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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
97010	S/R PRODUCTS & SERVICES, INC.			
3. Street Address Principal Business Office: 55 APPLETREE CT.		City: NO. KINGSTOWN	State: RI	Zip: 02852
4. Business Phone No.: 884-8486	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 0

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: 55 APPLETREE CT.	Street Address:
City: NO. KINGSTOWN State: RI Zip: 02852	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	Director Name
NEIL C. HOUSTON	
Street Address: 55 APPLETREE CT.	Street Address:
City: NO. KINGSTOWN State: RI Zip: 02852	City: State: Zip:
Director Name	Director Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 COMM NO PAR VALUE			100	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.

X _____ 1/5/05
Signature of Officer *Date*

NEIL C. HOUSTON
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date 1-26-05
Check No. 4270
By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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 2004

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	S/R PRODUCTS & SERVICES, INC.			
3. Street Address Principal Business Office		City	State	Zip
55 Apple Tree Ct.		North Kingstown	R.I.	02852
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-884-8486	Rhode Island RHODE ISLAND			0

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: 55 Apple Tree Ct.	Street Address
City: North Kingstown State: R.I. Zip: 02852	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	Director Name
Neil C. Houston	
Street Address: 55 Apple Tree Ct.	Street Address
City: North Kingstown State: R.I. Zip: 02852	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 COMM NO PAR VALUE	No Par		100	Comm	No Par

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

[redacted]

* 9 7 0 1 0 *

File Date 3/4/04
Check No. 3869
By: [illegible]

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] 1-23-04
Signature of Officer *Date*

Neil C. Houston
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

Edward S. Inman, III
Corporation
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.: 97010
2. Name of Corporation: S/R PRODUCTS & SERVICES, INC.
3. Street Address Principal Business Office: 55 Apple Tree Ct. — City: North Kingstown — State: RI — Zip: 02852
4. Business Phone No.: 401-884-8486
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 0
7. Brief Description of the Character of Business Conducted in Rhode Island: Wholesale Industrial Supplies

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

President Name	Vice President Name
Maria A Houston	Neil C. Houston
Street Address: 55 Apple Tree Ct.	Street Address: 55 Apple Tree Ct.
City: N.K. State: R.I. Zip: 02852	City: N.K. State: R.I. Zip: 02852
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	Director Name
Maria A Houston	Neil C Houston
Street Address: 55 Apple Tree Ct.	Street Address: 55 Apple Tree Ct.
City: N.K. State: R.I. Zip: 02852	City: N.K. State: R.I. Zip: 02852
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: 1,000 — Class/Series: COMM — Par Value: NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*
ISSUED SHARES
Number of Shares: none — Class/Series — Par Value

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

[redacted] [redacted]

97010

File Date: 1-9-03

Check No.: 3405

By: Dr

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer — Date: 1-7-03

Print or Type Name of Officer: Neil C Houston 1-7-03

Title of Officer: Vice President

Form 630 12/02

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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 97010

2. Name of Corporation S/R PRODUCTS & SERVICES, INC.

3. Street Address Principal Business Office 55 Apple Tree Ct.

City North Kingstown *State* RI *Zip* 02852

4. Business Phone No. 401-884-8486

5. State of Incorporation RHODE ISLAND

6. SIC Code 0

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

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

President Name Neil C. Houston

Street Address 55 Apple Tree Ct.

City North Kingstown *State* RI *Zip* 02852

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

Street Address

City *State* *Zip*

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*
1,000	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
NOne	COmm	NO Par

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

* 9 7 0 1 0 *

File Date: 5-2-02

Check No.: 3045

By: dc

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer *Date* 4-23-02

Neil C. Houston
Print or Type Name of Officer

Title of Officer

Form 630 12/01

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
97010	S/R PRODUCTS & SERVICES, INC.

