

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

Matthew A. Brown, Secretary of State

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_

2005

FRING PERIOD: JANUARY 1 - MG (FORM MUST BE TYPED OR PRIM		g ree: 350.00			
1. Corporate ID No.	2. Name of Corporation			•	
3. Street Address Principal Business O	<del></del>	ation & Siding, Inc.	City	State	Zip
41 Harkness Road	~		North Smithfield	RI	02896
4 Business Phone No.	11000	5. State of Incorporation			6. SIC Code
401-766-9861		RHODE ISLAND			430
7. Brief Description of the Character of REMODELING AND ALU	of Hustiness Conducted in MINUM SIDING FOR	Rhode Island RESIDENTAIL PROPE	RTIES		
8. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATT	ACHMENT) TILLIN SPA	CES BEFORE USIN	G ATTACHMENTS
President Name		•	Vice President Name	•	
Richard Gagne			Richard Gagne		•
41 Harkness Road	West		Sirect Address Same		
N. Smithfield	State Ri	<sup>Zip</sup> 02896	City Same	Sinte	Zip
Secretary Name	1	<b>.</b>	Treasurer Name		
Richard Gagne			Richard Gagne		
Sinvi Addnis			Street Address		
City	State	Zip	City	State	Zip
O.O.	Same	2.0	City	Same	, , , , , , , , , , , , , , , , , , ,
Director Name	OF THE DIRECTO	RS: ("X" BOX FOR A	TTACHMENT)   FILL IN SI	PACES BEFORE US	ING ATTACHMENTS
Richard Gagne Street Address			Street Address		
41 Harkness Road			Section Manues		
City	State .	· Zip	City	State	Zip
N. Smithfield  Director Name	<u>  RI</u>	02896	Director Name		
JANCELOS TANAL.		•	Process raine		
Sirvel Address			Street Address	·	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (	 ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTAC	HMENT)
Number of Shares	Class/Scrics	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600	common	No Par
This report must be s	iened in ink by cith	er the President Vice	President, Secretary, Assistant S	L Secretary Treasurer	Receiver or Trustee
Time report made be a	igned in this by the	ier the President, vice	Trostocht, becretary, rishistant	secretary, recasures.	, received of frames
	91611 <b>36</b> 111 66111 6611 <b>1</b>	1811 1681			that I have examined this report,
	· - · · · · · · · · · · · · ·	٦	including any accompanguing forcin are true		atements, and that all statements
Eila Dava D /	11-05		161100	Gae,	2-10-05
File Date	(2)		Signature of Officer		Date
Check No.			Richard Coo-	20	
	<b>!</b>		Richard Gags Print or Type Name of Of	icer .	<del></del>
By:			President		
FOR SECRETARY OF STA	ATE USE ONLY		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 401.222.3040

ROFIT CORPORATION	ANNUAL REPORT FOR THE YEAD	R2004

FORM MUST BE TYPED OR PRIN	2. Name of Corporate	/on	<del></del>	<del> </del>	<del></del>
40009		ulation & Siding, Inc.			
Street Address Principal Business ( 41 Harkness			N. Smithfield	State RI	7.1p 02896
Business Phone No	TROOL NESC	5. State of Incorporation			6. SIC Code
(401) 766-9861		RHODE ISLAN			_430
Brief Description of the Character ( REMODELING AND ALL	of Business Conducted to JMINUM SIDING FO	n Rhode Island OR RESIDENTAIL PROF	PERTIES		
NAMES AND ADDRESSES	OF THE OFFICER	RS: ("X" BOX FOR AI	TACHMENT) DELL IN S	PĀCES BEFORE USIN	G ATTACHMENTS
esident Name	•		Vice President Name		
Richard Gagne	<del></del>		Richard Gagne		
41 Harkness Roa	d W.		Same	<u>-</u>	
N. Smithfield	State RI	<sup>zip</sup> 02896	<sup>City</sup> Same	State	Zip
ecretary Name			Treasurer Name		
Richard Gagne			Richard Gagne		
Same	T	T-:	Same	To.	
(ity	State	Zip	City	State	Z(p
. NAMES AND ADDRESSES Prector Name Richard Gagne	OF THE DIRECT	ORS: (*X* BOX FOR	ATTACHMENT) FILL IN Director Name	SPACES BEFORE US	ING ATTACHMENTS
reci Address 41 Harkness Roa	d W.		Street Address		-
City	State	ZΨ	Cüy	State	Zip
N. Smithfield	RI	02896	Bi and the man		
Director Name			Director Name		
treet Address			Sireei Address		
Tity:	State	Zip	City	State	Zip
0. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR A	LIYCHWENL)	11. SHARES ISSUED (*	X. BOX FOR ATTAC	HMENI) [
iunber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600	Common	No Par
			300	Common	110 1 01
This report must be	signed in ink by e	ither the President, Vic	ce President, Secretary, Assistan	nt Secretary, Treasurer	r, Receiver or Trustee
I ( <b>111</b> ))) 1	11831 86181 88181 86188 1889	IEE			
					that I have examined this natements, and that all states
~ · · · · · · · · · · · · · · · · · · ·	n Inl	<u> </u>	contained herein are	true and correct.	
File Date	1100	_	Kickard	Gagne	2 13-04
Check No.	11/18	_	Signature of Officer	DGAGNE	Date
_	<u> </u>		Print of Type Name of		
Ву:		-	PV:S +O	Et	
FOR SECRETARY OF ST	ATE USE ONLY		Title of Officer		

