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PITAS	E READ ICTIONS

IFORM MUST BE TYPED IN BLACK	 				
1. Corporate ID No. 13008		2. Name of Corporation SOUTH COUNTY POST & BEAM, INC.			
3. Street Address Principal Business Of		,	West Kington	State	D892
4. Business Phone No. 461 - 783 - 441	exty lan	5. State of Incorporation RHODE ISLANI	•	·	6. SIC Code 34
7. Brief Description of the Character of Construction	Business Conducted in Rh	ode Island	- 		
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) C FILL IN SPACES BE	FORE USING ATTAC	HMENTS
Fresident Name Kenneth 5			Vice President Name	rl	
Street Address HOLO Barbys	Pona R	'd_	Street Address		
Sireet Address 4 (de Barbers City W, Kingston	State	62892	City	State	Zip
Secretary Name NON		· · · · · · · · · · · · · · · · · · ·	Treasurer Name None		
Street Address	a valentame at Av. am riena		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR ATTA		BEFORE USING ATTA	CHMENTS .
Director Name NONE			Director Name NM	ρ	
Street Address	•	•	Street Address		
City	State	Zip	City	State	Zip
Director Name 1)(M		•	Director Name NW	9	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED ('X'	BOX FOR ATTACHMENT) <u>[</u>
AUTHORIZED SHARES	Class/Series	Par Value	ISSUED SHARES	Class/Series	Par Value
Number of Shares	7.777.2	Par Value	Number of Shares		860
500 SHS NO PAR VAI	• 		10		100
This report must be signed	l in ink by either	the President, Vice F	resident, Secretary, Assista	int Secretary, Treasi	irer, Receiver or Trustee
4 198181 11	(m) 04111 66161 (811	1881			
* 1	3 0 0 8	*	Under penalty of perjuthis report, including a		n that I have examined edules and a
loh	IR. QQ		that all statements con		
File Date:			/10/5		2/15/99
Check No.:	1409	<u>/</u>	Signature of Officer		Date
	40 - 7	n.c	Print or Type Name of Office	<u>n J. BOW</u>	WC/C
Ву:		<u>~</u>	Drys;	dent	
FOR SECRETARY OF STATE USE ON	LY			V-(.//-	

Title of Officer

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

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

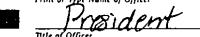
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR



(FORM MUST BE TYPED IN BLACE	κ)				
1. Corporate ID No. 13008	²sởuth cơun	ÎTY POST & BEAM, I	NC.	• • • •	•
4. Business Phone No. 401) 783 7. Brief Description of the Character o	1 LONG 4415 1 Business Conducted in F	S Sigle of Incorporation AHODE ISLAND	West Kingst	State RI	21p DZ893 6. SIC Code 0034
CONSTRUCTION 8. NAMES AND ADDRESSI		ERS ("X" BOX FOR ATTACHI	MENT)		
President Name KLANLTH	S. BOUVE	L	Vice President Name	ne	
Street Address 381A W City KingSton Secretary Name	utes Corn		Street Address City WONL Treasurer Name)NU State NON	Zip NON
Street Address NONE City NONE	State	Zip Charle	City	NON ON State 100 MA	Zip
9. NAMES AND ADDRESSI Director Name NON Street Address	/ LOVUES OF THE DIREC	T [[] P C.P TORS (*X* BOX FOR ATTAC	Director Name	none	NOW
Director Name NOW	NON	NON	City NWU Director Name	State NOW	NORG
Street Address NM			Street Address	rino	
City TOW 10. SHARES AUTHORIZED AUTHORIZED SHARES	State NWE ("X" BOX FOR ATTAC	ZIP NGU HMENT)	City NUC 11. SHARES ISSUED ISSUED SHARES	Siate NOVI (*X* BOX FOR ATTACHMENT)	NWE
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR VAL			Ú		
This report must be signe	d in ink by eithe	140.	resident, Secretary, Ass	istant Secretary, Treasur	er, Receiver or Trus

