



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. 54310		2. Name of Corporation E.R.G. CARPENTRY, INC.			
3. Street Address Principal Business Office 144 BELL AVENUE			City RIVERSIDE	State RI	Zip 02915
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CARPENTRY AND CONSTRUCTION ON A RESIDENTIAL COMMERCIAL AND INDIVIDUAL BASIS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD R GEOFFREY			Vice President Name		
Street Address 144 BELL AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EDWARD R GEOFFREY			Director Name		
Street Address 144 BELL AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
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
100	COMMON	NPV	100	COMMON	NPV

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



**FILED**

File Date MAR 01 2005 1290  
Check No. 1290  
By MB  
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.

Edward R. Geoffrey 2/26/05  
Signature of Officer Date  
**EDWARD R GEOFFREY**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 54310		2. Name of Corporation E.R.G. CARPENTRY, INC.			
3. Street Address Principal Business Office 144 BELL AVENUE			City RIVERSIDE	State RI	Zip 02915
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CARPENTRY AND CONSTRUCTION ON A RESIDENTIAL COMMERCIAL AND INDIVIDUAL					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD R GEOFFREY			Vice President Name		
Street Address 144 BELL AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EDWARD R GEOFFREY			Director Name		
Street Address 144 BELL AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
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
100	COMMON	NO PAR VALUE	100	COMMON	NPV

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



5 4 3 1 0

File Date 2.25.04  
Check No. 1273  
By: ICP  
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.

Edward R. Geoffrey Feb. 22, 2004  
Signature of Officer Date  
**EDWARD R GEOFFREY**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**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. **54310** 2. Name of Corporation **E.R.G. Carpentry, Inc.**  
3. Street Address Principal Business Office **149 Earl Ave.** City **Riverside** State **R.I.** Zip **02915**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**To provide carpentry and construction on a residential commercial and indiv**

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

President Name <b>Edward R. Geoffrey</b>	Vice President Name
Street Address <b>149 Earl Ave.</b>	Street Address
City <b>Riverside</b> State <b>R.I.</b> Zip <b>02915</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
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 <b>Edward R. Geoffrey</b>	Director Name
Street Address <b>149 Earl Ave.</b>	Street Address
City <b>Riverside</b> State <b>R.I.</b> Zip <b>02915</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>	<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>100 NO PAR VALUE</b>	<b>100 common NPV</b>

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



\* 5 4 3 1 0 \*

File Date: 1-21-03  
Check No.: 1260  
By: UP

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.

Edward R. Geoffrey 1-19-03  
Signature of Officer Date

Edward R. Geoffrey  
Print or Type Name of Officer

President  
Title of Officer



**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. **54310** 2. Name of Corporation **E.R.G. Carpentry, Inc.**  
3. Street Address Principal Business Office **149 Earl Ave.** City **Riverside** State **R.I.** Zip **02915**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
to provide carpentry and construction on a residential commercial & indiv

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

President Name <b>Edward R. Geoffrey</b>	Vice President Name
Street Address <b>149 Earl Ave.</b>	Street Address
City <b>Riverside</b> State <b>R.I.</b> Zip <b>02915</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
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 <b>Edward R. Geoffrey</b>	Director Name
Street Address <b>149 Earl Ave.</b>	Street Address
City <b>Riverside</b> State <b>R.I.</b> Zip <b>02915</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

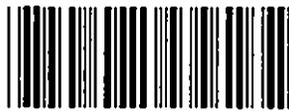
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
100 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	common	NPV

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



\* 5 4 3 1 0 \*

File Date: 2-28-02  
Check No.: 1252  
By: [Signature]

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.

Edward R. Geoffrey 2-23-02  
Signature of Officer Date

Edward R. Geoffrey  
Print or Type Name of Officer

President  
Title of Officer



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. 54310 2. Name of Corporation E.R.G. Carpentry, Inc.  
3. Street Address Principal Business Office 149 Earl Ave. City Riverside State R.I. Zip 02915  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation RHODE ISLAND 6. ~~8888~~

7. Brief Description of the Character of Business Conducted in Rhode Island  
To provide carpentry and construction on a residential commerical&indiv.