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	
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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

		41	U	U	υξ	,
_	_					

Statewide Insulation & Siding, Inc.

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		Z	1
	41	•	,
	<b>L</b> //		L
	- 7 /	П	_
	,,	,,	

3. Street Address Principal Business Office

Nonth Smithtown R.I.

4. Business Phone No.

S. State of Incorporation

6. SIC Code

766 – 9 861 7. Brief Description of the Character of Business Conducted in Rhode Island

**RHODE ISLAND** 

430

OF JUD VILL SIDE Insulation

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

FILL IN SPACES BEFORE USING ATTACHMENTS

GA GNE KECHAND

City

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

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

AUTHORIZED SHARES

**600 NO PAR VALUE** 

Number of Shares

Class/Series

Street Address

City

State

 $Z_{ip}$ 

Director Name

Street Address

State

Zip

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

Class/Series

Par Value

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



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 tements contained herein are true and correct.

Form 630 12/02

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 BLAC	CK)				
1. Corporate ID No.	2. Name of Corporation		•	••	
40009	Statewide Insula	ation & Siding, Inc.			
3. Street Address Principal Business (		•	City	State	Zip
41 Harkeness Ro	oad West	5. State of Incorporation	N. Smithfield	RI	02896 6. SIC Code
(401) 766-9861 7. Brief Description of the Character	of Business Conducted in Riu	RHODE ISLAND	numposa of momodali	ing and aluminu	430
for business ar 8. NAMES AND ADDRESS President Name	nd residential SES OF THE OFFICE	properties, and	Ourpose of remodeli i any and all legal IMENT) FILLIN SPACES B Vice President Name	ting and albilition and albilition albit and albilition albit albi	
			Diane Gagne		
Richard Gagne Street Address			Street Address		
41 Harkness Roa	ad M		Same		
City	State	Zip	City	State	71-
N. Smithfield	RI	02896	Same	31016	ZIp
Secretary Name Diane Gagne			Treasurer Name Richard Gagne	•	• •
Street Address			Street Address		
Same			Same		
City	State	Zip	City	State	ZIp
9. NAMES AND ADDRESS  Director Name Richard Gagne:  Street Address 41 Harkness Roa		ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES  Director Name  Diane Gagne  Street Address  41 Harkness Roa	BEFORE USING ATTA	CHMENTS
City	State	Zip	City	State	Zip
N. Smithfield  Director Name	RI 02896	••	N. Smithfield  Director Name	<b>RI</b>	 
Street Addiess			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	O (*X* BOX FOR ATTACHN	MENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT	)
Number of Shares	Class/Series	Par Value	<sup>1</sup> Number of Shares	Closs/Series	Par Value
600 NO PAR VALUE			600	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:	2.22-0	12
Check No.:	9611	
	21	
FOR SECRETARY OF STA	TE 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.

that all statements co	outsinea netein ate	true and correct.
Kichard (	Jagre	2-20-02
Signature of Officer	7	Date

Richard Gagne

Hizeriora dagrio

Print or Type Name of Officer

President

Title of Officer

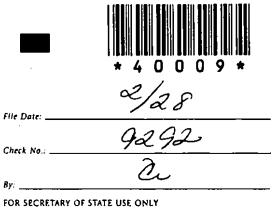
Form 630 12/01

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 IN BLACK) 1. Corporate ID No. 40009 Insulation & Siding, Inc. 3. Street Address Principal Business Office State ZIp 02896 41 Harkeness Road West N. Smithfield R.I. 4. Business Phone No. 6. SIGGO 401-766-9861 7. Brief Description of the Character of Business Conducted in Rhode Island For the purpose of remodeling and aluminum siding for business and residnetial properties, and any and all legal business.
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Richard Gagne Diane Gagne Street Address Street Address 41 Harkneiss Road W same Zip City State Zip N Smithfield R.I. 02896 same Treasurer Name Secretary Name Diane Gagne Richard Gagne same same City State Zip City State ZIP 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name Director Name Richard Gagne Diane Gagne Street Address Street Address 41 Harkness Road W 41 Harkness Road W ZIp City Zip N. Smithfield RI 02896 N. Smithfield RI 02896 Director Name Director Name Street Address Street Address City State Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES CERNATE CELLEZE Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 NO PAR VAL 600 No Par Commom

