

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

2005

Filing Period: January 1 - Mo (FORM MUST HE TYPED OR PRIN	· ·	Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporation				
44013	MARSHALL BUIL	DING PRODUCTS, INC.	·		
3. Street Address Principal Business O			City	State	Zip
152 FORBE	S STREE		EAST PROJICIEN	RI	02915
4. Business Phone No.	1.00	5. State of Incorporation			6. SIC Code
401- 438-	499	RHODE ISLAND			430
7. Brief Description of the Character of PROVIDE GENERAL BU	of Business Conducted in Ri LDING CONTRACTIN	bude Island G SERVICES			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT)	CES BEFORE USING AT	TACHMENTS
President Name	1 , 1		Vice President Name	1	
	1arshall		Street Address	xshall	
P.D. BOX	77.8		9 Hiddle S	2+	
rairhaue N	State HA	02719	5. Dar THOUTH	State MA	02748
David Mar	shall		Thomas Ma	ershall	
Sinvi Address 9 Hiddle 3	St.		Sircei Address P. O. BOX	778	
S. Dartmouth	State MA	ZIP UZ748 S: ("X" BOX FOR ATT	Fairhaven	State ACES BEFORE USING A	24p 077/9
9. NAMES AND ADDRESSES Director Name: Thomas	darshaul	S: (X BOX FOR XIII	Director Name David Ma	rshall	d racon los
Sirce Address P.D. Box 7	78		Since Address Hiddle	St.	
- Parrhaven	State MA	DZ-719	3. Dartyyouth	State MA	02748
Director Name .			Director Nume		
Sirret Address			Street Address		
City	State	Ζφ	City	State	Zíp
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA	I ICHMENT) [11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	N7) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000	COMMON	NONE
J.					
This report must be s	signed in ink by cithe	er the President, Vice Pr	esident, Secretary, Assistant S	ecretary, Treasurer, Rec	eiver or Trustee
. I i i i i	<u> </u>				
					•
	1]		. I declare and affirm that I	
		7	including any accompan	ying scheduler and stateme	nts, and that all statements
1000		1	contained increin are true	and correct	20106
File Date	<u> </u>		Thous the	law the	2.21.05
1433	6		Signature of Officer		Date
Check No.			Thomas 1	lasshall	<u> </u>
By:	<i></i>		Print or Type Name of Off	icer	
,			Parsiden	+	
FOR SECRETARY OF ST.	ALE USE UNITA		Title of Officer		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 CORPOR	arch 1 • Filing	NUAL REPOR 8 Fee: \$50.00	T FOR THE YEA	r <u>2004</u>	
(FORM MUST BE TYPED OR PRIN		 		<u> </u>	
1 Corporate ID No. 44013	2. Name of Corporation MARSHALL BUIL	LDING PRODUCTS, IN	الأنم		
3 Street Address Principal Business C)[fice		City	State	Zip
152 F	ORBES S		EAST PROVIDE	WE RI	02915
1. Business Phone No.	uag —	5. State of Incorporation	•		6. SIC Code
401-438 - J. 7. Brief Description of the Character.		RHODE ISLAND			<u>i 430</u>
PROVIDE GENERAL BU					
8. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATT		SPACES BEFORE USING A	ATTACHMENTS
President Name THEMAC	MARCHAI	1	Vice President Name	110 MARSHAL	I_{-}
	MARSHAL		Street Address		
152 FOR	BES STRI	EET	9 1	NOOLE STREE	ア
City	State	Zip 0.70 /	City	State	Zip 0.2 C//O
EAST TOVIDENCE	RI	02915	SOUTH DARTTNOW	7 8 77 <i>1</i> 3	02748
Secretary Name OAVIO M	PARSHALL		Treasurer Name THA	MAS MARSHIS	4L-
Street Address	110100100		Street Address		
9 MIDOL	E STREET	<u> </u>	152	FORBES STO	REET
City	State	Zip 0.2.7.4.P	City	Sinte	03915
SIVTH OHRTINOUTH 9. names and addresses	MA	02748	EDST PROVIDENCE	E RI n spaces before using	. · · · · · · · · · · · · · · · · · · ·
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	is. (A BOATON A	Director Name	, sinces our one contra	
	MARSHALL			10 MARSHALL	<u></u>
Street Address			Street Address	.0.00/= 0 0==	
152 FURBE			<u> </u>	MIDDLE STREE	Zip
City EACT PORTINEACE	Siale RI	02915	City SUTH PARTMUNT	TH MA	24748
EAST PRIVIDENCE Director Name	.1 <i>!\.</i>		Director Name	. <u>wl/././/</u>	
Street Address			Street Address		
City	State	Zip	City	State	Zip
,					,
10. SHARES AUTHORIZED	("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHM	IENT) 🗌
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000	Common	NO PAR
	· · · · · · · · · · · · · · · · · · ·		7000	<u> </u>	1,00
This report must be	signed in ink by citl	her the President, Vice	President, Secretary, Assista	int Secretary, Treasurer, R	eceiver or Trustee
1 11 11 1					فنسي
		ŀ			
	30N İNDIN ĞOLOL İNDOĞ ININ 101	I		rjury, I declare and affirm that npanying schedules and stater	
*	4013-*	٦	contained hereigrange		ments, and that all stateme
File Date 3.0	<i>Y</i> 4		The same	Thomball	2-25-04
11661	<u> </u>		Signature of Officer	- per sauce	Date
Check No.	<u> </u>		THOM	AS F. MA	RSH AU
(P			Print or Type Name of		
By:			PRESIDE	NT	
FOR SECRETARY OF ST	TATE USE ONLY		Title of Officer	▼ 1	