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

President Name <u>Edward R Geoffrey</u>	Vice President Name
Street Address <u>149 Earl Ave.</u>	Street Address
City State Zip <u>Riverside R.I. 02915</u>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
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 <u>Edward Geoffrey</u>	Director Name
Street Address <u>149 Earl Ave.</u>	Street Address
City State Zip <u>Riverside R.I. 02915</u>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

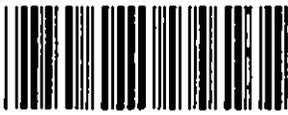
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
100 SHS NO PAR VAL

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 COMMON NPV

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



\* 5 4 3 1 0 \*

3/7

File Date: \_\_\_\_\_

Check No.: 1233

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.

Edward R. Geoffrey March 4, 2001  
Signature of Officer Date

Edward R. Geoffrey  
Print or Type Name of Officer

President  
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. **54310** 2. Name of Corporation **E.R.G. Carpentry, Inc.**

3. Street Address Principal Business Office **149 Earl Ave.** City **Riverside** State **R.I.** Zip **02915**

4. Business Phone No. **(401) 438-5610** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To provide carpentry and construction on a residential, commercial & individual basis**

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

President Name **Edward R. Geoffrey**  
Street Address **149 Earl Ave.**  
City **Riverside** State **R.I.** Zip **02915**

Vice President Name  
Street Address  
City State Zip

Secretary Name  
Street Address  
City State Zip

Treasurer Name  
Street Address  
City State Zip

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

Director Name **Edward R. Geoffrey**  
Street Address **149 Earl Ave.**  
City **Riverside** State **R.I.** Zip **02915**

Director Name  
Street Address  
City State Zip

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
	100 SHS	NO PAR	VAL

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	COMMON	NPV

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



File Date: 2/1/00  
Check No.: 1217  
By: C

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 Edward R. Geoffrey Date 1-30-2000  
Print or Type Name of Officer Edward R. Geoffrey  
Title of Officer President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>54310</b>		2. Name of Corporation <b>E.R.G. Carpentry, Inc.</b>	
3. Street Address Principal Business Office <b>149 Earl Ave.</b>		City <b>Riverside</b>	State <b>R.I.</b>
4. Business Phone No. <b>(401) 438-5610</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
		6. SIC Code <b>0000</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To provide carpentry and construction on a residential, commercial &amp; individual basis</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Edward R. Geoffrey</b>		Vice President Name	
Street Address <b>149 Earl Ave.</b>		Street Address	
City <b>Riverside</b>	State <b>R.I.</b>	City	State
Zip <b>02915</b>		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Edward R. Geoffrey</b>		Director Name	
Street Address <b>149 Earl Ave.</b>		Street Address	
City <b>Riverside</b>	State <b>R.I.</b>	City	State
Zip <b>02915</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>100 SHS NO PAR VAL</b>		<b>100</b>	<b>common</b>
Par Value		Par Value	<b>NPV</b>

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



\* 5 4 3 1 0 \*

File Date: May 16, 1999  
Check No.: 2142  
By: JO

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.

Edward R. Geoffrey March 11, 1999  
Signature of Officer Date  
Edward R. Geoffrey  
Print or Type Name of Officer  
President  
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **54310** 2. Name of Corporation **E.H.G. Carpentry, Inc.**  
3. Street Address Principal Business Office  
**149 Earl Avenue** City **Riverside** State **R.I.** Zip **02915**  
4. Business Phone No. **(401) 438-5610** 5. State of Incorporation **RHODE ISLAND**  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
to provide carpentry and construction on a residential, commercial & individual basis

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

President Name <b>Edward R. Geoffrey</b>	Vice President Name
Street Address <b>149 Earl Ave.</b>	Street Address
City <b>Riverside</b> State <b>R.I.</b> Zip <b>02915</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>Edward R. Geoffrey</b>	Director Name
Street Address <b>149 Earl Ave.</b>	Street Address
City <b>Riverside</b> State <b>R.I.</b> Zip <b>02915</b>	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	Class/Series	Par Value
<b>100 SHS NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>NPV</b>

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



File Date: 1/29/98  
Check No.: 1170  
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.

