



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. 73114		2. Name of Corporation KPD Carpentry, Inc.			
3. Street Address Principal Business Office 17 LAKESIDE DRIVE			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 232-9254		5. State of Incorporation RHODE ISLAND		6. SIC Code 414	
7. Brief Description of the Character of Business Conducted in Rhode Island THE GENERAL CONSTRUCTION AND CARPENTRY OF COMMERCIAL AND RESIDENTIAL STRUCTURES, INTERIORS AND EXTERIORS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEITH P. DAURAY			Vice President Name DAWN M. DAURAY		
Street Address 17 LAKESIDE DRIVE			Street Address 17 LAKESIDE DRIVE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name NONE			Treasurer Name "		
Street Address			Street Address "		
City	State	Zip	City	State	Zip
			"	"	"
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares 1,000	Class/Series	Par Value	Number of Shares NONE	Class/Series	Par Value
1,000 NO PAR VALUE					

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



File Date 8/17/05
Check No. 2573
By: DA
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.

Dawn Dauray 3/1/05
Signature of Officer Date
DAWN DAURAY
Print or Type Name of Officer
V.P. & TREASURER
Title of Officer



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. 73114		2. Name of Corporation KPD Carpentry, Inc.			
3. Street Address Principal Business Office 17 Lakeside Drive			City Smithfield	State RI	Zip 02917
4. Business Phone No. 965-3637		5. State of Incorporation RHODE ISLAND		6. SIC Code 414	
7. Brief Description of the Character of Business Conducted in Rhode Island THE GENERAL CONSTRUCTION AND CARPENTRY OF COMMERCIAL AND RESIDENTIAL STRUCTURES, INTERIORS AND EXTERIORS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Keith P. Dauray			Vice President Name DAWN DAURAY		
Street Address 17 Lakeside Drive			Street Address 17 Lakeside Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name			Treasurer Name DAWN DAURAY		
Street Address			Street Address 17 Lakeside Drive		
City	State	Zip	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			None		

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



* 7 3 1 1 4 *

File Date 3/9/04
Check No. 2265
By: W

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.

Dawn M. Dauray 3/1/04
Signature of Officer Date
Vice President & Treasurer
Print or Type Name of Officer
Dawn M. Dauray
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 73114 2. Name of Corporation KPD CARPENTRY Inc.
 3. Street Address Principal Business Office 17 LAKESIDE DRIVE City SMITHFIELD State RI Zip 02917
 4. Business Phone No. 265-3637 5. State of Incorporation RI 6. SIC Code 414
 7. Brief Description of the Character of Business Conducted in Rhode Island REMODELING CONTRACTOR

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

President Name KEITH P. DAURAY Vice President Name TREASURER
 Street Address 17 LAKESIDE DRIVE Street Address DAWN DAURAY
 City SMITHFIELD State RI Zip 02917 City SMITHFIELD State RI Zip 02917
 Secretary Name KEITH P. DAURAY Treasurer Name DAWN DAURAY
 Street Address 17 LAKESIDE DRIVE Street Address 17 LAKESIDE DRIVE
 City SMITHFIELD State RI Zip 02917 City SMITHFIELD State RI Zip 02917

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

Director Name NONE Director Name _____
 Street Address _____ Street Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Director Name _____ Director Name _____
 Street Address _____ Street Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>1000</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>0</u>		<u>0</u>

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

FILED

File Date: JAN 22 2003
 Check No.: _____
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY 73114

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 [Signature] Date 1/22/03
 Print or Type Name of Officer DAWN M. DAURAY
 Title of Officer V.P. Treasurer



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. 73114 2. Name of Corporation KPD CARPENTRY INC.
3. Street Address Principal Business Office 17 LAKESIDE DRIVE City SMITHFIELD State RI Zip 02917
4. Business Phone No. 265-3637 5. State of Incorporation RI 6. SIC Code 414

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

REMODELING CONTRACTOR

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

President Name <u>KEITH P. DAURAY</u> Street Address <u>(ABOVE) 17 LAKESIDE DRIVE</u> City <u>SMITHFIELD</u> State <u>RI</u> Zip <u>02917</u>	Vice President Name <u>DAWN DAURAY</u> Street Address <u>(ABOVE) 17 LAKESIDE DRIVE</u> City <u>SMITHFIELD</u> State <u>RI</u> Zip <u>02917</u>
Secretary Name <u>KEITH P. DAURAY</u> Street Address <u>17 LAKESIDE DRIVE</u> City <u>SMITHFIELD</u> State <u>RI</u> Zip <u>02917</u>	Treasurer Name <u>DAWN DAURAY</u> Street Address <u>17 LAKESIDE DRIVE</u> City <u>SMITHFIELD</u> State <u>RI</u> Zip <u>02917</u>

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

Director Name <u>NONE</u> Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>1000</u>		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>0</u>		

JAN 22 11 27 AM '03
 STATE

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

FILED
File Date: JAN 22 2003
Check No.: _____
By: [Signature]
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: [Signature] Date: 1/22/03
Print or Type Name of Officer: DAWN M. DAURAY
Title of Officer: V.P. & Treasurer



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 No. **73114** 2. Name of Corporation **KPD Carpentry, Inc.**

3. Street Address Principal Business Office **17 LAKESIDE DRIVE** City **SMITHFIELD** State **RI** Zip **02917**
4. Business Phone No. **232-9254** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**

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

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

President Name KEITH P. DAUKAY	Vice President Name + TREASURER DAWN M. DAUKAY
Street Address 17 LAKESIDE DRIVE	Street Address SAMG
City SMITHFIELD State RI Zip 02917	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
Street Address	Street Address
City State Zip	City State Zip
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 Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
0 **0**

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



* 7 3 1 1 4 *

File Date: **6/13/01**
Check No.: **1010**
By: **GAN**

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.

