

\*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 CORPOR Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	arch 1 • Filing	UAL REPORT Fee: \$50.00	FOR THE YEAR	2005	
1. Corporate ID No. 97010	2. Name of Corporation SIR PRODUCTS	& SERVICES, INC.			
3. Sirver Address Principal Business C SS APPLETR	Дсе		NO. KINGSTOWN	State RI	02852
4. Business Phone No. 884 - 8486		5. State of Incorporation RHODE ISLAND			6. SIC Corle
7. Brief Description of the Character of TO ENGAGE IN THE WH	of Business Conducted in A	Phode Island	SALE SSERVICE AND REPAIR		
8. NAMES AND ADDRESSES President Name NEIL C. H	OF THE OFFICERS:		<u>_</u>	CES BEFORE USING A	TTACHMENTS
Street Address	REE CT.		Street Address		
No. KINGSTOWN	State RI	<sup>z16</sup> 02852	City  Treasurer Name	State	Zip
Street Address	<u></u>		Street Address		
City	State	Zip	City	State	Zip
<del></del>			Director Name Street Address	PACES BEFORE USING	
NO. KINGSTOWN Director Name	PI	02852	City Director Name	State	Zip
Street Address		·	Sircer Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	 ("X" BOX FOR ATTA	ICHMENT)	: 11. SHARES ISSUED ("X" ISSUED SHARES	   BOX FOR ATTACHM	 EN7) [
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Sirtes	Par Value
1,000 COMM NO PAR VALU	<u></u>		100	Common	NO PAR
This report must be s    I	05	er the President, Vice P		. I declare and affirm that ying schedules and staum pand spirrect.	I have examined this report ents and that all statements.      1/5/05     Date
		_	Title of Officer		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street

2004

ovidence,	KI 02903-1335	
	401.222.3040	

#### Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 97010 SIR PRODUCTS & SERVICES, INC 3. Street Address Principal Business Office City State North Kingstown R.I. 02852 <u>55 Apple Tree Ct</u> 6. SIC Code RHONE de Land 401-884-8486 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE WHOLESALE SUPPLY OF MATERIALS, RETAIL SALE SSERVICE AND REPAIR. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Neil C. Houston Street Address Street Address 55 Apple Tree Ct. Zip City State Zip 02852 North Kingstown R.I. Secretary Name Treasurer Name Street Address Street Address Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Neil C. Houston Street Address Street Address 55 Apple Tree Ct. City State 7,Ip Cuy State Zip 02852 North Kingstown R.I. Director Name Street Address Street Address City State Zip City State

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

100

File Date 314104
Check No. 3869
By:
FOR SECRETARY OF STATE USE ONLY

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value

No Par

**AUTHORIZED SHARES** 

1,000 COMM NO PAR VALUE

Number of Shares

Under penalty of perjury, I declare and affirm including any accompanying schedules and st contained berein are true and correct.	
Signature of Officer	Date
Neil C. Houston	
Print or Type Name of Officer	
President	
Title of Officer	

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

Class/Series

1 MMC

Par Value

Jo.

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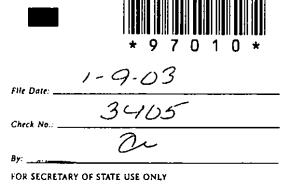
401-222-3040

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

STOP PLEASE READ INSTRUCTIONS
INSTRUCTIONS

FORM MUST BE TYPED OR PRINT	ED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation	1			
97010	S/R PRODUCT	S & SERVICES, INC.			
3. Street Address Principal Business			City	State	Zip 0.205.2
55 Apple Tree	e Ct.		North Kingsto	own RI	02852
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-884-8486		RHODE ISLAND			0
7. Brief Description of the Character	·				
	Industrial	• •			
8. NAMES AND ADDRES: President Name	SES OF THE OFFICE	ERS ("X" BOX FOR ATTACI	HMENT) FILL IN SPACES E Vice President Name	BEFORE USING ATTACI	HMENTS
Maria A H	iouston		Neil C. Ho	uiston	
Street Address	.04500		Street Address	, as con	
55 Apple	Tree Ct.		55 Apple	Tree Ct.	
City	State	Zip	City	State	Zip
N.K.	R.I.	02852	N.K.	R.I.	02852
Secretary Name		•	Treasurer Name	·	• • •
Street Address			Street Addiess		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIREC	TO <b>RS</b> (*X* ROX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATTA	CUMENTS
Director Name	JES OF THE DIREC	1013 ( 1 1001 1011 1111	Director Name		CHALINE
Maria A H	louston		Neil C	Houston	
Street Address 55 Apple	Tree Ct.		Street Address 55 Appl	e Tree Ct.	
City	State	Zip 0000	City	State	7/2
N.K.	R.I.	02852	N.K.	R.I.	<sup>Ζίρ</sup> 02852
Director Name	• •		Director Name		• •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	D (*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUFID SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VAL	LUE		· none		