AND PROVIL	retary of State	110113				401,22	2,3040
PROFIT CORPOR	RATION AN	INUAL RE g Fee: \$50.00	PORT FOR TH	IE YEAR _	2003		
FORM MUST BE TYPED IN BLA	CK)						
1 Corporate via	2. Name of Corporation						
44013		ROILDING	PRODUCTS INC	• State		Zip	
3. Street Address Principal Business						02915	
152 FORBES	STREET	5 State of Incorpo	EAST PRO	VIDENCE	RI	6. SIC Code	
4 Business Phone No	10	, .	E ISLAND				
401-438-149 7 Brief Description of the Characte			L IODAND				.,
			RACTING SERVI	CFS			
8. NAMES AND ADDRESSE President Name	S OF THE OFFICI	ERS ("X" BOX FO	RATTACHMENT) FILL Vice President Name	IN SPACES BEFOR	RE USING ATTA	CHMENTS	•
THOMAS MARS	HALL		Street Address	DAVID MA	RSHALL		,
152 FORBES	STREET State	Zip	City	9 MIDDLE	STREET	Zip	
EAST PROVIDENCE Secretary Name	RI	02915	SOUTH DA	RTMOUTH	MA	02748	
DAVID MARSH	IALL		Street Address	THOMAS M	ARSHALL		
Cus	REET	Zip	City	152 FORB		•	:
SOUTH DARTMOUTH 9. NAMES AND ADDRESSE Director Nume	I MA S OF THE DIREC	02748 TORS ("X" BÛX I	EAST PROV FOR ATTACHMENT) FIL Director Name	IDENCE R L in spaces bef	I ORE USING AT	TACHMENTS	
THOMAS MARS	HALL		Street Address	DAVID MA	RSHALL		
152 FORBES	STREET State	Zφ	City	9 MIDDLE State	STREET	Żip	
EAST PROVIDENCE	RI	02915	SOUTH DA Director Name	RTMOUTH	MA ·	02748	
Sucet Address			Street Address				,
City	State	Zip	City	State .		Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	"X" BOX FOR AT	TACHMENT)	11. SHARES ISSU ISSUED SHARES	ED ("X" BOX FOR			•
Number of Shares	Class/Series	Par Value	Number of Shares	Class	/Scries	Par Value	
1,000 NO PA	AR VALUE		1000	:	COMMON	NO PAR	-
This report must be signed	in ink by either t	he President, Vi	ce President, Secretary	. Assistant Secre	tary, Treasure	er, Receiver or T	rustee
						?	
		- -1	this report, in	y of perjury, I decla cluding any accom- digments contained	panying schedul	es and statements,	_
File Date 1030	03		Row	Mark	3-10.	·B	
Check No	<u></u>		Signature of O	AS F. MI	HRS IHAKL		
B_{ℓ} $\mathcal{O}_{-\ell}$			Print or Type I	Name of Officer IDSUT			
FOR SECRETARY OF STATE U	ISE ONLY		Title of Officer			Form 6	30 12/01

(FORM MUST BE TYPED IN BLACK)

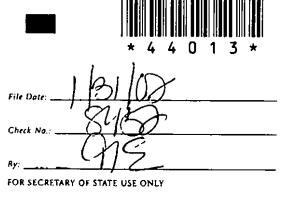
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

901-222-3040

1. Corporate ID No 2. Name of Corporation 44013 MARSHALL BUILDING PRODUCTS, INC. 3. Street Address Principal Business Office State 152 FORBES STREET EAST PROVIDENCE RT 02915 4. Business Phone No. S. State of Incorporation 6. SIC Code 401-438-1499 **RHODE ISLAND** 430 7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE GENERAL BUILDING CONTRACTING SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name THOMAS MARSHALL DAVID MARSHALL Street Address Street Address 152 FORBES STREET 9 MIDDLE STREET Cltv EAST PROVIDENCE RI 02915 SOUTH DARTMOUTH 02748 Treasurer Name DAVID MARSHALL THOMAS MARSHALL Street Address Street Address 9 MIDDLE STREET 152 FORBES STREET City SOUTH DARTMOUTH MA 02748 EAST PROVIDENCE RI 02915 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name THOMAS MARSHALL DAVID MARSHALL Street Address Street Address 152 FORBES STREET 9 MIDDLE STREET 210 City EAST PROVIDENCE RI 02915 SOUTH DARTMOUTH 02748 MA Director Name Director Name Street Address Street Address State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED) SHANES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 1000 COMMON NO PAR