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 tements contained herein are true and correct. Signature of Officer Date R

iς	harc	_Ga	יחם	e
	or Type			

President Title of Officer



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



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	e Insulation &	Siding, Inc.	4	
	•	ition	ED R.I.	Zip 6. SIC Code
aracter of Business Conducted	in Rhode Island		Cting es before using attac	430
		Vice President Name		
		Street Address	<b>3</b> , <b>3</b> ,	
ELD State	07-396	City	State	Zip
		Treasurer Name  ICFCHAND  Street Address	GAGNE	
State	, zip	Cliy	State	Zip
RESSES OF THE DIR	_	ATTACHMENT) FILL IN SPA  Director Name	CES BEFORE USING ATT	ACHMENTS
正		Model Street Address	돈	
State	Zip	City	State	Zip
 IF_		Director Name とういち		
		Street Address		
State	Zip	City	State	ZIp
RIŽED ("X" BOX FOR ATI	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	τ)
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	2. Name of Corpore Statewide siness Office NESS RD  aracter of Business Conducted OFG, FOSIL PRESSES OF THE OFF  State TO RESSES OF THE DIR PRESSES OF THE DIR  State  State	Statewide Insulation & siness Office  NESS RD  S. State of Incorporate  RHODE ISL  aracter of Business Conducted in Rhode Island  OFG, FISHATION, G.  ORESSES OF THE OFFICERS ("X" BOX FOR ALL  OFFICERS RD)  State  State	Statewide Insulation & Siding, Inc.  Siness Office  NESS RD  S. State of incorporation  RHODE ISLAND  Aracter of Business Conducted in Rhode Island  FOTH TUSUATION GENTAL CONTROL  OPERSSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACE  Vice President Name  RECHARD  State  State  Zip  City  Theory Al Control  OPERS RD  State  Zip  City  Theory Al Control  OPERS RD  State  Street Address  Director Name  City  Director Name  Director Name  Director Name  Street Address  Director Name  Director Name	2. Name of Corporation Statewide Insulation & Siding, Inc.  siness Office NESS & D  S. State of incorporation RHODE ISLAND  areacter of Business Conducted in Rhode Island  OTH TUSHATUR GENAL CONTRACTOR  PRESSESS OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT  OFFICERS & D  State  State  OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENT  OFFICERS & D  State  Treatypeer Name  Street Address  State  State  State  Director Name  City  State  Director Name  Street Address  State  Director Name  Director Name  Street Address  State  Director Name  Director Name

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

	* 4 0 0 0 9 *	
File Date:	1/6/60	-
Check No.:	8964	
ву:	oc	
FOR SECRETARY	OF STATE USE ONLY	

RICHAN GAGNE
Print or Type Name of Officer

President
Title of Officer



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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA					
1. Carparate ID No. 40009	2. Name of Corporal Statewide I	nsulation & Siding, in	<b>.</b> '		
3. Street Address Principal Business HANK	ess M	<b>-</b>	Nonth Smith	State R. I.	710 2896
4. Business Phone No. 766-9861		S. State of Incorporation RHODE ISLANI	)		6. SIC Code 430
7. Brief Description of the Character		n Rhode Island Salve of L	EST DENTIAL	HomES	
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) _ FILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name RECHAND	GAGNE		Vice President Name  DIANE	GAGNE	
Street Address HANKUES			Sireel Address 4/ HANK NT	ESS RD	
N. SMETHERED	State I	210 02896	N. Smithtag	FLO State RIT	210 22896
Secretary Name LISA GA	mē		Reguler Name	GAGNE	_
Suces Address HANK NE			Street Address	ess AD	
2 Snot PETELD	State I	02898	L. Smithten	ELD State R-FI	02890
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
Street Address		7	Street Address	7	
City 1	1) State	Zip	City	) A Stay	Zip
Director Name			Director Namle		
Street Address			Street Address	······································	**********
City	State	Zip	City	State	ZIP
10. SHARES AUTHORIZED	O ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	7
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VAL	······································		600		
	· · · · · · · · · · · · · · · · · · ·				
This report must be sign	e <b>d in ink</b> by eith	ner the President, Vice F	resident, Secretary, Ass	istant Secretary, Treas	urer, Receiver or Trustee
{ 116  1					
	8 2   28    48				