	* 1 3 0 0 8 *
File Date: _	5-19-98
Check No.:	20770
Ву:	AMF
FOR SECRE	TARY 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 natements contained herein are true and correct. Date





Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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. 2. Name of Corporation 13008 SOUTH COUNTY POST & BEAM, INC. 3. Street Address Principal Business Office 521 Liberty Lanc 02892 Business Phone No. 5. State of Incorporation 401 - 783-4415 **RHODE ISLAND** 0034 7. Brief Description of the Character of Business Conducted in Rhade Island

President Name NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Vice President Name	9. NAMES AND ADDRESSES OF THE OFFICERS 6x. BOX FOR ATTACK	HMENT)
City State Zip City State Zip State Zip Street Address City State Zip City State Zip Street Address Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)	Renneth Bowick	Vice President Name
W. Kingskin RT 02892 Secretary Name Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)		
Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)	W. Kingskin RIT 02892	a //
City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)	Jame	
	9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATT,	•
Street Address Street Address		$C_{\alpha} \wedge \mathcal{N}$
City State Zip Director Name Olivertor Name		

Street Address . Street Address City Zip State

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

Number of Shares

Class/Series

Par Value

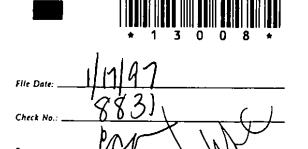
ESSUED SHARES

Number of Shares

500 SHS NO PAR VAL

FOR SECRETARY OF STATE USE ONLY

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 of statements contained herein are true and correct.



Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Q013008 Corporate ID:	Апі	nual Report fo	or the year:	995	
SOUTH COUNTY POST		-	,		
Name of Corporation: Business entity organized under the laws of the State of: RHODE ISLAND For foreign entity, address and telephone number of principal office:		Busines:	ty is (check one): s Corporation (See RIG onal Service Corporatio	-	
Phone: (CONSTI DWEL	NUCT NEW LINGS; RE	SINIGLE	FAMILY
Phone: (401) 783-4415	<u> </u>				
THE NAME			ARE:		
_	STREET ADDRESS		CITY/STATE	7.4	ZIP CODE
KENNETH S. BOUVIER 381A WAIT	STREET ADDRESS	ER KA	W. KINGSTON	RI	01892 717 CODE
SECRETARY	STREET ADDRESS	;	CITY/STATE		ZIP CODE
TREASURER	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY/STATE		ZIP CODE
THE MANAGE	COUPINE	IDECTOR	ADE		
NAME THE NAMES	STREET ADDRESS		CHYSTATE		71P CODE
NAME	STREET ADDRESS	<u> </u>	CITY/STATE		7.IP CODE
NAME:	STREET ADDRESS	j	CITY/STATE		XIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	N	UMBER OF SH	ARES ISSUED AND OU	ΓSTANDING (R	ider may be attached)
Number of Shares Class / Series	N	umber of Share	es Class / S	eries	
500		10	•		
Date JANWARY 18 ,19 95	By: KENN	S- R-TH-S AME OF OFFICER S	BOUVIER		
Form 31 1/95	TITLE OF OFFICE		GIGNING PRESID	ENT	
DESIGNATED REGISTER			ICE OF PROCESS	<u> </u>	