3. Street Address Principal Business Office	City	State	Zip
55 Apple Tree Ct.	N.K.	RI	02852

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-884-8486	RHODE ISLAND	02659

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

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

President Name	Street Address	City	State	Zip
Maria A. Houston	55 Apple Tree Ct.	N.K.	RI	02852

Vice President Name	Street Address	City	State	Zip
Neil C. Houston	55 Apple Tree Ct.	N.K.	RI	02852

Secretary Name	Street Address	City	State	Zip
Neil C. Houston	55 Apple Tree Ct.	N.K.	RI	02852

Treasurer Name	Street Address	City	State	Zip
Neil C. Houston	55 apple Tree Ct.	N.K.	RI	02852

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

Director Name	Street Address	City	State	Zip
None	None	None	None	None

Director Name	Street Address	City	State	Zip
None	None	None	None	None

Director Name	Street Address	City	State	Zip
None	None	None	None	None

Director Name	Street Address	City	State	Zip
None	None	None	None	None

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
None	None	None

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

97010

File Date: Jan 11

Check No.: 2549

By: JL

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer — 1-8-01 Date

Neil C. Houston
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12/00

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 97010
2. Name of Corporation: S/R PRODUCTS & SERVICES, INC.

3. Street Address Principal Business Office: 55 Apple Tree Ct.
City: N.K. State: RI Zip: 02852

4. Business Phone No.: (401) 884-8486
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 2659

7. Brief Description of the Character of Business Conducted in Rhode Island: Wholesale of industrial supplies

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

President Name: Maria A Houston
Street Address: 55 Apple Tree Ct.
City: N.K. State: RI Zip: 02852

Vice President Name: Neil C. Houston
Street Address: 55 Apple Tree Ct.
City: N.K. State: RI Zip: 02852

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: Neil C. Houston
Street Address: 55 Apple Tree Ct.
City: N.K. State: RI Zip: 02852

Director Name: Maria A. Houston
Street Address: 55 Apple Tree Ct.
City: N.K. State: RI Zip: 02852

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	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
none		

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

* 9 7 0 1 0 *

File Date: 12-23-99
Check No.: 2101
By: AMF
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: Neil C Houston Date: 12-22-99
Print or Type Name of Officer: Neil C. Houston 12-22-99
Title of Officer: Vice President

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

STOP — PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
97010	S/R PRODUCTS & SERVICES, INC.			
3. Street Address Principal Business Office		City	State	Zip
55 Apple Tree Ct.		North Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-884-8486	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
Wholesale supply of Materials, Retaisles, services & Repair

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

President Name	Street Address	City	State	Zip
Maria A Houston	55 Apple Tree Ct.	N. Kingstown	RI	02852

Vice President Name	Street Address	City	State	Zip
Neil C Houston	55 Apple Tree Ct.	N. Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Maria A Houston	55 Apple Tree Ct.	N. Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Neil C. Houston	55 Apple Tree Ct.	N. Kingstown	RI	02852

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

Director Name	Street Address	City	State	Zip
Maria A Houston	55 Apple Tree Ct.	N. Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
Neil C. Houston	55 Apple Tree Ct.	N. Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
None	None	None	None	None

Director Name	Street Address	City	State	Zip
none	none	None	None	None

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			0		

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

* 9 7 0 1 0 *

File Date: FILED

Check No.: JAN 04 1999

By: By [illegible]

FOR SECRETARY OF STATE USE ONLY

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

[signature] 1-4-98
Signature of Officer *Date*

Neil C. Houston
Print or Type Name of Officer

Vice President
Title of Officer

Form 31 12/96

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 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 97010
2. Name of Corporation: S/R PRODUCTS & SERVICES, INC.
3. Street Address Principal Business Office: 55 Apple Tree Court — City: No. Kingstown — State: R.I. — Zip: 02852
4. Business Phone No.: (401) 884-8486
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
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: Maria Houston
Street Address: 55 Apple Tree Court
City: No. Kingstown — State: R.I. — Zip: 02852

Vice President Name: Neil Houston
Street Address: 55 Apple Tree Court
City: No. Kingstown — State: R.I. — Zip: 02852

Secretary Name: Same as President
Street Address:
City — State — Zip

Treasurer Name: Same as Vice President
Street Address:
City — State — Zip

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

Director Name: Neil Houston
Street Address: See Above
City — State — Zip

Director Name: Maria Houston
Street Address: See Above
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
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100		None

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

* 9 7 0 1 0 *

File Date: 2.24.98
Check No.: 1210
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.

Signature of Officer — Date

Neil Houston, President
Print or Type Name of Officer

Title of Officer