* 4 0 0 0 9 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
He Date:	that all statements contained herein are true and correct.
theck No.: 8670	Signature of Officer Bate RICHARD GAGNE
or secretary of state use only	Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

401-277-3040 STOP

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

illing Periou: Junuary	1-March 1 · Fit	ing 111. \$50.00			
FORM MUST BE TYPED IN BLAC	CK)				
. Corporate ID No.	2. Name of Corporation		·		
40009	Statewide Insul	ation & Siding, Inc.			
Street Address Principal Business C  4/1 HAMANES  Business Phone No.		5. State of Incorporation	North Smatthad	O R-I	Elp ED-896 6. SIC Code
765-981  Brief Description of the Character	of Business Conducted in Rho	RHODE ISLAND			0430
Vory L Solons. NAMES AND ADDRESS			J AFNT)		
resident Name	BA GHE	₹	Vice President Name	乏	
41 Hankus	25 RD	Zip	Street Addiess 41 HANKIM City N. Smooth Frat D	ESS RO" State	Zip
	R. I	02896	M. Smooth FARLD	R.IL	02896
DEANE GAGO Direct Addiess	<u> ~</u>		RETCHAND G	FA GE	
City	State	Zip	City	State	ZIp
9. NAMES AND ADDRESS	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) Director Name	•	
None			NONE		
Street Address			Street Address	•	
City	State	Zip	City	State	Zip
Director Name  None			Director Name 1016	•	
Street Address	_		Street Address	-	
City	State	. Zip	City	State	Zip
10. SHARES AUTHORIZE.	D (*x* box for attach	MENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

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	2.30.98
File Date:	8425100
By:	100
	TARY OF STATE USE ONLY

**600 NO PAR VAL** 

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that II statements contained herein are true and correct.

Signature of Officer

Date

Print N Type Name of Officer

Tille of Officer



James R. Langevin, Secretary of State 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. Annna

2. Name of Corporation

Statewide Insulation & Siding, Inc.

40003	Statewide IIIs	sulation & Siumy, II	l <b>6.</b>		
3. Street Address Principal Busine 41 HANKS 1. Business Phone No. 766-9861 2. Brief Description of the Charace	VESS RD	5. State of Incorporation RHODE ISLANI	P.SMITHELD	State R-过,	21p 02898 6. SIC Code 0H30
		ERS ("X" BOX FOR ATTACI	L CARPETERY		
RICHARD	GAGNE		Vice President Name DIANE G	A GRE	
treet Address 41 HANK	NESS RI	)	Sireet Address 41 HARKA	AGNE ESS RO	
U. Smethfæll	State R-I.	02896	il. Smoth FreLC	State R-I.	U2896
DEFINE GP	+GNE		RECHAND	GAGRE	
ireer Address 41 HANKNE			Street Address 41 HARKNES		
N. Smoth Exerc	State R.T.	02896	N-SMETHERELD	State R-I	ZD 896
D. NAMES AND ADDRE Director Name		TORS (*X* BOX FOR ATTA	CHMENT) Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		• •
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ED AND ISSUED (*x:	ROX FOR ATTACHMENT)	· ·		

Par Value

**600 NO PAR VAL** 

AUTHORIZED SHARES

Number of Shares

60 No PARVAL

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

ISSUED) SHARES

Number of Shares



Class/Series

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and (a) statements contained herein are true and correct.

Class/Series

Par Value

Title of Office

#### **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

By:

For Secretary of State Use Only

1. CORPORATE ID NO	2. NAME OF CORPORATION	PLEASE TYPE OR PR	INT IN BLACK INK	· <del>··</del>	
40009		e Insulation &	Siding, Inc.		ŧ
3. STREET ADDRESS PROVCIPAL BUSINESS OFFICE	1		CITY	STATE	ZIP COOE
41 HARKERES			North Smath	R.I.	02896
401 766-98		STATE OF WOODPOPATION RHODE ISL	DNA.		6. STC CODE
7. BRIEF DESCRIPTION OF THE CHARACTER OF BU	SINESS CONDUCTED IN RHODE ISLAN	WonDows,	V=196 5=0=7,	Trolati	on, Doors, Erc.
	8 . N A M E	S AND ADDRE	SSES OF THE OFFI	CERS	· · ·
PRESIDENT NAME PICHAND STREET ADDRESS	GA GNE		WE PRESIDENT NAME  DEANE GAC  STREET ADDRESS  41 HARKINESS  OTT  North Smithfield	OF E	·
4/ Hankne	iss RD		141 HARKNESS	: RO	
North Smethterell	P.J.	かの後 896		O R. T.	ar 0000 ひスなテム
SECRETARY NAME	AGNE		TREASURER NAME  LECHAND  STREET ADDRESS		
141 HARKNE	ss Ro		41 HANKIVES	's RO	į
STREET ADDRESS  Y1 HARKNE  TWOOTH Smithfield	STATE A.I	2000E ひらくらく	41 HANKINES  WORTH SMETHER	STATE R. I	D2896
, DORECTOR NAME	9 . N A M E	S AND ADDRE		CTORS	
			<u> </u>	<del></del>	
STREET ADDRESS  I			STREET ADDRESS		
άlγ	STATE	ZIP CODE	ατν	STATE	20° C00€
OTRECTOR NAME	I	<del> </del>	DIRECTOR NAME		
STREET ADORESS			STREET ADDRESS	<del></del>	
ary ;	STATE	ZIP COOE	απ	STATE	ZIP COOE
'- <del>-</del> <del>///////</del>	1 0 . S H A	RES AUTHORI	ZED AND ISSUED		
	AUTHORIZED SHARES			ISSUED SHARES	
NUMBER OF SHAPES	CLASS / SERIES	PAR VALLE	MUMBER OF SHARES	CLASS / SERGES	PAR VALUE
600 NO PAR V	AL				
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<u> </u> 					
	This re	eport must be SIGN	IED IN INK by either the		
Presid			int Secretary, Treasurer, Re	eceiver or Trustee	
1/196			report, including any		irm that I have examined this ules and statements, and that d correct.
File Date: 1// / 3	ζ · · · · · ·		Signature of Officer	0 60	GNE
Check No:			Printey Type Name of		- A 0

#### State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:

FILED

JAN 10 1995

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

1995

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

Corporate ID:		Annual Rep	ort for the ye	ar:		
Name of Corporation:Statewide	Insulati	on & Siding	g, Inc.			
Business entity organized under the laws of the State of: _	RITI	Rucinace	s Entity is (che	ak ona):		
For foreign entity, address and telephone number of principal				ck one). ition (See RIGL (	Chanton 7 1 1)	
To two ga omity, address and telephone number of princi	par office.				(See RIGL Chap	7 5 1)
The state of the s	-	[ ] FR	oressional Serv	ice Corporation (	See KIGL Chap	ter 7-3.1)
•		— Deinf utu	stamont of the		ness conducted in	- Db - 1 - 1 - 1
Phone: (401) 766-9861	-			maracter of busin	iess conducted in メテルモュ	i Knode Island:
Address and telephone of the principal office of business of	entity in Dhada		SOCIFIC	TON, DOOR	<del>,                                    </del>	
Island (Provide street address - Not P.O. Box):	mitty in knode		<u></u>	<u></u>	,s_,	
41 HARKLESS RD WEST	<b></b> -	<del></del>	<del></del>	<del></del>	<del></del>	
NORTH SMITHFEILD		94				
Phone: (4al.) 766-9861						
	<u> </u>					
PRESIDENT		OF THE OFFICE	ERS ARE:			
/\ <del>-</del>		HET ADDRESS		CHY/STATE	A	ZIP CODE
ICECHANO GHONE		rkutss RD	WEST	N.Sz	RJ.	.02896
CECHAND GAGNE VICE PRESIDENT  VICE PRESIDENT  VICE GAGNE	/· STR	EET ADDRESS		CITY/STATE	//	ZIP CODE
SECRETARY		FFT ADDRESS		CITY/STATE	<del></del>	ZIP CODE
RECHARD GAGGE	••	, 7		11	11	11
TREASURER	STR	EET ADDRESS		CITY/STATE		ZIP CODE
RICHARD GALONE	21	11		/ /	11	1.
т	HE NAMES O	F THE DIRECT	ORS ARE:	- <del></del>		
NAME	STR	EET ADDRESS	ORO ARE.	CITY/STATE		ZIP CODE
Beetland GAGNE	211 +	+ An KI Icc	RD LES	TN.S.	RI.	02896
NAME	STR	FET ADDRESS	<u></u>	CITY/STATE		ZIP CODE
Dtans Gra-Gover	/ )	ر /		, ,	, ,	, .
NAME	STR	EET ADDRESS		CITY/STATE	<del></del>	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attack	ned)	NUMBER ()	F SHARES ISSI	UED AND OUTST	TANDING (Rider i	may be attached)
Number of Shares Class / Series		Number of S	Shares	Class / Serie	<del></del>	
			_			
<i>i</i>		1-0	a. Pa	n Com	, M 2 N	
100 No Par Common		600	100 11			
10.0		- 0 - 11	^ _			
Date 12-26- 19 94	Bv <sup>†</sup>	KECH19	mb si	MONE		
•		The	20) (	ame	<del></del>	<del></del>
	PRIN	T OR TYPE NAME OF OFF	ICER SIGNING			
Form 31 1/95	TITI	LE OF OFFICER SIGNING	PRESIV	End.		
DESIGNATED	REGISTERE	AGENT FOR S	ERVICE OF	PROCESS:		