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



THOMAS F. MARSHAU
Print or Type Name of Officer

PRESIDENT

Title of Office

Form 630 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED IN BL.	ACK)				
1. Corporate ID No. 44013	2. Name of Corporation MARSHALL B	, UILDING PRODUCTS	, INC.	. • • • • • •	•
3. Street Address Principal Busines. 152 FOR	s Office BES STREET	- •	City EAST PI	ROVIDENCE RI	. 21p 02915
4. Business Phone No. $401-438$	-1499	5. State of Incorporation RHODE ISLAND			6. SIC Code 430
7. Brief Description of the Characte PROVIDE		hode Island LDING CONTRACT	ring sei	RVICES	
8. NAMES AND ADDRES		ERS ("X" BOX FOR ATTACHI	MENT) FILL Vice President		HMENTS
	MARSHALL			DAVID MARSHALL	
Street Address 152 FOR	BES STREET		Street Address	9 MIDDLE STREET	
EAST PROVIDENC	E RI	02915	SOUTH	DARTMOUTH State MA	02748
Secretary Name DAVID M.	ARSHALL		Treasurer Name	THOMAS MARSHALL	•
Street Address 9 MIDDL	E STREET		Street Address	152 FORBES STREET	
City . SOUTH DARTMOUT	State H MA	02748	EAST I	PROVIDENCE RI	02915
9. NAMES AND ADDRES	SSES OF THE DIREC	TORS (*X* BOX FOR ATTAC	HMENT) FI	ILL IN SPACES BEFORE USING ATTA	CHMENTS
Director Name THOMAS	MARSHALL		Director Name	DAVID MARSHALL	
Street Address 152 FOR	BES STREET		Street Address	9 MIDDLE STREET	
EAST PROVIDENC	State E RI	02915	City SOUTH Director Name	DARTMOUTH MA	02748
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARE	S ISSUED (*X* BOX FOR ATTACHMENT.)
Number of Shares	Class/Serles	Par Value	Number of Sha	res Class/Series	Par Value
1000 NO PAR			None		
ľ					
• • •	•		-		 .
this report must be sign	ied in ink by either	r the President, Vice Pi	esident, Sec	cretary, Assistant Secretary, Treasu	rer, Receiver or T



File Date:	4-19-01	
Clieck No.:	6887	
Ву:	Zi	
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.

Thomas The	an inill	2-28-01	
Signature of Officer		Date	
THOMAS	F. MAR	SIHALL	

Print or Type Name of Officer PRESIDENT

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 2000. Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

44043

1. Corporate ID No.

2. Name of Corporation

4 3. Street Address	4013 Principal Bus		IARSHALL	BUILDIN	G PRODUCTS	INC.			State		Zip
			STREET			EAST	PRO	DVIDENC	E RJ		02915
4. Business Phon				5. Sta	te of Incorporation		7	74 X 1715(4C)	D ((3	•	6. SIC Code
	401-43	38-149	9	RH	ODE ISLAND						430
7. Brief Descripti	on of the Cha	racter of Busi	Iness Conducted		· ·						
	PROVII	E GEN	ERAL BU	ILDING	CONTRACT	ring se	CRVIC	CES			
8. NAMES A	ND ADD	RESSES C	F THE OFF	ICERS (*x*	BOX FOR ATTACE			PACES BEFO	ORE USI	NG ATTACHME	INTS
President Name	mti AM A C	MARS	טאדד			Vice Preside		ID MARS	UNTT		
	India	CARII C	UWUU			Cross Addres		LU PIAKS.	NALL		
Street Address	152 FC	RBES	STREET			Street Addre		IDDLE S'	TREEI	•	
City		Sta		Zip		City			State		Zip
EAST P	ROVIDE	ENCE	RI		02915	SOUTH	DA	RTMOUTH	MA	1	02748
Secretary Name						Treasurer N					
	DAVID	MARSH	ALL					MAS MAR	SHALL	ı	
Street Address	9 MIDE	LE ST	REET			Street Addre	"152	FORBES	STRE	ET	
City		Sta	ate	Zip		City			State		Zip
SOUTH	DARTMO	DUTH	MA		02748	EAST	PRO	VIDENCE	F	RI	02915
9. NAMES A	AND ADD	RESSES C	OF THE DIR	ECTORS (X" BOX FOR ATTA	ACHMENT) Director Na		N SPACES BE	EFORE U	SING ATTACH!	MENTS
	THOMAS	MARS	HALL					VID MAR	SHALI	,	
Street Address						Street Addre	ess				
	152 FC	ORBES	STREET				9 1	MIDDLE	STREE	CT	
City	•		ate	Zip		City			State		Zip
EAST P	ROVIDE	ENCE	RI		02915	SOUT	H DA	ARTMOUT	H M	IA	02748
Director Name	•					Director Na	me				
Street Address						Street Addr	ess				
City	:	Sta	ate	Zip		City			State		Zip
10. SHARES		RIZED (*x	" BOX FOR AT	TACHMENT)		11. SHA		SUED (*x* B	OX FOR A	TTACHMENT)	
Number of Share	es	C	lass/Series	Par V	alue	Number of	Shares		Class/Se	ries	Par Value
1000 N	PAR	rn	MMON	A.	IO PAR	1,00	חר		COMM	4 N	NO PAR
		LU	TOTON	יו	10 171	1,00	, 0		2011	1011	
	4			-							
						n	٠				Deceluse of

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
3/17/00 5254	that all statements contained fretein are true and correct. How Man Was
Check No.:	THOMAS F. MARSHALL Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Tule of Officer