Edward R. Geoffrey 1-27-98  
Signature of Officer Date  
Edward R. Geoffrey  
Print or Type Name of Officer  
President  
Title of Officer



**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. **54310** 2. Name of Corporation **E.R.G. Carpentry, Inc.**  
3. Street Address Principal Business Office **149 Earl Ave.** City **Riverside** State **R.I.** Zip **02915**  
4. Business Phone No. **(401) 438-5610** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
To provide carpentry and construction services on a residential, commercial & individual basis

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

President Name <b>Edward R. Geoffrey</b>	Vice President Name
Street Address <b>149 Earl Ave.</b>	Street Address
City <b>Riverside</b> State <b>R.I.</b> Zip <b>02915</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>Edward R. Geoffrey</b>	Director Name
Street Address <b>149 Earl Ave.</b>	Street Address
City <b>Riverside</b> State <b>R.I.</b> Zip <b>02915</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 SHS NO PAR VAL</b>			<b>100</b>	<b>Common</b>	<b>NPV</b>

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



File Date: 3/17/97  
1997  
Check No.: \_\_\_\_\_  
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.

Edward R. Geoffrey March 13, 1997  
Signature of Officer Date  
Edward R. Geoffrey  
Print or Type Name of Officer  
President  
Title of Officer

**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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 54310		2. NAME OF CORPORATION E.R.G. Carpentry, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 149 Earl Avenue		CITY E. Providence	STATE RI
		ZIP CODE 02915	
4. BUSINESS PHONE NO. (401) 438-5610		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 8888
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To provide carpentry and construction services on a residential, commercial & individual basis.			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Edward R. Geoffrey			VICE PRESIDENT NAME		
STREET ADDRESS 149 Earl Avenue			STREET ADDRESS		
CITY E. Providence	STATE RI	ZIP CODE 02915	CITY	STATE	ZIP CODE
SECRETARY NAME			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Edward R. Geoffrey			DIRECTOR NAME		
STREET ADDRESS 149 Earl Avenue			STREET ADDRESS		
CITY E. Providence	STATE RI	ZIP CODE 02915	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS NO PAR VAL			100	Common	NPV

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.

File Date: March 1, 1996 <sup>2/27/96</sup>  
 Check No: 1064 <sup>1064</sup>  
 By: Edward R. Geoffrey <sup>KMF</sup>  
 For Secretary of State Use Only

Edward R. Geoffrey  
 Signature of Officer  
Edward R. Geoffrey  
 Print or Type Name of Officer  
President  
 Title of Officer  
2-25-96  
 Date

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

**ANNUAL REPORT**

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.**

0054310

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

**E.R.G. Carpentry, Inc.**

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: R.I.

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

To provide carpentry and construction services on a residential, commercial and individual basis

25 Waterman Ave.

East Providence, R.I. 02914

Phone: ( 401 ) 438-5610

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Edward R. Geoffrey</u>	<u>25 Waterman Ave.</u>	<u>East Providence, R.I.</u>	<u>02914</u>
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
100		100	

*FILED*  
 MAR 01 1995  
 By: ICP430-1000

Date January 6, 19 95

By: Edward R. Geoffrey

PRINT OR TYPE NAME OF OFFICER SIGNING Edward R. Geoffrey

TITLE OF OFFICER SIGNING PRESIDENT

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

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

MICHAEL D. CORRADO  
 2399 PAWTUCKET AVENUE  
 EAST PROVIDENCE RI 02914

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

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

Corporate ID: 0054510 Annual Report for the year: 1994

Name of Business Entity: E. R. G. Carpentry, Inc.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