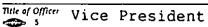
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare any giffrm that I have examined this report, including any accompanying schedules and statements, and

Print or Type Name of Officer Neil C Houston

1-7-03



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

•			· · · · · · · · · · · · · · · · · · ·		
This report m	ust b <b>c signed in ink</b> by eith	er the President, Vice P		- nt Secretary. Treas	urer. Receiver or Trus
1,000 COMM	NO PAR VALUE		N <sup>0</sup> ne	C0mm	NO Par
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES A			11. SHARES ISSUED (*X*.		r)
City	State	Zip	City	State	Zip
Street Address			Street Address		
Director Name		•	Director Name		
City	State	Zip	City	State	Zip
Street Address			Street Address		
9. NAMES AN Director Name	D ADDRESSES OF THE DIRE	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES E Director Name	BEFORE USING ATT	ACHMENTS
Clly	State	Zip	City	State	Zip
Street Address			- Street Address		
Secretary Name		· • · • •	Deasurer Name	•	•
City North	Kingstown RI	<sup>Zip</sup> 02852	City	State	Zip
Street Address	55 Apple Tree Ct.	•	Street Address		
President Name	Neil C. Houston	CERS (A BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FURE USING ATTA	CUMEN 12
	ID ADDRESSES OF THE OFFI	Whole	esale Industrial		CLIBACANYO
	of the Character of Business Conducted in	Rhade Island			v
4. Business Phone 1 401-88		5. State of Incorporation RHODE ISLAND			6. SIC Code O
	le Tree Ct.	f formatti	North Kingstow	n RI	02852
	rincipal Rusiness Office		City	State	Zip
97010	S/R PRODUC	CTS & SERVICES, INC.			
1. Corporate ID No.	. 2. Name of Corporal	ion			
(FORM MUST BE	TYPED IN BLACK)				



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 stardments contained herein are the and correct.

Date

4-23-02

Neil C. Houston

Print or Type Name of Officer

Title of Officer 4 S

Farm 630 12/01

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

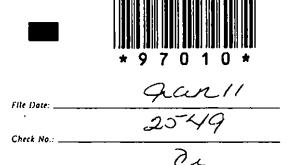
~	•			=				
(FORM MUST	BE TYPED IN BLACK	;)						
1. Corporate ID		-	Corporation					
9	7010	S/R F	RODUCTS	& SERVICES, I	NC.			
3. Street Address	Principal Business Of	fice			City		State	Zip
55 A	pple Tree	Ct.			N.K	•	RI	02852
4. Business Phoi	ie No.			5. State of Incorporation				6. SIC Code
401-	884-8486			RHODE ISLAND				<b>0</b> 2659
	lon of the Character of esale ind							
8. NAMES	AND ADDRESSE	S OF TH	E OFFICER	S ("X" BOX FOR ATTACH	MENT) I	TILL IN SPACES BEFO	ORE USING ATTACH	MENTS
President Name	Mamia N	110000				ient Name		
	Maria A.	Hous	con			il C. Houst	3n	
Street Address	55 Apple	Tree	Ct.		Street Add	""Apple Tree		
City N.	К.	State	RI	02852	City N	.K.	State RI	<sup>Zip</sup> 02852
Secretary Name	Neil C.	Houst	on		Treasurer	Name Neil C. Hous	ston	•
Street Address	55 Apple	Tree	Ct.		Street Add	%s 55 apple Tr	ee Ct.	
City N.	к.	State RI		02852	City	N.K.	State RI	<sup>21p</sup> 02852
9. NAMES	AND ADDRESSE	S OF TH		RS ("X" BOX FOR ATTAC	CHMENT)	FILL IN SPACES BE	FORE USING ATTAC	HMENTS
Director Name	Non	е			Director N	None None		
Street Address	Non	e e			Street Add	None		
None		State NO1	ne	None None	cur Non	e	State None	Zip None
Director Name					Director N	ame		
	None					No	ne	
Street Address					Street Add	ress		
	None					No	ne	
City		State		Zip	City		State	Zip
None		No	ne	None		None	None	None
10. SHARES	AUTHORIZED	("X" ROX I	FOR ATTACHM	ENT)	11. SH	ARES ISSUED (*x* B	OX FOR ATTACHMENT)	

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

ISSUIDD SHARES

Number of Shares

None



1,000 COMM NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Class/Series

Par Value

AUTHORIZED SHARES

Number of Shares

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.