Form 630 12/96



FOR SECRETARY OF STATE USE ONLY

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: Janu	iary 1-March 1 •	Filing Fee: \$50.00	•		INSTRUCTIONS
(FORM MUST BE TYPED IN		· 	<u></u>		
1. Corporate ID No.	2. Name of Carporat	BUILDING PRODUC	CTS, INC.	大きできる かりまかい かんしゃ	
3. Street Address Principal Bus	siness Office and		City	and A. State	Zip
152 FI	ROFS	Y DIAMEL TO THE SERVICE OF THE SERVI	FACT DROUDE	WF 12T	02915
4. Business Phone No.	NDUJ3//	5. State of Incorporation	EAST PROVIDE		6. SIC Code
401 : 438 -	1499	RHODE ISLAN	1D		430
7. Brief Description of the Cha	aracter of Business Conducted In				
PROVIDE	GENERAL_BU	140ING CONT	RACTING_SERI	VICES	
8. NAMES AND ADD President Name	RESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
1	nc macci	1011	DAVIP_M	ap cuall	
Street Address	ASMARSI	TIBLE	Street Address	MICS MIGCE	
152	FIRBES ST	REET	9_MIDDLE	STREET	
City	State	Zip			Zip
EAST PROVIDE	WE RI	02915	SUVIH DARTMUL	MA	02748
Secretary Name	,		Treasurer Name		
Street Address	MARSHALL.		TI+PM&S_M6	PRSHALL	
	NE CTREE	_	152_FURBES	CTREET	
City	OLE_STREE	Zip	City		Zip
GOVITH DARTMON	UTH! _ MA_	1 02748	EDST PROVIDEN	VE RI	02915
.9. NAMES AND ADD	RESSES OF THE DIRE	CTORS/(XX 60X FOR MT	TMCHWFWT)~TLI -IN SPA(ES REFORE USING ATT	ACHMENTS
Director Name	MARSHAL	4	Director Name-	三、汽车	
Street Address \	MARCHALL	الماركيوم في المان في المناورواري	Street Address	S. HOLUM IIII	
<u> </u>	ENDATE CHO	D=E7		CHREET	
City	PRBES_ST	Zip	9_M100LE	State	Zip
EAST PROVIDE	NCE RI	02915	SOUTH DERTHOL	UTH MA	02748
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Name		
					······································
Street Address	•		Street Address		
City	State	Zip	. City	State	Zip
1	1	i	44		1 "
10. SHARES AUTHOR	RIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	(*X" BOX FOR ATTACHMEN	n 🗖
AUTHORIZED SHARES			(SSUFE) SHARES		·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR	001111011	WO 040	1000	00,440,4	NO 846
	COMMON	NO PAR	1000	COMMON	NO_PAR
				···· T	
This report must be	signed in ink by eitr	ier the President, vice	President, Secretary, Ass	sistant Secretary, Ireas	uter, Receiver of Itustee
1	188135 81891 81811 88181 8188 1	III I TE I			
					30
		{	tinder negative of n	erjury, I declare and affiri	m that I have examined
		-		· · · · · ·	edules and statements, and
	Mauliaa	- :	that all statements	contained herein dre true	and correct.
File Date:	NAMM IT das	 '	AVOUR	Faloatil	7-18-98
1	1701		egnature of Officer	- June	Date
Check No.:	7101	 .		- MARSIHALL	
	<i>,0</i> 60	_	Frint or Type Name of (
By:	- IICE ONLY	·	PRES.		

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 44013

2. Name of Corporation MARSHALL BUILDING PRODUCTS, INC.

3. Street Address Principal Business Office

FORBES

State

MARSHALL

MORSHALL

Zip

401-438-1499

RHODE ISLAND

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

PROVIDE GENERAL BUILDING CONTRACTING SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

THOMBS MARSHALL

Secretary Name

SOUTH DORTMOUTH

Vice President Name

Street Address

Street Address

DAVID

EAST PROVIDENCE

THOMPS

South Obritmouth ma.

