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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
117910	McShane Home Improvements Inc.			
3. Street Address Principal Business Office		City	State	Zip
11 FARNUM AVE.		PAWTUCKET	RI	02861-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4012657897	RHODE ISLAND			414

7. Brief Description of the Character of Business Conducted in Rhode Island
ACTIVITY OF VARIOUS HOME IMPROVEMENTS

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

President Name	Street Address	City	State	Zip
David McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

Vice President Name	Street Address	City	State	Zip
Brenda McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

Secretary Name	Street Address	City	State	Zip
David McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

Treasurer Name	Street Address	City	State	Zip
Brenda McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

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

Director Name	Street Address	City	State	Zip
David McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

Director Name	Street Address	City	State	Zip
Brenda McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

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 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	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] 1 1 7 9 1 0 [redacted]

117910 DBC 03/13/05 12:48:03 AM
File Date FILED
Check No. MAR 1 4 2005
By By
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*

David McShane
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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

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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
117910	McShane Home Improvements Inc.			
3. Street Address Principal Business Office		City	State	Zip
11 FARNUM AVE.		PAWTUCKET	RI	02861-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401)265-7897	RHODE ISLAND			414

7. Brief Description of the Character of Business Conducted in Rhode Island
ACTIVITY OF VARIOUS HOME IMPROVEMENTS

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

President Name	Street Address	City	State	Zip
David McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

Vice President Name	Street Address	City	State	Zip
Brenda McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

Secretary Name	Street Address	City	State	Zip
David McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

Treasurer Name	Street Address	City	State	Zip
Brenda McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

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

Director Name	Street Address	City	State	Zip
David McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

Director Name	Street Address	City	State	Zip
Brenda McShane	27 Tori Leigh Lane	Rehoboth	MA	02769

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
100 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] 1 1 7 9 1 0 [redacted]

117910 DBC 02/15/04 03:26:56 PM
File Date 4/14/04
Check No. 3259
By: [redacted]
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.

[redacted] 4/14/04
Signature of Officer *Date*

David McShane
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.
117910

2. Name of Corporation
McShane Home Improvements Inc.

3. Street Address Principal Business Office
11 Farnum Avenue

City Pawtucket *State* RI *Zip* 02861

4. Business Phone No.
(401) 265-2096

5. State of Incorporation
RHODE ISLAND

6. SIC Code
414

7. Brief Description of the Character of Business Conducted in Rhode Island
Home Repairs and Improvements

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

President Name
David McShane
Street Address
27 Tori Leigh Lane
City Rehoboth *State* MA *Zip* 02769

Vice President Name
Brenda McShane
Street Address
27 Tori Leigh Lane
City Rehoboth *State* MA *Zip* 02769

Secretary Name
David McShane
Street Address
27 Tori Leigh Lane
City Rehoboth *State* MA *Zip* 02769

Treasurer Name
Brenda McShane
Street Address
27 Tori Leigh Lane
City Rehoboth *State* MA *Zip* 02769

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

Director Name
David McShane
Street Address
27 Tori Leigh Lane
City Rehoboth *State* MA *Zip* 02769

Director Name
Brenda McShane
Street Address
27 Tori Leigh Lane
City Rehoboth *State* MA *Zip* 02769

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 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100		No Par

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

[redacted]

117910

File Date: 2/7/03

Check No.: 2938

By: [redacted]

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.

[redacted] 2/5/03
Signature of Officer *Date*

David McShane
Print or Type Name of Officer

President
Title of Officer

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117910

2. Name of Corporation McShane Home Improvements Inc.

3. Street Address Principal Business Office 75 CORRIE LANE

City MAPLEVILLE *State* RI *Zip* 02839-

4. Business Phone No. (401) 568-8801

5. State of Incorporation RHODE ISLAND

6. SIC Code 0414

7. Brief Description of the Character of Business Conducted in Rhode Island
HOME REPAIRS AND IMPROVEMENTS

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

President Name DAVID MCSHANE
Street Address 75 CORRIE LANE
City MAPLEVILLE *State* RI *Zip* 02839

Vice President Name BRENDA MCSHANE
Street Address 75 CORRIE LANE
City MAPLEVILLE *State* RI *Zip* 02839

Secretary Name DAVID MCSHANE
Street Address 75 CORRIE LANE
City MAPLEVILLE *State* RI *Zip* 02839

Treasurer Name BRENDA MCSHANE
Street Address 75 CORRIE LANE
City MAPLEVILLE *State* RI *Zip* 02839

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

Director Name DAVID MCSHANE
Street Address 75 CORRIE LANE
City MAPLEVILLE, *State* RI *Zip* 02839

Director Name BRENDA MCSHANE
Street Address 75 CORRIE LANE
City MAPLEVILLE *State* RI *Zip* 02839

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 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100		NO PAR

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

* 1 1 7 9 1 0 *

File Date: 2-7-02

Check No.: 2666

By:

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* 2/4/02

DAVID MCSHANE
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/01