1 - 8 - 01

Class/Series

None

Par Value

Date

None

Neil C. Houston

Print or Type Name of Officer Vice President

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

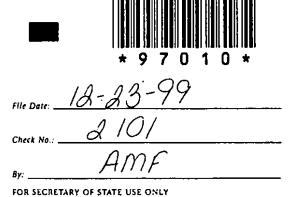
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



riting reriou. Junuary 1-march 1	•	1 1 \$50.00
(FORM MUST BE TYPED IN BLACK)		

. Corporate ID No. <b>97010</b>	2. Name of Corporat S/R PRODU	ton CTS & SERVICES,	INC.		
Street Address Principal I 55 Apple T			N.K.	State RI	02852
i, Business Phone No. (	401) 884-8486	5. State of Incorporation RHODE ISLA			6. SIC Code 2659
. Brief Description of the C	Character of Business Conducted is		e of industrial	supplies	
resident Name	DRESSES OF THE OFFI			S BEFORE USING ATTA	CHMENTS
treet Address	Apple Tree Ct.		Street Address 55 App	ple Tree Ct.	
N.K.	State RI	<sup>Zip</sup> 02852	N.K.	State RI	<sup>21p</sup> 02852
ecretary Name		•	Treasurer Name		
treet Address			Street Address	·	••
City	State	Zip	City	State	Zip
9. NAMES AND AD	DRESSES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Neil	C. Houston		Maria A. H	ouston	
treet Address 55 A	pple Tree Ct.	·	Street Address 55 Apple T	ree Ct.	
ity N.K.	State RI	zip 02852	City N.K.	State RI	zip 02852
Director Name		02032	Director Name		02032
treet Address			Street Address		
Sity	. State	Zip	City	State	Zip
10. SHARES AUTH (	DRIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
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



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 the true and forect.

Signature of Officer

12-22-99

Print or Type Name of Officer Vice President

Neil C. Houston

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

SI	OP.
111 7	SERFAD COTONS
INSTR	THOXY

(FORM MUST BE TYPED IN BLACE					
•	2. Name of Corporation			<del> </del>	
97010	•	'S & SERVICES, II		<del>,</del>	<del></del>
3. Street Address Principal Business O			North Kingstown	State RI	02852
55 Apple Tree	Ct.	5. State of Incorporation	•		6. SIC Code
	4-8486	RHODE ISLAN		•	b. sic come
7. Brief Description of the Character of		1	<del></del>	<del></del>	
•			sles, services & R	epair	
			HMENT) [ FILL IN SPACES BEF		HMENTS
President Name		•	Vice President Name		
Maria A	Houston		Neil C Houston	<del></del>	
	Tree Ct.		Street Address 55 Apple	Tree Ct.	
N. Kingstown	State RI	Zip 02852	N. Kingstown	State RI	<sup>21p</sup> 02852
Secretary Name	.]	**.************************************	Treasurer Name		
Maria A H	louston		Neil C. Hous	ton	
Street Address			Street Address		
55 Apple	<del></del>		55 Apple Tree	1·***	· · · · · · · · · · · · · · · · · · ·
N. Kingstown	State RI	02852	City	State	Zip
<del>-</del>			N. Kingstown TACHMENT) FILL IN SPACES BI	RI	02852
Director Name	es OF THE DIRECT	OK3 : A BOA POR AT	: Director Name	EFORE CSING AT I	ACTIVIEW 3
Maria A Housto	n		Neil C. Hous	ton	
Street Address		·- <del></del>	Street Address		
55 Apple	<del> </del>		55 Apple Tree	<del>,</del>	······································
N. Kingstown	State RI	02852	: City	State	02852
Director Name	) <sub>K1</sub>	1 02032	N. Kingstown Director Name	i vr	02032
None			none		
Street Address	<del> </del>		Street Address	<del></del>	<del></del>
N	lone		none		
City None	State None	Zip None	<sup>City</sup> None	State None	Zip None
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT	n) p
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
1,000 COMM NO PAR	VALUE				
	<del></del>	<del></del>			
·	<del> </del>	<del></del>	<u> </u>	<u> </u>	
This report must be signe	<b>d in ink</b> by either	the President, Vice	President, Secretary, Assistar	it Secretary, Treas	urer, Receiver or Trus

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ي ميون د	•
File Date: FILED	
Check No.: JAN 0 4 1999	
By By 1623	
FOR SECRETARY OF STATE USE ONLY	

Print or Type Name of Officer

Vice President

Title of Officer

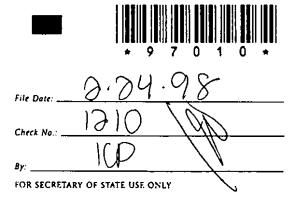
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filling Period: January 1-March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation S/R PRODUCTS & SERVICES, INC. 3. Street Address Principal Business Office No. Kingstown **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Μαιια Nei Street Address City City ZIp 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Zio 210 Director Name Director Name Street Address Street Address City Zip State City State 2.10 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE 100

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 scheduls and statements, and contained herein are true and correct.

Print or Type Name of Officer

Title of Officer