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

KENNETH 5. BOUVIER 521 LIBERTY LANE WEST KINGSTON RI 02892 JAN 19 1995 By 100 7 47 5 Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State File Annually LLC, Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0013008	Annual Report fo	or the year:,	1994	
Name of Business Entity:	<u> </u>			ST & BEAM, IN	<u>د.</u>
Federal Taxpayer Identification	er the laws of the State of: RHODE I	— [V B	rofessional Service	n (See RIGL Chapter 7-1. Согрогаtion (See RIGL 0 mpany (See RIGL 7-16)	
		Name, title an communication KENNE		of contact person to whom VIER	n
Phone: ()				, RI 02892	
Island (Provide street address—521 LIBER	TY LANE	Brief statemen CONSTA	nt of the character of RULTION	of business conducted in F	Rhode Island:
WEST KIN	<u>gston, RT 0289</u>			<u>DWRLLINGS</u> 1-79	
Phone (401) 783-4	1415		nization: <u>/0 ~</u> fication to do busin	less in Rhode Island (if fo	reign entity):
CHIEF OPERATING OFFICER OR CUSTODIAN OF RECORDS OR	BOUVIER 381A W	ES OF THE OFFICERS / STREET ADDRESS LITES LORNER RD STREET ADDRESS STREET ADDRESS	CITY/\$1	KINGSTON, RI	Z:P CODE
G CHIEF USANCIAL OFFICER DR. (TREASURER (Chete One)	STREET ADDRESS	саудт	ΆΤΕ	%P CODE
NAME	THE NAME	S OF THE DIRECTORS	ARE:	AD:	Z4P CODE
NAME		SCHEET ADDRESS	CITY/ST	ATF	ZIP CODE
NAME,	· · ·	STREET AUDRESS	Cityist	ATE	Ze Cook
NUMBER OF SHARES AU	THORIZED (If Applicable)	NUMBER OF SE	HARES ISSUED A	AND OUTSTANDING (16	f Applicable)
NUMBER 500	·	NUMBER /O)		
CLASS		CLASS			
SERIES		SERIES			
PAR VALUE OR WITHOUT PAR No	Par	PAR VALUE OF WITHOUT PAR	450		
Date FEBRUARY .	9. 94 FILED 94 EB 17 1994 MOChe 1 4801	By: LSS. KENNETH S. PRESIDENT TILL OF OFFICER SHOWING	Bouvier		
	ESIGNATED REGISTERED OF	RESIDENT AGENT FO	R SERVICE OF	PROCESS:	

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0013008	Annual Report for the year 1993
	SOUTH COUNTY POST & BEAM, INC.
THIRD: Character of business, briefly st	
CONSTRUCTI	ON OF SINGLE FAMILY DWELLINGS
FOURTH: If foreign corporation, address	ss of its principal office
FIFTH: Business address in Rhode Islan	d 521 LIBERTY LANE
	WEST KINGSTON, RI 02892
SIXTH: Names and addresses of its dire	Office Address (including number, street, zip code)
Di	rector
Di	rector
Di	rector
KENNETH S. BOUVIER Pr	WEST KINGSTON, RI 02892
Se	
	easurer Par Value
SEVENTH: Number of Shares authorize	or statement that shares are without
No. of Shares Class	Series par value
500	Mig I o
ЕІGHTH: Number of Shares issued:	Par Value or statement that shares are without par value
No. of Shares Class	
10	\$ 50
Dated July 26 19 93	SOUTH COUNTY POST & BEAM, INC. (Name of Corporation) By SS
(Report must be signed by an officer)	Title PRESIDENT

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0013	9 08	Annual Report fo	or the year 1992
FIRST: The name of	the corporation is South	COUNTY POST	BEAM, INC.
_	orated under the laws of P business, briefly stated, is	LE STATE OF R ROVIDENCE PL	HODE ISLAND AND ANTATIONS
	CONSTRUCTION OF	SINGLE FAI	NILY DWELLINGS
FOURTH: If foreign co	orporation, address of its princ	cipal office	
FIFTH: Business addre	ess in Rhode Island521	<u>. </u>	
	WEST	r Kingston, F	₹ <u> 0</u> 2892
SIXTH: Names and ac	idresses of its directors and of		(Attach rider if necessary) diag number, street, zip code)
	Director		•••••••••••••••••••••••••••••••••••••••
	Director		
	Director		
KENNETH S. B		3814 WAITES WEST KINGST	CORNER RD. ON, RI 02892
	Secretary		
	Treasurer	••••••	•••••••••••••••••••••••••••••••••••••••
C		•••••••••••••••••••••••••••••••••••••••	B. 12.6.
SEVENTH: Number of	Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
500			
Eіднтн: Number of S	Shares issued:	Scries (Par Value or statement that
No. of Shares	Claz	Series / [shares are without par value
10		1	\$ 50
Dated July	26 19 93 <u>So</u> (Nam	e of Corporation)	Post & BEAM, INC.
/ n	odkova official This		
(Report must be sign	ed by an officer) 1 ffle	DEIN	••••••