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

RICHARD GAGNE 41 HARKNESS ROAD NO. SMITHFIELD RI 02896 Filing Fee \$50.00 Payable to Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

#### State of Rhode Island and Providence Plantations Office of The Secretary of State

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

0040009 1994 Corporate ID: Annual Report for the year: \_ Statewide Insulation & Siding, Inc. Name of Business Entity: \_ Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one) [X] Business Corporation (See RIGL Chapter 7-1.1) Federal Taxpayer Identification Number: [ ] Professional Service Corporation (See RIGL Chapter 7-5.1) For foreign entity, address and telephone number of principal office: [ ] Limited Liability Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed: Richard Gagne 41 Harkness Road W North Smithfield, R.I. 02895 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Brief statement of the character of business conducted in Rhode Island: 41 Harkness Road W. Vinyl siding & Insulation North Smithfield, R.I. 02895 Date of Organization: \_\_\_\_\_\_9/4./86 Date of Qualification to do business in Rhode Island (if foreign entity): Phone: ( 401 766-9861 THE NAMES OF THE OFFICERS ARE: STREET ADDRESS Richard Gagne, 41 Harkness Road W., North Smithfield, R.I. 02895 CHEF OPERATING OFFICER OR . VICE PRESIDENT (CHARDS) Diane Gagne, 41 Harkness Road W., North Smithfield, R.I.02895

GUSTODIAN OF RICORDS ON TRISCOPTION OF THE PROPERTY OF THE PROP Diane Gagne CHIEF FINASCIAL OFFICER OR TO TREASURER (Chief Die) STREET ADDRESS CITOSTATE Richard Gagne THE NAMES OF THE DIRECTORS ARE: C TYNTATT Richard Gagne STREET ADDRESS CODISTAC <u>Dian</u>e Gagne STREET ADDRESS NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) 600 NUMBER NUMBER 600 CLASS CLASS SERIES SERIES PAR VALUE OR PAR VALUE OR WITHOUT PAR no par WITHOUT PAR no par January 28 FEB n 3 lysis form 31 194 DESIGNATED REGISTERED OR RESIDENT AGENT FOR 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 filled.

Filing Fee \$50.00  State of	CORPORATION 100 NORTH MA	AIN STREET	o be filed annually between January 1st and March 1st
Corporate ID00400	PROVIDENCE, RHO		1993
•		Statewide Insulation	
Second: It is incorporat	ed under the laws ofRh	ode Island	
THIRD: Character of bus	iness, briefly stated, isi	nstallation of replace	ment windows,
vinyl	siding, insulation	on	
FOURTH: If foreign corpo	oration, address of its princ	cipal office n/a	
FIFTH: Business address		Harkness Road W, North	Smithfield,
SIXTH: Names and address	esses of its directors and of	ficers: Address (including number, sa	(Attach rider if necessary)
Richard Gagne	Director	41 Harkness Road W.,	North Smitfhield
Diane Gagne	Director	41 Harkness Road W.,	North Smithfield
	Director		
Richard Gagne	President		
Diane Gagne	Vice President		
Diane Gagne	Secretary		
Richard Gagne	Treasurer		
	ares authorized:		Par Value or statement that shares are without
No of Shares	Class	Series	par value no par
600		PAID	pul
Еіднтн: Number of Sha	res issued:	JAN 2 2 1993	Par Value
No. of Shares	Class	SEC'Y OF STATE	or statement that shares are without par value
600			no par
Dated January 21	********** ************************	tatewide Insulation & S	Siding, Inc.
(Report must be signed	By.	1 (inhard) Gas	fre

I.

I.

