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
106509	St. Sauveur & Sons Painting, Inc.

3. Street Address Principal Business Office	City	State	Zip
470 GASKILL STREET	WOONSOCKET	RI	02895-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4017665988	RHODE ISLAND	0257

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE GENERAL PAINTING SERVICES TO THE GENERAL PUBLICAND CONTRACTORS.

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

President Name	Vice President Name
LORI ST.SAUVEUR	RODNEY ST.SAUVEUR
Street Address	Street Address
470 GASKILL STREET	470 GASKILL STREET
City / State / Zip	City / State / Zip
WOONSOCKET / RI / 02895	WOONSOCKET / RI / 02895
Secretary Name	Treasurer Name
ERIC CHAMBERLAND	LUCIEN BROUILLETTE, JR.
Street Address	Street Address
14 WEST PARK PLACE	227 ST.LEON AVENUE
City / State / Zip	City / State / Zip
WOONSOCKET / RI / 02895	WOONSOCKET / RI / 02895

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

Director Name	Director Name
LORI ST.SAUVEUR	
Street Address	Street Address
470 GASKILL STREET	
City / State / Zip	City / State / Zip
WOONSOCKET / RI / 02895	
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	COMM	NO PAR VALUE	500	COMMON	NO PAR

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

[redacted] 106509

106509 DBC 02/01/05 03:41:49 PM
File Date
FILED
Check No.
MAR 14 2005
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.

Lori St.Sauveur 2-27-05
Signature of Officer *Date*

LORI ST.SAUVEUR
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

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 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
106509	St. Sauveur & Sons Painting, Inc.

3. Street Address Principal Business Office	City	State	Zip
470 Gaskill Street	Woonsocket	RI	02895

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-766-5988	RHODE ISLAND	0257

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

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

President Name	Vice President Name
Lori St.Sauveur	Rodney St.Sauveur
Street Address	Street Address
470 Gaskill Street	470 Gaskill Street
City / State / Zip	City / State / Zip
Woonsocket / RI / 02895	Woonsocket / RI / 02895
Secretary Name	**Treasurer Name**
Lori St.Sauveur	Lucien Brouillette Jr.
Street Address	Street Address
470 Gaskill Street	227 St.Leon Avenue
City / State / Zip	City / State / Zip
Woonsocket / RI / 02895	Woonsocket / RI / 02895

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

Director Name	Director Name
Lori St.Sauveur	
Street Address	Street Address
470 Gaskill Street	
City / State / Zip	City / State / Zip
Woonsocket / RI / 02895	
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
1,000	COMM	NO PAR VALUE

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

ISSUED SHARES

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

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

[redacted]

* 1 0 6 5 0 9 *

File Date: 1.23.03

Check No.: 02978

By: LP

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.

Lori St.Sauveur 1-23-2003
Signature of Officer *Date*

Lori St.Sauveur
Print or Type Name of Officer

President
Title of Officer

S

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.	2. Name of Corporation
106509	St.Sauveur & Sons Painting, Inc.

3. Street Address Principal Business Office	City	State	Zip
470 Gaskill Street	Wocnsocket	RI	02895

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-766-5988	Rhode Island	0257

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

Painting & paper hanging

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

President Name	Vice President Name
Lori St.Sauveur	Rodney St.Sauveur
Street Address	Street Address
470 Gaskill Street	470 Gaskill Street
City / State / Zip	City / State / Zip
Woonsocket / RI / 02895	Woonsocket / RI / 02895
Secretary Name	**Treasurer Name**
Eric Chamberland	Lucien Brouillette Jr.
Street Address	Street Address
14 West Park Place	227 St.Leon Avenue
City / State / Zip	City / State / Zip
Woonsocket / RI / 02895	Woonsocket / RI / 02895

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

Director Name	Director Name
Lori St.Sauveur	
Street Address	Street Address
470 Gaskill Street	
City / State / Zip	City / State / Zip
Woonsocket / RI / 02895	
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
1,000	Common	No par

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

ISSUED SHARES

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

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

[redacted] [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.

File Date: 3-7-02

Check No.: 02793

By: ICMC

FOR SECRETARY OF STATE USE ONLY

Lori St.Sauveur 1-25-02
Signature of Officer *Date*

Lori St.Sauveur
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.: 106509
2. Name of Corporation: st.sauveur & sons Painting, Inc.
3. Street Address Principal Business Office: 470 Gaskill Street — City: Woonsocket — State: RI — Zip: 02895
4. Business Phone No.: 401-766-5988
5. State of Incorporation: Rhode Island
6. SIC Code: 0257
7. Brief Description of the Character of Business Conducted in Rhode Island: Painting services to the public and public contractors.

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

President Name: Lori St.Sauveur
Street Address: 470 Gaskill St.
City: Woonsocket — State: RI — Zip: 02895

Vice President Name: Rodney St.Sauveur
Street Address: 470 Gaskill St.
City: Woonsocket — State: RI — Zip: 02895

Secretary Name: Eric Chamberland
Street Address: 14 West Park Place
City: Woonsocket — State: RI — Zip: 02895

Treasurer Name: Lori St.Sauveur
Street Address: 470 Gaskill St.
City: Woonsocket — State: RI — Zip: 02895

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

Director Name: Lori St.Sauveur
Street Address: 470 (Park Place) Gaskill St.
City: Woonsocket — State: RI — Zip: 02895

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	No par

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

ISSUED SHARES

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

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

[redacted]

File Date: 2/22/01
Check No.: 02611
By: KD
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.

Lori St.Sauveur — 2-20-01
Signature of Officer — *Date*

Lori St.Sauvuer
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
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

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.: 106509
2. Name of Corporation: St.Sauveur & Sons Painting, Inc.
3. Street Address Principal Business Office: 470 Gaskill Street — City: Woonsocket — State: RI — Zip: 02895
4. Business Phone No.: 401-766-5988
5. State of Incorporation: Rhode Island
6. SIC Code: 0257
7. Brief Description of the Character of Business Conducted in Rhode Island: Painting services to general public and public contractors

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

President Name: Lori St. Sauveur
Street Address: 470 Gaskill St.
City: Woonsocket — State: RI — Zip: 02895

Vice President Name: Rodney St.Sauveur
Street Address: 470 Gaskill St.
City: Woonsocket — State: RI — Zip: 02895

Secretary Name: Eric Chamberland
Street Address: 14 West Park Place
City: Woonsocket — State: RI — Zip: 02895

Treasurer Name: Lori St.Sauveur
Street Address: 470 Gaskill St.
City: Woonsocket — State: RI — Zip: 02895

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

Director Name: Lori St.Sauveur
Street Address: 470 Gaskill St.
City: Woonsocket — State: RI — Zip: 02895

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	No par

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

ISSUED SHARES

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

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

[redacted]

File Date: 2-24-00
Check No.: 2461
By: AMF
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.

Signature of Officer — Date: 2/23/00

~~Lori St.Sauveur~~
Print or Type Name of Officer

President
Title of Officer