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0013	300 B	Annual Report for th	ne year 1991
First: The name of	of the corporation is South	1 COUNTY POST & T	Beam, INC.
	rporated under the laws of	PROVIDENCE PL	ISLAND AND ANTATIONS
THIRD: Character	of business, briefly stated, is		
•••••	CONSTRUCTION OF	SINGLE FAMILY	DWELLINGS
FOURTH: If foreign	n corporation, address of its pri	incipal office	
FIFTH: Business ad	Idress in Rhode Island 52	I LIBERTY LANE	
•••••	WE	ST KINGSTON, RI	04892
SIXTH: Names and	l addresses of its directors and Office		(Attach rider if necessary)
	Director	•••••	•••••
	Director		
	Director		
KENNETU S. BOI		381A WAITES CO WEST KINGSTON,	ENER RD.
	Vice Presider	•	N.4. O28 24
	Secretary	•••••	
	Treasurer		
Seventh: Number	r of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Senes	par value
500		Contract of the state of the st	
EIGHTH: Number	of Shares issued:	STALL OF SEALON	Par Value or statement that
No. of Shares	Class	Scries (L)	Par Value or statement that shares are without par value 50
DatedJu	(N	SOUTH COUNTY PORTION VALUE BA	
(Report must be	•	ille PRESIDENT	

ANNUAL REPORT

Filing Period: January 1-March 1

Filing Fee: \$50.00



James K. Lungevin, Secretary of State
Corporations Division
100 North Mann Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

		PLEASE TYPE OR F	PRINT IN BLACK INK.		
1. CORPORATE IO NO.	2. NAME OF CORPORATION				
13008	· south	COUNTY POST & E	BEAM. INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS O			an	STATE	ZIP CODE
50.	_				
521 Liberty	Lane		West Kingston	RI	02892
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC CODE
401-783-4415		RHODE IS	BLAND		0034
7. BREEF DESCRIPTION OF THE CHARACTER O	F BUSINESS CONDUCTED IN RHOOE IS	LAND			
Single Fami	1 D 1.1.!	~			
Single rami		, Construction			
,PRESIDENT NAME	8. NAN	HES AND ADDR	ESSES OF THE OFFI	CERS	· /
KENNETH S. I	BOILALED		3		
STREET ADDRESS	BOUVIER		NONE STREET ADDRESS		<u> </u>
İ ·			3		
I381A_WAITES_	CORNER_ROAD	ZP CODE	ary	STATE	ZIP COOE
<u> </u>	l l	j i		l viint	D
W. KINGSTON	RI_	0.2,89,2	TREASURER NAME		
None			NOVE		
NONE STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	NONE STREET ADDRESS		······································
			1		
άπν	STATE	ZIP COOE	ary	STATE	ZIP COOE
			}	ŀ	
	9 . N A h	ES AND ADDR	ESSES OF THE DIRE	CTORS	
DIRECTOR NAME			DIRECTOR NAME		
NONE			NONE		
STREET ADDRESS			STREET ADORESS		
! 					· ·
iαπ	STATE	ZIP COOE	CITY	STATE	ZIP COOE
					1
CRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			NONE STREET ADDRESS		······································
STREET HOURESS			STREET ADDRESS		
div	STATE	ZIP COOS	- GTY-	LSTATE	12 C000€
! !] ""	B 443.		SULE	- CUDE
				 	
<u>-</u>	· - · -	ARES AUTHOR	IZED AND ISSUED		
IAIMBER OF SHARES	AUTHORIZED SHARES	get var ur	LARGOS OF CHICAGO	ISSUED SHARES	
I HUMBER OF STARKES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500 SHS NO	PAR VAL		10		\$ 50

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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		-
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		•
		•
		•

	· · · · · · · · · · · · · · · · · · ·	
File Date:	3/11/9	6
Check No:	.600 8182	, ,
By:	Secretary of State Use Only	1/4

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.