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

FIRST: The name of the corporation is Statewide Insulation & Siding, Inc.  SECOND: It is incorporated under the laws of Rhode Island  THIRD: Character of business, briefly stated, is install replacement windows, viny1 siding, insulation  FOURTH: If foreign corporation, address of its principal office n/a  FIFTH: Business address in Rhode Island 41 Harkness Road, North Smithfield, R.I. 02895  SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary Name Office Address (including number, street, zip code)  Richard Gagne Director 41 Harkness Rd., North Smithfield, Diane Gagne Director 41 Harkness Rd., North Smithfield,	
THIRD: Character of business, briefly stated, is install replacement windows, vinyl siding, insulation  FOURTH: If foreign corporation, address of its principal office	
FOURTH: If foreign corporation, address of its principal office	
FOURTH: If foreign corporation, address of its principal office	
FIFTH: Business address in Rhode Island 41 Harkness Road, North Smithfield,  R.I. 02895  SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary Name Office Address (including number, street, zip code)  Richard Gagne Director 41 Harkness Rd., North Smithfield,	
SIXTH: Names and addresses of its directors and officers:  Name Office Address (including number, street, zip code)  Richard Gagne Director  All Harkness Rd., North Smithfield,	
Name Office Address (including number, street, zip code)  Richard Gagne Director 41 Harkness Rd., North Smithfield,	•
	)
Diane Gagne Director 41 Harkness Rd., North Smithfield,	R.
	R
Director	
Richard Gagne President	
Diane Gagne Vice President	
Diane Gagne Secretary	
Richard Gagne Treasurer	
SEVENTH: Number of Shares authorized:  Or statement that shares are without	
No. of Shares Class Series par value	
EIGHTH: Number of Shares issued:    DEC 1 4 1992   Par Value   Or STATE   Shares are without	
No. of Shares Class Senes shares are without par value	
no par	
Dated November 18 1992 Statewide Insulation & Siding, Inc.  (Name of Corporation)  By Caland Gagner  (Report must be signed by an officer)  Title President	

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

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

Corporate ID 40009		Annual Report for the y	ear1991
FIRST: The name of the	e corporation is State	wide Insulation & Si	ding,Inc
Second: It is incorpor	ated under the laws ofR	hode Island	
THIRD: Character of be vinyl siding,		nstall replacement w	indows,
FOURTH: If foreign cor	poration, address of its prir	ncipal officen/.a	
FIFTH: Business addres	s in Rhode Island41	Harkness Road, North	Smithfield
SIXTH: Names and add	dresses of its directors and o	officers: Address (including num	(Attach rider if necessary) ber, street, zp code)
Richard Gagne	Director	41 Harkness Road,	North Smithfield. R.I.
Diane Gagne	Director	41 Harkness Road,	North Smithfield, R.I.
	Director		
Richard Gagne	President		
Diane Gagne	Vice Presiden	<b>I</b>	
Diane::Gagne.::	Secretary		
Richard Gagne	Treasurer		
SEVENTH: Number of	Shares authorized:	A	or statement that shares are without par value
No. of Shares	Class	Series ;	·
600	.1	DLU 1 5 GB2	no par
Eighth: Number of S	Shares issued:	SEC'Y OF STATE	Par Value or statement that shares are without par value
No. of Shares	Class	Series	no par
Dated November 18	_	Statewide Insulation (Name of Corporation)  By  Presiden	ion & Siding, Inc.
(Report must be sig	ned by an officer)	Title residen	

Form 31 1/85

#### State of Rhode Island and Providence Plantations

C

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0040009	Annual Report for the year 1990
FIRST: The name of the corporation	is. Statewide Insulation & Siding, Inc.
SECOND: It is incorporated under th	ne laws of RHODE Is LAND
THIRD: Character of business, briefly	y stated, is REMODELTES, - KTYL STOTES,
Tisulation For Businessa	y stated, is REMODELTIZ, - MANY AND ALL LEGAL RESIDENTIAL PROPERTIES AND ANY AND ALL LEGAL
	dress of its principal office
FIFTH: Business address in Rhode Is	sland 41 HANKNESS RO WEST
	LORTH SMITHFELD R. I 02895
SIXTH: Names and addresses of its d	directors and officers: (Attach rider if necessary) Office Address (including number, street, zip code)
GERAND GAGNE	Director 51 EARLE ST how. 02895
	Director
<u>.</u>	Director
	President 41 HARKNESS RO 4 02895
DEANE GAGNE	Vice President
DSALE GAGNE	Secretary
Princip Con	Treasurer
SEVENTH: Number of Shares author	or statement that
No. of Shares Class	Senes par value  PAID
	• • •
Еіднтн: Number of Shares issued:	JAN 2 9 1990
No. of Shares Class	SEC'Y. OF STATE  Par Value or statement that shares are without par value
110. Or Shares	Series par value
Dated 1-27- 19 5	To State Cide Insulation & Siding Inc. (Name of Corporacion)
	By / (what Caga
(Report must be signed by an officer)	Title / New On Son

