



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. 123708 | | 2. Name of Corporation B & T Interiors, Inc. | | | |
| 3. Street Address Principal Business Office 36 Hemlock Street, Suite 102 | | | City Providence | State RI | Zip 02908 |
| 4. Business Phone No. (401) 454-7447 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM MILLWORK INSTALLATION | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Gary Beaune | | | Vice President Name Gail Beaune | | |
| Street Address 36 Hemlock Street, Suite 102 | | | Street Address 36 Hemlock Street, Suite 102 | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| Secretary Name Gary Beaune | | | Treasurer Name Gary Beaune | | |
| Street Address 36 Hemlock Street, Suite 102 | | | Street Address 36 Hemlock Street, Suite 102 | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| 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 |
| 8,000 COMM NO 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



| | |
|---------------------------------|-------------------------|
| File Date | FILED |
| Check No. | MAR 08 2006 2516 |
| By: | 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.

[Signature] **2-18-05**
Signature of Officer Date

Gary Beaune
Print or Type Name of Officer
President
Title of Officer



Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Gary Beaune | | Vice President Name Gail Beaune | | |
| Street Address 36 Hemlock Street, Suite 102 | | Street Address 36 Hemlock Street, Suite 102 | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI |
| Secretary Name Gary Beaune | | Treasurer Name Gary Beaune | | |
| Street Address 36 Hemlock Street, Suite 102 | | Street Address 36 Hemlock Street, Suite 102 | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI |
| 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 |
| Director Name None | | Director Name None | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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 |
| 8,000 COMM NO 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



* 1 2 3 7 0 8 *

| | |
|---------------------------------|--------|
| File Date | 3/3/04 |
| Check No. | 1820 |
| By: | SC |
| 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: Gary Beaune Date: 2-25-04

Print or Type Name of Officer
Gary Beaune

Title of Officer
President



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.

2. Name of Corporation

123708

B & T Interiors, Inc.

3. Street Address Principal Business Office

City

State

Zip

218 Fiat Avenue

Cranston

RI

02910

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 944-4068

RHODE ISLAND

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

To perform millwork installation and all activities incidental thereto; and for any other lawful purposes.

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

President Name

Vice President Name

Gary Beaune

Gail Beaune

Street Address

Street Address

218 Fiat Avenue

218 Fiat Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02910

Cranston

RI

02910

Secretary Name

Treasurer Name

Gary Beaune

Gary Beaune

Street Address

Street Address

218 Fiat Avenue

218 Fiat Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02910

Cranston

RI

02910

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

None

None

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 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

8,000 COMM NO 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



* 1 2 3 7 0 8 *

File Date: FILED

Check No.: FEB 27 2003

By: 1302

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.

Gary Beaune 2-21-03
Signature of Officer Date

Gary Beaune
Print or Type Name of Officer

President

Title of Officer

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Form 630 12/02