

## 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 02203-1335 401.222.3040

Form 630 12/01

r ning r criou: January	l I - March I 🛡 🛚	Filing Fee: \$50.00	EPORT FOR THE	I EAR	<del></del>			
(FORM MUST BE TYPED I								
I. Corporate ID No. 117910	2. Name of Co.	2. Name of Corporation						
	McSnane	Home Improvements	s Inc.					
3. Street Address Principal B 11 FARNUM AVE.	lusiness Office		City	State	Zip			
			PAWTUCKET	RI	02861-			
4 Business Phone No. 5. State of Incorpor				· · · · · · · · · · · · · · · · · · ·	6. SIC Code			
4012657897 RHODE ISLA			AND	414				
Brief Description of the CARTIVITY OF VARIO	US HOME IMPRO	VEMENTS						
	ESSES OF THE O	FFICERS ("X" BOX FO	RATTACHMENT)   FILL IN S	PACES BEFORE USING	ATTACHMENTS			
David McShane			Brenda McShane					
Sircet Address			Sircei Address					
27 Tori Leigh Lane			. 27 Tori Leigh Lane					
ny	State	Zip	City	State	19:-			
Rehoboth	MA	02769	Rehoboth	MA	<i>Zip</i> 02769			
cretary Name			Treasurer Name					
avid McShane			,Brenda McShane	•				
treet Address		· · · · · · · · · · · · · · · · · · ·	* Street Address					
27 Tori Leigh Lane			.27 Tori Leigh Lane					
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NAMES AND ADDRE	ESSES OF THE DI		ORATTACHMENT)   FILL IN	CD4 CDG BBCCC TO	02769			
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27 Tori Leigh Lane			Street Address					
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ehoboth	State	Zip	·City	State	Zip			
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JTHORIZED SHARES imber of Shares	· · · · · · · · · · · · · · · · · · ·	- 1/1	ISSUED SHARES		· · · · · · · · · · · · · · · · · ·			
- in on one	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
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* ************************************					l			
is report must be sign	ed in ink by eith	er the President Vice	President, Secretary, Assis	tont Socretary T				
			coluent, becretary, Assis	iuni secretary, Treasi	irer, Receiver or Ti			
<b>8:</b> #800	818 (818) (18.4 85)							
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	-	•	Under penalty of per	ury, I declare and affirm t	that I have examined			
117010 000 00400	E 40.40.00 ****		and bat all materials	any accompanying sched	ules and statements.			
117910 DBC 03/13/0	5 12:49:03 AM	*	and that all statement	s contained herein are tru	e and correct.			
le Date	-ILEU	_	~ . 1 IM	\ , \\				
	20015	_	Signature of Officer Date					
Theck NoMAR 1 4 2005								
·	0~	<b>-</b> _	David McSh					
			Print or Type Name of (	)fficer				
R SECRETARY OF STATE		<del>-</del> 1	President					

Title of Officer



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) I. Corporate ID No. 2. Name of Corporation 117910 McShane Home Improvements Inc. 3. Street Address Principal Business Office 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 Vice President Name David McShane . Brenda McShane Street Address Street Address 27 Tori Leigh Lane .27 Tori Leigh Lane City State Zip City Sate Zip Rehoboth MA 02769 Rehoboth MA 02769 Secretary Name Treasurer Name David McShane Brenda McShane Street Address Street Address 27 Tori Leigh Lane 27 Tori Leigh Lane City State Zip City State Zip Rehoboth MA 02769 Rehoboth MA 02769 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL, IN SPACES BEFORE USING ATTACHMENTS Director Name David McShane Brenda McShane Sireet Address Street Address 27 Tori Leigh Lane 27 Tori Leigh Lane City State Zip Sate Zip Rehoboth ΜA 02769 Rehoboth MA 02769 Director Name Director Name Street Address ·Street Address City State Zip .City State 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 link 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. \*117910 DBC 02/15/04 03:26:56 PM\* 4/14/04 Dair Signature of Officer Check No. David McShane Print or Type Name of Officer **President** FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01

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



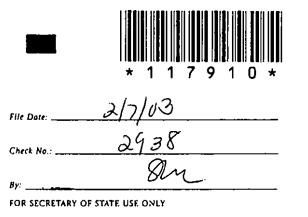
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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ORM MUST BE TITED OR PRINT	TED IN BLACK)				
. Corporate ID No.	2. Name of Corporal				
117910	McShane Ho	me improvements inc.			
. Street Address Principal Business	Office		City	State	Zip
11 Farnum Avenu Business Phone No.	16	5. State of Incorporation	Pawtucket	RI	02861 6. SIC Code
(401) 265–2096 Brief Description of the Character of Business Conducted i		RHODE ISLANI 1 Rhode Island	D		414
Home Repairs as B. NAMES AND ADDRES Testdent Name David McShane	•		CHMENT) FILL IN SPACES Vice President Name Brenda McSha	BEFORE USING ATTA	CHMENTS
neet Address 27 Tori Leigh I	ane		Street Address 27 Tori Leig		
Rehoboth	State MA	02769	Rehoboth	State MA	02769
ecretary Name David McShane			Brenda McSha	ane	
<sub>treet Address</sub> 27 Tori Leigh I	ane		Street Address 27 Tori Leig	gh Lane	
lehoboth	State MA	02769	Rehoboth	State MA	<sup>Zip</sup> 02769
D. NAMES AND ADDRES Director Name	SES OF THE DIRE	CTOR\$ ("X" BOX FOR AT	TACHMENT) FILL IN SPACI Director Name	ES BEFORE USING ATT	ACHMENTS
David McShane			Brenda McSha Street Address		
?7 Tori Leigh I	ane		27 Tori Leig	gh Lane	
Rehoboth	State MA	02769	c <sub>ity</sub> Rehoboth	State MA	<sup>zip</sup> 02769
Director Name	•		Director Name	·	
treet Address			Street Address		
Tity	State	Zip	City	State	Zip
O. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES		

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

Number of Shares

100



Class/Series

Car Value

Number of Shares

100 NO PAR VALUE

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.

Class/Series

Signature of Officer She 2/5/03

David McShane
Print or Type Name of Officer

President



Farm 630 12/02

Par Value

No Par

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 Fec: \$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

75 CORRIE LANE

State

Zip

4. Business Phone No.

S. State of Incorporation

RI

02839-6. SIC Code

(401) 568-8801

**RHODE ISLAND** 

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

Street Address

Secretary Name

DAVID MCSHANE

75 CORRIE LANE

City

MAPLEVILLE

DAVID MCSHANE

Street Address

75 CORRIE LANE

**MAPLEVILLE** 

State

Zip

02839

02839

City

MAPLEVILLE

MAPLEVILLE

RI

02839

Treasurer Name

Street Address

BRENDA MCSHANE

BRENDA MCSHANE

75 CORRIE LANE

Street Address

Director Name

Street Address

Director Name

Street Address

City

City

75 CORRIE LANE

BRENDA MCSHANE

75 CORRIE LANE

MAPLEVILLE

City MAPLEVILLE

State

State

210

Zip

02839

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

MAPLEVILLE

Director Name

Street Address

City

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

Number of Shares

State

Class/Series

RI

02839

Par Value

Zip

Zip

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

Number of Shares

Class/Series

State

Par Value

100 NO 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



File Date:

Check No .:

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

Print or Type Name of Officer

PRESIDENT Title of Officer **≪**⊃⊳ 3

Form 630 1201