



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<sup>1</sup>

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |   |                 |                   |
|--|--------------|---|-----------------|-------------------|
| 1. Corporate ID No<br>107708   |              | 2. Name of Corporation<br>DOME CORPORATION OF NORTH AMERICA |                 |                   |
| 3. Street Address Principal Business Office<br>5450 East St  |              | City<br>SABINAW   | State<br>MI     | Zip<br>48601      |
| 4. Business Phone No.<br>(989) 777-2050  |              | 5. State of Incorporation<br>NEW YORK                       |                 | 6. SIC Code<br>59 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>BIDDING ON BULK STORAGE BUILDINGS.                  |              |   |                 |                   |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |   |                 |                   |
| President Name<br>Ross Lake  |              | Vice President Name<br>Jeromy Estes                         |                 |                   |
| Street Address<br>1880 Erskine Rd  |              | Street Address<br>202 Helen St                              |                 |                   |
| City<br>Hemlock  | State<br>MI  | Zip<br>48626  | City<br>Midland | State<br>MI       |
| Secretary Name<br>Teresa Burke   |              | Treasurer Name  |                 |                   |
| Street Address<br>1349 S. Center Rd  |              | Street Address  |                 |                   |
| City<br>Sabinaw  | State<br>MI  | Zip<br>48603  | City            | State             |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |   |                 |                   |
| Director Name  |              | Director Name   |                 |                   |
| Street Address   |              | Street Address  |                 |                   |
| City   | State        | Zip   | City            | State             |
| Director Name  |              | Director Name   |                 |                   |
| Street Address   |              | Street Address  |                 |                   |
| City   | State        | Zip   | City            | State             |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |   |                 |                   |
| AUTHORIZED SHARES  |              |   |                 |                   |
| Number of Shares   | Class/Series | Par Value   |                 |                   |
| 200 COMM NO PAR VALUE  |              |   |                 |                   |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |   |                 |                   |
| ISSUED SHARES  |              |   |                 |                   |
| Number of Shares   | Class/Series | Par Value   |                 |                   |
| 100  | Common       | None  |                 |                   |

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



\*107708\*

|                                 |         |
|---------------------------------|---------|
| File Date                       | 2-15-05 |
| Check No.                       | 19889   |
| By:                             | 2       |
| 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 2/3/05  
Print or Type Name of Officer  
Ross Lake  
President  
Title of Officer



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  
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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.<br><b>107708</b>  |                    | 2. Name of Corporation<br><b>DOME CORPORATION OF NORTH AMERICA</b> |                    |                          |
| 3. Street Address Principal Business Office<br><b>5450 EAST ST</b>  |                    | City<br><b>SAGINAW</b>   | State<br><b>MI</b> | Zip<br><b>48601</b>      |
| 4. Business Phone No.<br><b>(989) 777-2050</b>  |                    | 5. State of Incorporation<br><b>NEW YORK</b>                       |                    | 6. SIC Code<br><b>59</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>BIDDING ON BULK STORAGE BUILDINGS.</b>                    |                    |  |                    |                          |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |                    |  |                    |                          |
| President Name<br><b>ROSS LAKE</b>  |                    | Vice President Name  |                    |                          |
| Street Address<br><b>1880 ERSKINE RD.</b>   |                    | Street Address   |                    |                          |
| City<br><b>Hemlock</b>  | State<br><b>MI</b> | Zip<br><b>48626</b>  | City               | State                    |
| Secretary Name<br><b>TERESA BEKKE</b>   |                    | Treasurer Name   |                    |                          |
| Street Address<br><b>121 CAMELOT DR Apt E4</b>  |                    | Street Address   |                    |                          |
| City<br><b>SAGINAW</b>  | State<br><b>MI</b> | Zip<br><b>48603</b>  | City               | State                    |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS          |                    |  |                    |                          |
| Director Name   |                    | Director Name  |                    |                          |
| Street Address  |                    | Street Address   |                    |                          |
| City  | State              | Zip  | City               | State                    |
| Director Name   |                    | Director Name  |                    |                          |
| 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             |
| <b>200 COMM NO PAR VALUE</b>  |                    |  | <b>100</b>         | <b>Common</b>            |
|   |                    |  |                    | <b>NONE</b>              |

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



\* 1 0 7 7 0 8 \*

File Date 2.25.04  
Check No. 17712  
By: TL

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

Date

**ROSS LAKE**

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 31 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

107708

2. Name of Corporation

DOMO CORPORATION OF NORTH AMERICA

3. Street Address Principal Business Office

5450 East St

City

SABINAW

State

Mi

Zip

48601

4. Business Phone No.

(989) 777-2050

5. State of Incorporation

NEW YORK

6. SIC Code

59

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

Contracting

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Ross Lake

Vice President Name

Jeremy Estes

Street Address

1480 Erskine Rd

Street Address

202 Helen St

City

Hemlock Mi

Zip

48626

City

MIDLAND Mi

State

Zip

48640

Secretary Name

Teresa Bakke

Treasurer Name

Street Address

12467 Dorwood

Street Address

City

Burt Mi

Zip

48417

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)