Signature of Officer

KENNETH S. BOUVIER

Print or Type Name of Officer

PRESIDENT
Title of Officer

2-16-96

Date

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	108	Annual Report for	the year 1990
FIRST: The name of	the corporation is		& BEAM, INC
SECOND: It is incorp	orated under the laws of	STATE OF RHONE I	SLAND AND PROVIDENCE
THIRD: Character of	business, briefly stated, isCol	USTRUCTION SNUGLE	FAMILY DWELLINGS
FOURTH: If foreign co	orporation, address of its princ	ripal office	
FIFTH: Business addre			
	WEST	KWGSTON, RI O.	28 <i>9</i> a
Name	ddresses of its directors and offi	īcers:	(Attach rider if necessary) number, street, zip code)
		······	
	,	······································	······
KENNETH S BOU		381 A WAITES CORN	er Rd. W.Kingston, RI
	Vice President		
. •			***************************************
	χ		
SEVENTH: Number of	Shares authorized	······································	
SEVENTH: Number of	Shares authorized:	Series	Par Value or statement that shares are without par value
	Shares authorized:	Series	Par Value or statement that shares are without
No. of Shares 500	Shares authorized: Class		Par Value or statement that shares are without par value
No. of Shares 500 EIGHTH: Number of SI	Shares authorized: Class		Par Value or statement that shares are without par value O Par Value or statement that shares are without
No. of Shares 500 EIGHTH: Number of SI	Shares authorized: Class hares issued:	FALL: FEB 2.7 (59)	Par Value or statement that shares are without par value O Par Value or statement that
No. of Shares 500 EIGHTH: Number of SI	Shares authorized: Class Class Class	FALL: FEB 2.7 (59)	Par Value or statement that shares are without par value O Par Value or statement that shares are without par value
No. of Shares 500 EIGHTH: Number of SI No. of Shares 10	Shares authorized: Class Class Class	FEB 2 1 1591 Series DUTH COUNTY POST	Par Value or statement that shares are without par value Par Value or statement that shares are without par value

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	PROVIDENCE, RHO	DE ISLAND 02903	
orporate ID. 001	3008	Annual Report fo	r the year 1989
FIRST: The name of	of the corporation is	SOUTH COUNTY POS	BT & BEAM, INC.
Second: It is inco	rporated under the laws of	RHODE ISLAL	3
THIRD: Character	of business, briefly stated, is	RESIDENTAL	Constanction
FOURTH: If foreign	corporation, address of its prin	cipal office & A	
FIFTH: Business ad	dress in Rhode Island 52	1 LIBERTY	LAWE RI 02892
	u/e	ST KINDSTON	R 02892
SIXTH: Names and	addresses of its directors and of		(Attach rider if necessary) ing number, street, zip code)
•••••••••••••••••••••••••••••••••••••••	Director	••••••	
	Director		
••••••	Director		
CENHENS BO	OVIEZ President	WANES COL	MEZ 2D W/ KINGOV
	Vice President		
Kerneth S I			į –
	200 rassurer		
Seventh: Number	of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
500	Common		NO
EIGHTH: Number of	f Shares issued:	ا پر بہ	, うつり Par Value or statement that
No. of Shares	Class	Series	shares are without par value
10	Commo	_	NO
ted 2/15	1989	e of Corporation)	POST & BEAM
·	(Nam	e of Corporation) (Lemul 1	Boun

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL PROVIDENCE, RHODE ISLAND 02903