02915

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

Director Name

City

MORSHALL THOMPS

EAST PROVIDENCE Director Name

02913

MORSHOUL

DAVIO

SOUTH OBETMOUTH Director Name

02748

Street Address

Street Address *

City

City

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

ALITHOROZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

しのかけつル

1000 NO PAR

NONE

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



FOR SECRETARY OF STATE USE ONLY



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

Title of Officer

ATE OF RHODE ISLAND D PROVIDENCE PLANTATIONS Office of the Secretary of State

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

401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January		iling Fee: \$50.00			BEFORE COMPLETING
(FORM MUST BE TYPED IN BLA	CK) 2. Name of Corporation	-			TAIS TORS!
1. Corporate ID No. 440/3	MARCHALL	RUTINTAK .	PRODUCTS, INC.		
マヤクノン 3. Street Address Principal Business		DULLDLING	City	State	Zip
i52 FORBES			FAST PROVIDENCE	RI	02915
リカス FUNDE	STREET	S. State of Incorporation	ENDI PROTESCIOCE	,	6. SIC Code
401 - 438 -	1400	BHODE I	SLAND		0430
707 - 758 7. Brief Description of the Character			, 4,,,,,		0700
A					
<i>PROVIDE GEVERHL BUI</i> 8. NAMES AND ADDRES			TUMENT)		
6. NAMES AND ADDRES President Name	SES OF THE OFFIC.	CR3 (A BUX FUR ATTAC	Vice President Name		
THOMAS M	ARSHALL.		DAVED MARSI	11111	
Street Address	<i>///0////</i>		Street Address	7776	
152 FORBES	STREET		4 middle S	YRPOT	
City	State	Zip			Zip ,
EAST PROV.	RI	02915	South Dartmouth	mA	02748
Secretary Name	·,	04/19	Treasurer Name		
DAVED MARS	HALL		THOMAS MARS	SHALL	
			Street Address		
9 hiddle St	reet		152 FORBES	STREET	
		Zip /-	City	State	7.10
South gartyouth	k MA	ziba748	EAST. PROV.	State RI	G2915
9. NAMES AND ADDRES		TORS ("X" BOX FOR AT	TACHMENT)		
Director Name	SES OF THE BINEC		Director Name		
THOMAS MA	ARSHALL		DAVID MARSI	4AL C	
Street Address			Street Address		
152 FORBES	S STREET		9 middle St	-reet	
City	State	Zip			Zip
CITY PROVIDEN	E RI	02915	South Jarthouth	MA	02748
Director Name			Director Name	•	_
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED AND ISSUED (*x	BOX FOR ATTACHMENT)		•	
AUTHORIZED SHARES			ISSUFED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	<i>a</i>	WA DAD	(80)	0	Ah Du
1000	COMMON	NO PAR	1000	COHMON	100 MAR
•					
ı					_
*		- Al- a D	Donaldani Casatasa Assista	- Coccesson Transmiss	- Docaiuse se Tour
inis report must be sign	iea in iak by eithe	r tile President, vice	President, Secretary, Assistan	ic secretary, ireasure	i, Receiver of Hus

	Under penalty of-perjury, I declare and affirm that I have examined
1 2 (0-91)	this report including any accompanying schedules and statements, and that all statements for dined herein see true and correct.
File Date: 1-1/V	/NOW 7 (4QUII) 2/25/9
Check No.:	Signature of Officer Date / THOMAS MARSHALL
ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT Tille 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 ON F	MINT IN BLACK INK.		
ORATE ID NO. 2. NAME OF CORPORATION				
	LL BUILDING PRO			
T ADDRESS PRINCIPAL BUSINESS OFFICE		ăry :	STATE	7.000E
-152 FORBES STREET	e la la la la la la la la la la la la la	EAST PROVIDENCE	RI	02914
SS PHONE NO.	5. STATE OF INCORPORATION			6. SIC CODE
(401) 438–1499	RHODE IS	LAND		. 0430
RESOMPTION OF THE CHARACTER OF BUSINESS CONFUCTED IN PROCES	LAND	·		
Provide general building c purposes pursuant to the R				Iawrui
		ESSES OF THE OFF		
THANE T	RES AND ADDR	VICE PRESIDENT NAME		
THOMAS MARSHALL		DAVID MARSHALL		
ĎORESS		STREET ADDRESS		
152 FORBES STREET		8 HARVARD STREET		
STATE	UP CODE	an	STATE	. ZP COOL
EAST PROV. RI	02914	FAIRHAVEN	MA	02719
DAVID MARSHALL				
DAVID MARSHALL		THOMAS MARSHALL STREET ADDRESS		
8 HARVARD STREET		152 FORBES STREE	ET	
STATE	20 000€	1017	STATE	7 ZIP COOE
FAIRHAVEN MA	02719	EAST PROV.	. RI	'02914
	MES AND AODR		ECTORS	
MILONA C. MARCHATT		DIRECTOR NAME		,
THOMAS MARSHALL		DAVID MARSHALL STREET ASSORESS		
152 FORBES STREET		8 HARVARD STREET	Tr.	
STATE	ZIP COOE	O HARVARD SIREE.	STATE	7ZP C00£
EAST PROV. RI	02914	FAIRHAVEN	MA	02719
R NAME		DIRECTOR NAME		
			,	
ADORESS		STREET AODRESS		
: STATE	720F COOK	<u> </u>	STATE	I ze čout
	•			•
	L — · · · · · · · · · · · · · · · · · ·	IZED AND ISSUED		-
AUTHORIZED SHARES			ISSUED SHARES	
MUNIBER OF SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SEPTES	PAR VALUE
		:	: !	1
1000 NO PAR	· · · · · · · · · · · · · · · · · · · 	1000	· · · · · · · · · · · · · · · · · · ·	None
ı		•		•
			•	
		1	1	•
		SNED IN INK by either the		
President, Vice Presid	ent, Secretary, Assis	tant Secretary, Treasurer, I	neceiver or trusti	
1		Under penalty of	perjury, I declare and	Paffirm that I have examin
,		report, including a all statements con	ny accompanying sc Nained bergin are true	hedules and statements, a gand correct.
/ / -		Thine	Alloworth.	
e Date: 1/3//96		akure of Office	<u>LI WILLULX</u>	
eck No: 4925		Wind to Strice	ы (
eck No: 4925		THOMAS_MAR		
	2 -	Print or Type Nam	e of Officer	
· Coff		DDFCIDENM		1/8/90
For Secretary of State Use Only		Title of Officer		- Bate
	DET. 011 00 TT	MA DEEDDE DETHINING		CO-1101 10

net.au nattale needne netuniuua

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.