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

200 COMM NO PAR VALUE

100

Common

NONE

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



\* 1 0 7 7 0 8 \*

File Date: 2/24/03

Check No.: 016099

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 of Officer

Date

2-19-03

Ross A. Lake

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107708 2. Name of Corporation DOME CORPORATION OF NORTH AMERICA  
3. Street Address Principal Business Office 5450 EAST ST City SABINAW State MI Zip 48601  
4. Business Phone No. (989) 777-2050 5. State of Incorporation NEW YORK 6. SIC Code 59

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

Contracting

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

|   |   |
|---|---|
| President Name<br><u>ROSS LAKE</u>                        | Vice President Name<br><u>FRED RAHN</u>                       |
| Street Address<br><u>5450 EAST ST</u>                     | Street Address<br><u>313 S. HENDRICKS ISLE</u>                |
| City<br><u>SABINAW</u> State <u>MI</u> Zip <u>48601</u>   | City<br><u>FT LAUDERDALE</u> State <u>FL</u> Zip <u>33301</u> |
| Secretary Name<br><u>BETTE PAWLANTA</u>                   | Treasurer Name  |
| Street Address<br><u>4245 TOWNLINE</u>                    | Street Address  |
| City<br><u>BIRCH RUN</u> State <u>MI</u> Zip <u>48415</u> | 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 |
| <u>200 COMM NO PAR VALUE</u> |              |           |

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

ISSUED SHARES

|                  |               |             |
|------------------|---------------|-------------|
| Number of Shares | Class/Series  | Par Value   |
| <u>100</u>       | <u>COMMON</u> | <u>NONE</u> |

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



\* 1 0 7 7 0 8 \*

File Date: 2-25-02

Check No.: 14587

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 of Officer [Signature] Date 2/21/02

Print or Type Name of Officer ROSS LAKE

Title of Officer President

5



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. **107708** 2. Name of Corporation **HOME CORPORATION OF NORTH AMERICA**

3. Street Address Principal Business Office

**5450 EAST ST**

City **SAGINAW**

State **MI**

Zip **48601**

4. Business Phone No.

**(517) 777-2050**

5. State of Incorporation  
**NEW YORK**

6. SIC Code  
**59**

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

**CONTRACTING**

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

President Name

Vice President Name

**ROSS LAKE**

**FRED RAHN**

Street Address

Street Address

**743 WREN**

**313 S. HANDICRAFTS ISLE**

City State Zip

City State Zip

Zip **33301**

**FRANKENMUTH MI**

**48734**

**FT. LAUDERDALE FL**

Secretary Name

Treasurer Name

**BETTE PAWLANTA**

**ROSS LAKE**

Street Address

Street Address

**4245 TOWNLINE**

**SAME**

City State Zip

City State Zip

Zip

**BIRCH RUN MI**

**48415**

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

**700 COMM NO PAR VALUE**

**200**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**100**

**COMMON NO PAR VALUE**

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



\* 1 0 7 7 0 8 \*

File Date:

**10/25/01**

**10. H 11. E 2 52 IMP**

Check No.:

**013107**

By:

**01209**

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 **Ross Lake** Date **2/26/01**

Print or Type Name of Officer **ROSS LAKE**

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  
401-222-3040



**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. **107708** 2. Name of Corporation **DOME CORPORATION OF NORTH AMERICA**  
3. Street Address Principal Business Office **5450 East Street** City **Saginaw** State **Michigan** Zip **48601**  
4. Business Phone No. **517-777-2050** 5. State of Incorporation **NEW YORK** 6. SIC Code **0059**  
7. Brief Description of the Character of Business Conducted in Rhode Island **contracting**

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

|  |   |
|--|---|
| President Name<br><b>Ross Lake</b><br>Street Address<br><b>743 Wren</b><br>City <b>Frankenmuth</b> State <b>MI</b> Zip <b>48734</b><br>Secretary Name<br><b>Bette Pawlanta</b><br>Street Address<br><b>4245 Townline</b><br>City <b>Birch Run</b> State <b>MI</b> Zip <b>48415</b> | Vice President Name<br><b>Fred Rahn</b><br>Street Address<br><b>313 S. Hendricks Isle</b><br>City <b>Ft. Lauderdale</b> State <b>FL</b> Zip <b>33301</b><br>Treasurer Name<br><b>Ross Lake</b><br>Street Address<br><b>743 Wren</b><br>City <b>Frankenmuth</b> State <b>MI</b> Zip <b>38734</b> |
|--|---|

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

|  |  |
|--|--|
| Director Name<br><br>Street Address<br><br>City<br><br>State<br><br>Zip<br><br>Director Name<br><br>Street Address<br><br>City<br><br>State<br><br>Zip | Director Name<br><br>Street Address<br><br>City<br><br>State<br><br>Zip<br><br>Director Name<br><br>Street Address<br><br>City<br><br>State<br><br>Zip |
|--|--|

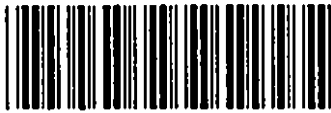
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**700 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100** **NONE**

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



\* 1 0 7 7 0 8 \*

File Date: **2-28-00**

Check No.: **11407**

By: **RD**

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 **Ross Lake** Date **2/3/00**

Print or Type Name of Officer **Ross Lake**

Title of Officer **President**