Corporate ID	រប៉ុន្ត	Annual Report fo	or the year
FIRST: The name of	of the corporation is	SOUTH COUNTY PO	DST & BEAM, INC.
		i sı	
THIRD: Character	of business, briefly stated,	is COOSTRUCTION	- MANUFACTURE
TIMBER	Frame S	TRUCTURES	
FOURTH: If foreign	corporation, address of it	s principal office	
FIFTH: Business ad	dress in Rhode Island	521 LiBer	ry LANE
Mest Kin	ogstar Rytore	CUALZE	
Name	addresses of its directors a		(Attach rider if necessary)
ENNETH S. BO	ovier Director	381 WAITES	
''	Director	W. K.	ogstop Rit
η	Director	11	
	President	1.	
1,	Vice Pres	ident ()	
	Secretary		
()	•	- 1, .	
Seventh: Number	of Shares authorized:		Par Value or statement that
No. of Shares	Class	, PAID ^{Series}	shares are without par value
500	Commow	JUN 7 1988	NO
Eighth: Number o	f Shares issued:	SEC'Y OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
10'	COMMINUS	~	KLO
ated 4-3	1987	South County f (Name of Corporation) By Servel & B	OST EBEAM INC
(Report must be si	gned by an officer)	Title President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 13008		Annual	Report for the year	ar1987
FIRST: The name	of the corporation isSC	WITH COUNTY POST	& BEAM, INC.	
Second: It is inco	rporated under the laws of	Rhode	Island	
THIRD: Character	of business, briefly stated, i	s CONSTRU		
FOURTH: If foreign	corporation, address of its	principal office		
FIFTH: Business ad	dress in Rhode Island	10 Bux	432	WEST
Name	addresses of its directors as		ddress (including number,	(Attach rider if necessary)
KENNETH BOOK	ne Director			M. King (130) RE
	Director	·····	4	
	Director	***************************************		
	President			
	Vice Presi	dent		
1.	Secretary			
V	Treasurer			*
SEVENTH: Number	of Shares authorized:	•••••••	······	D. M.
No. of Shares	Class .	Series	1	Par Value or statement that shares are without par value
			No P	AL UNUT
EIGHTH: Number of	Shares issued:	PAID		Par Value or statement that
No. of Shares	Class MAR	1 2 198/		shares are without par value
Dated 4 mag	SEC'Y ch 19 & 7 .	OF STATE	N PAR C	1967 JOHN JU 1987
		(Name of Corporation) Ry	d Bm	
(Report must be sig	ned by an officer)	Title Presiden	<u></u>	
orm 31 1/85	- -			************

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID. 13008		Annual Report fo	r the year ¹⁹⁸⁶
FIRST: The name of the	corporation isSOUTH	COUNTY POST & BEAM,	INC.
Second: It is incorpora	ted under the laws of	Rhode Island	· ·
			ilding Contrado
FOURTH: If foreign corp	oration, address of its princi	pal office	
FIFTH: Business address	in Rhode Island	Вох изд	
	<u>U, \</u>	Lingsten, R	1
SIXTH: Names and address Name	esses of its directors and offic	ers:	(Attach rider if necessary)
	Director		
	Director	•••••	
	Director	•••••	
Kenneth S.Bou	XXXX President	Naites Ca	Rel W. Kingston Rd
	Vice President		028
	Treasurer		
Seventh: Number of Sha		•	Par Value
No. of Shares	Class	Series	or statement that shares are without
600	Canama	8	par value
	PAID	570	jĉio
EIGHTH: Number of Share	es issued: MAR 27 1986	MPR	Par Value
No. of Shares	Class	S	or statement that shares are without par value
100	Common STATE	0	Ö
Dated\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	19 86 (Nam of By)	courth Confederation)	Post & Beamlac
(Report must be signed by	an officer) Title	President	
2111 H 1 1/00			