0044015 Corporate ID:		Annual Report for the y	1995 /ear:	
MAR	SHALL BUILDING, PROD	·		
Name of Corporation: Business entity organized under the laws of For foreign entity, address and telephone nu N/A	the State of . Rhode . Island	Business Entity is (c [X] Business Corpo	heck one): oration (See RIGL Chapter 7- rvice Corporation (See RIGL	
Phone: () Address and telephone of the principal offic Island (Provide street address - Not P.O. Bo 152 Forbes Street East Providence, RI 029	x):	To provide go services and lawful purpos	e character of business conductor control building control the transaction of the pursuant to the ess Corporation Ac	ntracting fall = Rhode
Phone: (401) 438-1499				
	THE NAMES OF TH			
Thomas Marshall	STREET ADDI	-	CITY/STATE St Providence, RI CITY/STATE	лгсов 02914 лгсов
David Marshall	8 Harvard Street	Fai	rhaven, MA	02719 ZIP CODE
David Marshall	8 Harvard Street	RESS Fai	rhaven, MA	02719 ZIP CODI
Thomas Marshall	152 Forbes Street THE NAMES OF THI	E DIRECTORS ARE		02914
Thomas Marshall	152 Forbes Street	Eas	St Providence, RI	02914 ZIP COD
David Marshall	8 Harvard Street		CITYSTATE	02719 ZECOD
NUMBER OF SHARES AUTHORIZED (Rid	er may be attached)	NUMBER OF SHARES I	SSUED AND OUTSTANDING	(Rider may be attached)
Number of Shares Class / S	eries	Number of Shares	Class / Series	<u>.</u> .
100 0	no par value	1000		no par value
		1	,)	
Date April 26		MAS MARSHALL	whall	
Form 31 1/95	PRINT OR TO PRI TITLE OF OR	PENAME OF OFFICER SIGNING EST DENTE FICER SIGNING		

WILLIAM D. CLIFTON, ESQ. 94 GALLATIN ST. PROVIDENCE RI 02907

JUL 1 1 1995

SEC'Y OF STATE

Filing Fee \$50 00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annualty LLC Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

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

Corporate ID. 04-2986217 44013	Annual Report for the year: 1994
Name of Business Entity: <u>Marshall Buildin</u>	g Products, Inc.
Business entity organized under the laws of the State of	Business Corporation (See RIGL Chapter 7-1.1)
Phone (152 Forbes SJ.
Address and telephone of the principal office of business entity in Island (Provide street address - Not P.O. Box):	Rhode E. Providence, R. J. 02915 Brief statement of the character of business conducted in Rhode Island
· · · · · · · · · · · · · · · · · · ·	 <u>-</u> -
152 Forbes St. E. Prov.	1 00 0117 01 1017
Phone: (401) 438-1499	Date of Organization. Date of Qualification to do business in Rhode Island (if foreign entity):
	·· ······
THE N.	AMES OF THE OFFICERS ARE: STREET ADDRESS CITYSTATE 7/P COD
Thomas F Marshall Conservating officer of Transport Check One	265 Mill Rd. Fairhaven MA. 02719 STRUBT AUDRESS CONSTAIR ZECON
CUSTODIAN OF RECORDS OR TO SECRETARY CHECK CHECK	STREET ADDRESS CITY/STATE ZIP CODE
David Marshall [] Desiresancaupmores X TRANSPERICEROES	9 Middle St., So., Dartmouth, MA 02748
Thomas F. Marshall	265 Mill Rd. Fairhaven, MA 02715
NAME THE NA	STREET ADDRESS CITIESTA CONSTACE ZIP CCD
NAME -	STREET ANKERS CODYSTAIL VISION A 1997 CO
NAME	STREET ADDRESS CONSTATE ZEPCON
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR None	PAR VALUE OR WITHOUT PAR None
Date	By How How to make
	Thomas f. Marshall, President.
	President
Form31 1/94	
DESIGNATED REGISTERES	D 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

FILED

APR 2 & 1994

By MC 592141

REDEIVED STATE STORES DIV.

APR 28 12 56 PH '94

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	04-2986217		Annua	al Report for the y	year 1993
First: T	he name of the corporation	is MA			
Second:	It is incorporated under the	e laws of	HODE J	ESLAND	
THIRD: (Character of business, briefly	/ stated, is	ENFRAL	CONTRUCTIOI	υ
Fourth:	If foreign corporation, add	ress of its prin	ncipal office		
Гігтн: В	usiness address in Rhode Isl				02015
•••••				ENCE, R.I.	001/2
Sixth: N	Names and addresses of its d	irectors and o	officers:	Address (including num	(Attach rider if necessary) ber, street, zip code)
•••••	1	Director			
		Director		·····	
	1	Director		••••••	•••••
THOMAS	MORSHALL	President	13 OPIX	GROVE LAND	E, FOIRHAVEN, MO. 02219
		Vice Presiden	t	DD/F ST	30. ZARTMOUTH, MA 02
DAVIO N	NORSHOU !	Secretary	8 HARV	ORD STREET	FAIRHAVEN, MA DONG
THOMAS F	MARSHALL	Treasurer	13 OPIC	BROVE LANE,	FAIRNAVEN, MA. 02719
SEVENTH:	Number of Shares authori	ized:			Par Value or statement that
No. of Share	es Class		Serie	es .	shares are without par value
100	Comm	on			NONE
Еібнтн:	Number of Shares issued:				Par Value or statement that shares are without
No. of Share	es Class		Serie	rts .	par value
100	Commo	'N'			NONE
Dated Jel	- 34 19 .;	94 (No	MARSHOUL ame of Corporation)		PRIONCIS INC.
(Rep	ort must be signed by an officer)	Тit	ile PRFS/	DENT	