25 Waterman Ave.  
East Providence, R.I. 02914

Phone: ( 401 ) 438-5610

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Edward R. Geoffrey  
25 Waterman Ave.  
East Providence, R.I. 02914

Brief statement of the character of business conducted in Rhode Island:

To provide carpentry and construction  
services on a residential, commercial and  
individual basis

Date of Organization: 2-21-89

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One)				
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)				
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Edward R. Geoffrey</u>	<u>25 Waterman Ave.</u>	<u>East Providence, R.I.</u>	<u>02914</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER  
100  
CLASS  
SERIES  
PAR VALUE OR  
WITHOUT PAR NPV

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER  
100  
CLASS  
SERIES  
PAR VALUE OR  
WITHOUT PAR NPV

Date January 26, 1994

By Edward R. Geoffrey

Edward R. Geoffrey  
PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1994

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 filed

MICHAEL D. CORRADO  
2339 PAWTUCKET AVE.  
E. PROVIDENCE RI 02914

MAN 1 1994  
BY MR 432

Filing Fee \$50.00

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

*34/1000*

Corporate ID 0054310 Annual Report for the year 1993

FIRST: The name of the corporation is E.R.G. Carpentry, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is .....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 25 Waterman Ave., East Providence, R.I. 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Edward R. Geoffrey	President	Edward R. Geoffrey 25 Waterman Ave. East Providence, R.I. 02914
.....	Vice President	.....
.....	Secretary	.....
.....	Treasurer	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
		MAR 0 9 1993	
		SECRETARY OF STATE	

Dated February 9 19 93 E.R.G. Carpentry, Inc.  
(Name of Corporation)

By Edward R. Geoffrey  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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

201 *[Signature]*

Corporate ID.....0054310..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....E. R. G. Carpentry, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....25 Waterman Ave., E. Providence, R.I. 02914.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Edward R. Geoffrey	President	.....
.....	Vice President	.....
.....	Secretary	.....
.....	Treasurer	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			N P V

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID  
MAR 05 1992  
SECY OF STATE

Dated February 27, 19 92.

E. R. G. Carpentry, Inc.  
(Name of Corporation)

By *Edward R. Geoffrey*

Title *President*

(Report must be signed by an officer)

Filing Fee \$50.00

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 0054310 Annual Report for the year 1991

FIRST: The name of the corporation is E. R. G. Carpentry, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is .....

FOURTH: If foreign corporation, address of its principal office .....

✓ FIFTH: Business address in Rhode Island 25 Waterman Ave., E. Providence, R.I. 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>Edward R. Geoffrey</u>	President	<u>25 Waterman Ave., E. Providence, R.I. 02914</u>
.....	Vice President	.....
.....	Secretary	.....
.....	Treasurer	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			N P V

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID  
MAR 01 1991  
SECY OF STATE

Dated January 29 19 91

  
E. R. G. Carpentry, Inc.  
(Name of Corporation)

By Edward R. Geoffrey

Title Pres.

(Report must be signed by an officer)

Filing Fee \$15.00

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

AT

Corporate ID 0054310

Annual Report for the year 1990

FIRST: The name of the corporation is E. R. G. Carpentry, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Carpentry & Construction Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 25 Waterman Ave. E. Providence R.I. 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Edward R. Geoffrey</u>	<u>Director</u>	<u>25 Waterman Ave. E. Providence, R.I. 02914</u>
	<u>Director</u>	
	<u>Director</u>	
	<u>President</u>	
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>100</u>	

Par Value  
or statement that  
shares are without  
par value  
No par value

PAID

MAR 10 1990

SECY. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
<u>100</u>		

Par Value  
or statement that  
shares are without  
par value  
No par value

Dated March 1 19 90

E. R. G. Carpentry, Inc.  
(Name of Corporation)

By Edward R. Geoffrey