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

orate ID 13008			year 1985
First: The name of t	he corporation is SOUTH O	OUNTY POST & BEAM, INC	•
SECOND: It is incorpo	orated under the laws of	Rhode Island	
THIRD: Character of	business, briefly stated, is	General Cont	racter
FOURTH: If foreign c	orporation, address of its prin	cipal office	
FIFTH: Business addr	ress in Rhode Island	Bex 432, L	1 Ringston 12
SIXTH: Names and a	ddresses of its directors and o	fficers: Address (including t	(Attach rider if necessa number, street, zip code)
	Director		
	Director		
•••••	Director	•••••	~ * 1 · 1 · 1
Lanneth S. F	Sources President	Waites CR. K	2d, W. Kingsto
	Vice Presider	nt	•••••••••••••••••••••••••••••••••••••••
			1 1
Susan D. F	Sourign Secretary	11	
Susin D. F	Secretary Treasurer		
Susin D. F	Sourign. Secretary		Par Value or statement that
Susin D. F	Souright Secretary Treasurer	Series	Par Value or statement that shares are without par value
SEVENTH: Number	Treasurer of Shares authorized:		Par Value or statement that shares are without
SEVENTH: Number	Treasurer of Shares authorized:		Par Value or statement that shares are without par value
SEVENTH: Number of Shares FIGHTH: Number of Shares	Treasurer Of Shares authorized: Class If Shares issued:		Par Value or statement that shares are without par value VIC Car Ville Par Value
SEVENTH: Number	Treasurer of Shares authorized:	Series	Par Value or statement that shares are without par value VC Car V Par Value or statement that shares are without
SEVENTH: Number of Shares EIGHTH: Number of Shares	Treasurer of Shares authorized: Class Class Class Class	Series Series	Par Value or statement that shares are without par value VC Car V Par Value or statement that shares are without
SEVENTH: Number of Shares EIGHTH: Number of Shares No. of Shares	Treasurer of Shares authorized: Class Class Class Class	Series	Par Value or statement that shares are without par value VC Car Villue Par Value or statement that shares are without par value

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of State

			Annual Report for	the year 1984
FIRST:	The name of	the corporati	ion is South County	POST & BEAM
SECOND:	It is incorp	orated under	the laws of RHODE	ISLAND
THIRD:	Character of	business, brie	efly stated, is CONSTR	UCTION & RESTORATION
Fourth:	If foreign	corporation,	address of its princip	al office
Г ІГТН:	Business add	ress in Rhod	e Island	
вох	432, WAITES	CORNER ROAD,	WEST KINGSTON, R.I.	02892
Sixth:	Names and a	ddresses of i	its directors and offic	ers:
	(Addresses mi	ust include stree	et and number, if any)	
N	ame	Office		Addresa
	***************************************	Director	***************************************	
***************************************	***************************************	Director		
		Director		
KENNETH S	B. BOUVIER	Presiden	t BOX 432 WAITE	S CORNER RD., W. KINGS
		Vice Pre	The state of the s	R.I. 028
14				11
	-	_		
additional ag	ace is needed,	Treasure attach rider)		
SEVENTH:	Number of	f Shares aut	thorized:	Par Value
No. of Share		Class	Series	or statement that shares are without nor value
500		COMMON	-	NO PAR VALUE
_				
EIGHTH:		Shares issue	ed:	Par Value or statement that
No. of Share	23	Class	Series	par value
10		COMMON	3	NO PAR VALUE
PI	? ~.	Юr.	22 84	
ed: 217	<u> </u>	19 84	SOUTH COUNTY P	***************************************
		1	By Ken 20	3
		کمیده ۲	示。 Ttb PRESIDENT	***************************************
MAR	271984 J	<i>7</i> 1	A 10	signed by an officer)
			troport mast be	algillou by all billicer)

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

			Annual Repor	rt for the yea	r 1983	L
FIRST:	The name of th		n is South	th Ca	why to	te
- AND	BEAM IN				······· O	**************
SECOND:	It is incorpora	ated under t	he laws of F	Zhode -	Island	
THIRD:	Character of bu	siness, brief	ly stated, is	Home !	Constr	uction
**						
Fourth	: If foreign con	rporation, a	Idress of its pri	ncipal office	. /	
FIFTH:	Business addre				ne mailed to	this
address) \(\textsq	C, Box 1	432	; W.Kr	Mezan	B 0	2 842
SIXTH:	Names and add	lresses of it	s directors and	officers:		
	(Addresses mus	t include street	and number, if any)			
() II	Name	Office		Address		
Kenneth	Downer)	Director				
		Director				
		Director				
L)	President	P.O. P	LEEH KO	w.Kingd	~~UD.
		Vice Pres				
		Secretary				*********
(If additional spa	ce is needed, attacl	. Treasurer				·····
Seventh	: Number of S	Shares autho	rized:		Par Value	
No. of Shar	res	Class	Series		r statement that ares are withou par value	
10					v	
·				no	backy	·ue_
Еіснтн:	Mumbay of Ch.					
No. of Shar	Number of Sha	Class	Contac		Par Value statement that ares are without	
		Class	Series		par value	
10			<u>]</u>		(1	
Dated: \\	2/29/82	. 1982	S. Cour	ndy Rosal	& Berm	Ine.
			By E	• •		
			Title Tes	الم		***************************************
				ust be signed b	van officer\	
<u> </u>			Troport III	- algried b	y an onicery	
If the co	orporation has cha	anged its reg	istered office and	or its register	red agent,	
Form #9	must be filed. Pleas	se contact Co	rporation Division	[information	. 277-3040	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