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 24-	3986217	Annual Repo	rt for the year	1992
First: The name	of the corporation is	PARSHOUL BULL	WE PRID	VOTS INC.
Second: It is inc	orporated under the laws of	RHIDE ISLANI	<u> </u>	
THIRD: Character	of business, briefly stated, is.	CENERAL CON	TRUCTIUN	•
FOURTH: If foreig	n corporation, address of its p	rincipal office		
FIFTH: Business ac	idress in Rhode Island 15.) FIRES ST	REET	
	EB	T PROUIDENCE,	RI, 13:715	, , , , , , , , , , , , , , , , , , ,
Sixth: Names and	l addresses of its directors and		(A	attach rider if necessary) rip code)
	Director		***************************************	******************************
	Director	e e e e	***********	•••••••••••••••••••••••••••••••••••••••
	Director .		***************************************	***************************************
THIMPS MARSHO	President	13 CAR CRO	E LANE FOR	RUPLEN DD 03
	Vice Preside	nt		······································
DAVIO MARSANU	Secretary	8 NORVORD S	TREET, FORM	WEN MA 12719
THORAS F. MERSHA	LL Treasurer	13 DAIN CROVE	DUE TOIRNA	EF MA 03719
SEVENTE: Number	of Shares authorized:			Par Value
No. of Shares	Class	Series	shar	Razonent that El are without par value
100	ilmnun	•	1.	ININE
		e 41	3.0 3300	
EIGHTH: Number of	Shares issued:		or s	Par Value tatement that
No. of Maria	Class	Series		of are without par value
100	Commen	3		NONE
Dated /- 28.	1993	MRGUMI Rido	WE PRODUC	TO The
	***************************************	une of Corporation	/ /)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Ву	Thoma TMO	PHOU	P7 *** ** 1 *** *** *** *** ** *** *** **
(Report must be sig	med by an officer) Tit	le FRESIDENT	10 Fada 10 0000 60000 60000 60000 10000 1	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corpo	rate ID	100 d d 100 G 100 d d 100 G	••••	Annual Report for th	ne year1992
F	First:	The name of the corporation	on is	MARSHALL BUILDI	MB. ERORUC (S. 1WC
 S	Second	: It is incorporated under	the laws ofRH	ODE ISLAND	
	Third:	Character of business, brie	fly stated, isto	provide general buil	ding contracting
1	service	es and the transaction			
		: If foreign corporation, a	ddress of its princ	ripal officeN/A	
 	- Петн:	Business address in Rhode	Island 152 F	orbes STreet, East Pro	ovidence, RI 02915
		Names and addresses of its	directors and of		(Attach rider if necessary)
1	THOMAS	MARSHALL	Director	152 Forbes Str	eet, Eas Providence, RI 02915
Ĺ	AVID N	MARSHALL	Director	8 Harvard Stree	et, Fairhaven, MA 02719
;			Director		
1	CAMOH	MARSHALL	President	same as above	
			Vice President		
 [AVID M	1ARSHALL	•	same as above	
	HOMAS	MARSHALL	Secretary	same as above	
			Treasurer		
9	SEVENTE	H: Number of Shares auth	orized:		Par Value or statement that shares are without
	No. of Sh	nares Class		Series	par value
	100		PA	, I D	no par value
1	Еібнтн:	Number of Shares issued	: FEB U	4 1992	Par Value or statement that
	No. of Sh	nares Class	SEC'Y C	F STATE	shares are without par value
	100				no par value
Dated	Jan	uary 31 19	92(Nar	MARSHALL BUILDI	NG PRODUCTS, INC.
			By	THOMAS MARSHALL	<i>e</i>
Eorm 3.	(R	eport must be signed by an office	er) Titl	2	

State of Rhode Island and Providence Plantations Corporations division 100 North Main Street Providence, Rhode Island 02903

Corporate ID <u>04-2986217</u>		Annual Report i	or the year 1991
First: The name of the	•	hall Building Product.	s. Inc
	rated under the laws of.	Rhode_Island	
FIFTH: Business address	s in Rhode Island152	Forbes.Street	15.
Sixth: Names and add	resses of its directors an	nd officers:	(Attach rider if necessary ding number, street, zip code)
•••••		· · · · · · · · · · · · · · · · · · ·	••••••
Thomas Marshall		,	E. Fairhaven, MA. 02719
David Marshall			Fairhaven, MA 02719
Thomas.F. Marshall.	Treasurer	13 Oak Grove Lans	Eairhaven, MA 02719
SEVENTH: Number of SI	hares authorized:	Series	Par Vaine or statement that shares are without par value
100	Common		None
EIGHTH: Number of Sha	cres issued:	Scries	Par Value or statement that shares are without par value
100	Common		None
Dated 2:27-		Marshall Building Prog Name of Conjoration	lucts. Inc.
(Report must be signed l	by an officer) T	ides President	