### , State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	PROVIDENCE, RHOI			0 40
Corporate ID 0640009	•••••	Annual Report	for the year!	989
FIRST: The name of the corpo	oration is STA+1	ELEDE Fish	Atto I SIL	try tre.
SECOND: It is incorporated un	der the laws of	RHODE FOR	kaD	
THIRD: Character of business,	, briefly stated, is R	EmoDELingo L	myl SID	ry Irolation
THIRD: Character of business,	DENTER PROP	perties AND A	ILY AND AU	LEGAL 1505=
FOURTH: If foreign corporation			•	•
FIFTH: Business address in Rh				
	KORTH	SmothFE	ED RI.	2895
SIXTH: Names and addresses of Name	of its directors and of		(A) noluding number, street, zi	ttach rider if necessary)
GERAND GAGIE	Director	51 EARLE	ST how	v. 62895
	Director			
	Director		*************************	
RELHAND GAGRE	President	41 HARKAG	555 RD 4	02895
DIAME GAGNE	Vice President		, 7	
DEARE GOGNE	Secretary		17	
RICHARD GAGNE	Treasurer		9	
SEVENTH: Number of Shares a	authorized:		•	Par Value
No. of Shares	Class	Senes		res are without par value
600 NO PAR VA	HUE	m 4 ID		
		PAID		
EIGHTH: Number of Shares is:	sued:	JAN 2 9 1990	) or	Par Value statement that
No of Shares	Class	SEC SEC ST	ATC sha	res are without par value
		<del></del>	/ ^ /	. 4
Dated 1-27-	19 98 A	tale Wide	dosulate	- A fishing he
	Ву	Kiland	6 agr	
(Report must be signed by an	officer) Titl	e / Vinder	<u> </u>	

Form 31 1/85

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

Corporate ID 40009	Ar	nnual Report for the year	1988
FIRST: The name of the corporation	n is State	wide Insulation	¥ Siding, Inc.
SECOND: It is incorporated under	he laws of	Shode is	land
THIRD: Character of business, brie	fly stated, is INSUL	Attor & SIDING	OF HOUSIES
And Any And ALC	LEGAL BU	5=~ESS-	
FOURTH: If foreign corporation, ac	•		
FIFTH: Business address in Rhode			
No	·Smathfeal	) R.I. 02899	5
SIXTH: Names and addresses of its	directors and officers:	Address (including number, se	(Attach rider if necessary) reet, zip code)
	. Director		
	. Director	•••••••••••••••••••••••••••••••••••••••	•••••
	. Director		
RICHARD GAGNE	. President 4/	HARKNESS RI	Oh No. SMITHTIELD
PIBNE GAGNE	. Vice President 41 11 me	KNESS RD W NO.	SMITHERED RIT 02895
PIBNE GAGNE DIGNE GAGNE	Secretary 41 //m	nkaless RO 4 No.	SMETHFEELD P.I. 12895
RECHARD GAGNE	•	RKIESG RP. L. NO.	SMITHFEELD RICORPS
SEVENTH: Number of Shares author			Par Value or statement that shares are without
No. of Shares Class		Series	par value NO PAR VALUE
	PAJE)	± ·	/
EIGHTH: Number of Shares issued:	"MAR 81 1999	į	Par Value or statement that
No. of Shares Class	Secropsia.	Series	shares are without par value
Dated 2-6- 19	State U (Name of Compora	usos Insul/st.	Deng Inc
, •	Ву/С	chard Gague	-
(Report must be signed by an officer	Title / 10	sident	

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 40009		Annual Report fo	or the year1987
First: The name of th	e corporation isState	ewide Insulation & Si	ding, Inc.
SECOND: It is incorpor	ated under the laws of	Rhode Island	
THIRD: Character of b	usiness, briefly stated, is	remodelingand	aluminum siding
FOURTH: If foreign co	rporation, address of its pr	incipal office	
Fifth: Business addres	ss in Rhode Island 24	Sweet Ave., Woons	socket, R.I. 02895
SIXTH: Names and add	dresses of its directors and	officers:	(Attach rider if necessary) ding number; street, zip code) Noon., R.I. 02895
Richard Gagne	Director '-	w24 Sweet Ave.	Joon., R.I. 02895
Diane Gagne	Director	24 Sweet Ave., 1	Woon., R.I. 02895
	Director	· · · · · · · · · · · · · · · · · · ·	
Richard Gagne	President	24 Sweet Ave.,	Woon., R.I. 02895
Diane Gagne	1		
Diane Gagne	_		Woon., R.I 02895
Richard Gagne			Woon., R.I. 02895
	Shares authorized:		Par Value
			or statement that shares are without
No. of Shares	Class	Series	par value
600	14	MAIL	no par value
Eіднтн: Number of S	hares issued: SEC'Y.	PAILI V 29 1987 OF STATISPINS	Par Value Or statement that shares are without
No. of Shares	Class	OTAT, Spines	par value
600			no par value
Dated January 23		tatewide Insulati	on & Siding Inc.
(Report must be sign	ed by an officer) T	itle President	2 V