			Q1111 <u>1</u>	
	ANNUA	L REPORT		
		OF		
So	oth County P	ost & Benn	Inc.	
Pursuant to the	provisions of Section	17.1.1-118 of th	e Ceneral Laws 1956 po	
amended, the undersi	igned corporation he	erehv suhmits th	le following appual reports	
riksr: The nar	ne of the corporation	18 200th	Control Post & Bem	n due,
	***************************************	T)		
SECOND: It is in	ncorporated under th	elaws of Kho	ide Island	
THIRD: The ad	dress of its registered	d office in Rhode	Island is P.O. Box 432	
and the name of its	registered agent in l	Rhode Island at o	anch address is	
Kenne	h S. Bours	ín.		
			s principal office in the state	
or country under the	laws of which it is i	ncorporated is	s principal office in the state	
			• • • •	
Figure The che				
Island hriefly stated	is 2001 the busin	ess in which it is	actually engaged in Rhode	
island, briefly stated,	10 1 CHANG	tox table	e. Constituction	J
		••	A Company of the Comp	
SIXTH: The nar		dresses of its di	rectors and officers are:	
21.00.00	Director	=	Address	
	Director			
	Director	•	en e	
	Director			
	Director			
	Director			
Kenneth SiBo	President	Waits	Calld.; W. Lingsty	UD
	Vice Presi	dent	/ 63	3805
SusanDiBou	Secretary	11	u u u u	
	Treasurer			
SEVENTH: Theas	gregate number of sh	ares which it has	authority to issue, itemized	
by classes, par value of	shares, shares withou	t par value, and se	ries, if any, within a class, is:	
		_	Par Value per Share or Statement that	
Number of Shares	Cluss	6 12 <u>Series</u>	Shares are without Par Value	
10	COMMON	81	1120 800	
•	COMMON		NO PAR UALGA	こ
		8 · 6 •	JUL 30 1981	
		59	301981	
		A * → 0	JUL " SA	

Form 31 11 80

Eigнтн: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares

Class

Series

Par Value per Share or Statement that Shares are without Par Value

Dated 6-12

By Ku & Bour

11s PRESIDENT

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

	Or		
	1980		
amended, the undersigned	risions of Section 7.1.1- corporation hereby su the corporation is	bmits the following	ral Laws, 1956, as ing annual report:
SECOND: It is incorp	porated under the laws	of Rhade	Island
THIRD: The address	of its registered office in	Rhode Island is	O. Box 432
and the name of its register	ed agent in Rhode Islan	d at such address i	is
FOURTH: If a foreig country under the laws of w	n corporation, the addre	ss of its principal	office in the state or
FIFTH: The character Island, briefly stated, is	Fof the business in wh	nich it is actually	engaged in Rhode
Kenneth S.Bo.	nd respective addresses of Office PY14 nDirector Director Director Director President Vice President Secretary Treasurer	one o	Address abore
by classes, par value of share Number of	. 9	ue,andseries,ifan	y to issue, itemized y,withinaclass,is: Par Value per Share or Statement that Shares are without
lo e	onne 80 .	Series .	no for value
	*0915 7593A1415	SEP 1118	980
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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is: Par Value per Share or Statement that Shares are without Par Value

Series

Number of Shares

Dated 9/1, 1980 South Country Post & BEAM
(NAME OF CORPORATION)

By Kow World

Ita President