State of Rhode Island and Providence Plantations Corporations division

44010	100 NORTH N PROVIDENCE, RHO	IAIN STREET DDE ISLAND 02903	- 100	/
14010 Corporate ID 69128621	9	Annual Report	for the year 1990 199	<u>/</u>
			UG PRODUCTS, INC	
SECOND: It is incorporated un)
THIRD: Character of business	, briefly stated, is	GENERAL CONS	TRUCTION	•••
FOURTH: If foreign corporation	on, address of its prin	cipal office		••
FIFTH: Business address in RI		FORBES ST. PROVIDENCE		
Sixth: Names and addresses	of its directors and o		(Attach rider if necessary uding number, street, zip code)	7)
	Director			••
	Director			
	Director			••
THOMAS F. MARSHALL	President	13 DAR GROUN	E LANE, FAIRHAUEN, MO.C	2271
	Vice President	•		
DAVID M. MARSHALL	Secretary	8 HARVARD ST.	FAIRHAVEN MA. 027/	2
THOMAS F. MARSHALL	Treasurer		·	
SEVENTH: Number of Shares	authorized:		Par Value or statement that shares are without	
	Class Common	Series	par value NONE	
	× • • • • • • • • • • • • • • • • • • •	ΞĂΙ	D	
EIGHTH: Number of Shares is:	sued:	RIPAL.	Par Value or statement that shares are without	
110100	Class	Series	per value	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 mm o 1~	\smile (NUNE	
Dated /- 2/-	19	DOSHOU BULLO DE OF COTOCOMOS	ine PRODUCTS ETK.	
(Report must be signed by an	officer) Title	PRESIDENT	,	
Form 31 Tiller.		moodsoobstiveesteitendikkiisoodoosoo		ı.

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE. RHODE ISLAND 02903

Corporate ID0044013	<u> </u>	Annual Report for the year	ır.1990
FIRST: The name of the	e corporation is	REHALL BUILDING PROC	WCTS, INC.
Second: It is incorpora	ated under the laws ofRhoo	de Island	
THIRD: Character of business Corporatio		provide general buildin purposes pursuant to th	g contracting e Rhode Island
FOURTH: If foreign cor	poration, address of its princip	oal officen/a	
FIFTH: Business address	s in Rhode Island 152 Fort	bes Street, East Provide	nce, RI 02915
SIXTH: Names and add	resses of its directors and offic	CETS: Address (including number	(Attach rider if necessary)
Thomas Marshall	Director	152 Forbes Street, E	.Providence, RI 02915
David Marshall	Director	8 Harvard St., Fairh	aven, MA 02719
	Director		
Thomas Marshall	President		
	Vice President		
David Marshall	Secretary		
Thomas Marshall	Treasurer		
SEVENTH: Number of S	Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1000		PAID	no par value
Eіднтн: Number of Sh	nares issued:	PAID FEB 27 (SS) SEGN. OF STATE	Par Value or statement that
No. of Shares	Class	SEGN. OF STATE	shares are without par value
100			no par value
Dated February 26	(Name	rshall Building Products of Corporation Mouse Mouse President	, Inc.
(Report must be signed	d by an officer) Title	rresident	

1

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00440	013	Annual Report fo	or the year 1989
FIRST: The name of t	he corporation is	MARSHALL.BUILDI	NG PRODUCTS, INC
Second: It is incorpo	orated under the laws of	RHODE ISLAND	
THIRD: Character of services and the t Business Corp. Act	business, briefly stated, is	to provide general ful purposes pursuan	ouilding contracting t to the Rhode Island
FOURTH: If foreign co	orporation, address of its pr	incipal office	
FIFTH: Business addre	ess in Rhode Island ¹⁵²	Forbes Street, East	Providence, RI 02915
SIXTH: Names and ac	ddresses of its directors and		(Attach rider if necessary)
Thomas Marshall	Director	152 Forbes St., E.	Providence, RI 02915
David Marshall	Director	8 Harvard St., Fai	rhaven, MA 02719
	Director		
Thomas Marshall	President	same	·······
	Vice Preside	nt	
David Marshall	Secretary	same	
Thomas Marshall	Treasurer	same	
SEVENTH: Number of	Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1000		FEB.	no par value Par Value or statement that shares are without
EIGHTH: Number of S	Shares issued:	70	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
. 0			
Dated February 21	19 89	Marshall Buildin	ng Products, Inc.
	В	y Thous M	an tall
ia	ned by an officer) T	itle President	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID. 44013		Annual Report for the year		
FIRST: The name	of the corporation is	MARSHALL BUILDI	NG PRODUCTS, INC.	
SECOND: It is inco	rporated under the laws of	fit.	ede Island	
services and	the transaction of	all lawful purpose	building contracting s pursuant to	
			st Prov., R.I. 02915	
SIXTH: Names and	l addresses of its directors a		(Attach rider if necessary)	
Thomas Marshall	Director	152 Forbes St.,	E.Prov., RI 02915	
David Marshall	Director	8 Harvard St.,	Fairhaven, MA 02719	
	Director			
Thomas Marshall	President	-same-		
	Vice Presi	dent		
	Secretary			
Thomas Marshall	Treasurer			
Seventh: Number	r of Shares authorized:		Par Value	
No. of Shares	Class	PAID	or statement that shares are without	
1000	common	MAR 1 1 1988	par value no par value	
		SEC'Y OF STATE	no par varac	
Eighth: Number	of Shares issued:	VOI OIMIN	Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
0				
Dated 2-18	19 85	Marshall Building I	Products, Inc.	
 		By Mono Ille	intelle	
(Report must be	signed by an officer)	Title President		