Dawn M. Daukay **4/1/01**
Signature of Officer Date
V.P. + TREASURER
Print or Type Name of Officer
DAWN M. DAUKAY
Title of Officer



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. 73114 2. Name of Corporation KPD Carpentry Inc
3. Street Address Principal Business Office 17 Lakeside Drive City Smithfield State RI Zip 02917
4. Business Phone No. 401-232-9254 5. State of Incorporation RI 6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island Residential Remodeling

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Keith Dauray</u>	Vice President Name <u>DAWN DAURAY</u>
Street Address <u>17 Lakeside Drive</u>	Street Address <u>17 Lakeside Drive</u>
City <u>Smithfield</u> State <u>RI</u> Zip <u>02917</u>	City <u>Smithfield</u> State <u>RI</u> Zip <u>02917</u>
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>NO PAR VALUE</u>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>NONE</u>		

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

File Date: 8/22/00
Check No.: 181
By: [Signature]
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] 8/22/00
Signature of Officer Date
DAWN M. DAURAY
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **73114** 2. Name of Corporation **KPD Carpentry, Inc.**

3. Street Address Principal Business Office
17 LAKESIDE DR City **SMITHFIELD** State **RI** Zip **02917**

4. Business Phone No. **401-232-9254** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**

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

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

President Name KEITH DAURAY	Vice President Name DAWN DAURAY
Street Address 17 LAKESIDE DR	Street Address 17 LAKE WIDE DR
City SMITHFIELD State RI Zip 02917	City SMITHFIELD State RI Zip 02917
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
Street Address	Street Address
City State Zip	City State Zip
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	Class/Series	Par Value
1000 NO PAR VAL			

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



File Date: 8/30/99

Check No.: 1350

By: [Signature]

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: [Signature] Date: 8/25/99

Print or Type Name of Officer: KEITH DAURAY

Title of Officer: President



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. **73114** 2. Name of Corporation **KPD Carpentry, Inc.**
 3. Street Address Principal Business Office **17 Lakeside Drive** City **Smithfield** State **RI** Zip **02917**
 4. Business Phone No. **401-232-9254** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**
 7. Brief Description of the Character of Business Conducted in Rhode Island **General Carpentry and Remodeling**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Keith P. Dauray	Vice President Name Dawn M. Dauray
Street Address 17 Lakeside Drive	Street Address 17 Lakeside Drive
City Smithfield State RI Zip 02917	City Smithfield State RI Zip 02917
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value

1000 NO PAR VAL

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

ISSUED SHARES
 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



* 7 3 1 1 4 *

File Date: 6/19/98
 Check No.: 1133
 By: ICD

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.

Dawn M. Dauray 6/9/98
 Signature of Officer Date
Dawn M. Dauray
 Print or Type Name of Officer
Vice President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **73114** 2. Name of Corporation **KPD Carpentry, Inc.**
3. Street Address Principal Business Office **17 LAKESIDE DR** City **SMITHFIELD** State **RI** Zip **02917**
4. Business Phone No. **401-232-9254** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**
7. Brief Description of the Character of Business Conducted in Rhode Island **CARPENTRY**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Keith Dauray	Vice President Name Dawn Dauray
Street Address 17 LAKESIDE DR	Street Address 17 LAKESIDE DR
City SMITHFIELD State RI Zip 02917	City SMITHFIELD State RI Zip 02917
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	NO PAR VAL		1000	NO PAR	

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



File Date: 7-25-97
Check No.: 7259100239
By: _____

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: [Signature] Date: 3/15/97
Print or Type Name of Officer: KEITH DAURAY
Title of Officer: PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Lungevin, *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 OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 73114		2. NAME OF CORPORATION KPD Carpentry, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 435 Eaton ST		CITY PROV	STATE RI	ZIP CODE 02908	
4. BUSINESS PHONE NO. 401-274-6143		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 3414	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
CARPENTRY

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME KEITH DAURAY			VICE PRESIDENT NAME DAWN DAURAY		
STREET ADDRESS 435 Eaton ST			STREET ADDRESS 435 Eaton ST		
CITY PROV	STATE RI	ZIP CODE 02908	CITY PROV	STATE RI	ZIP CODE 02908
SECRETARY NAME			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	NO PAR VAL		0		

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 are true and correct.

File Date: 5/1/96
Check No: 501
By: cc
For Secretary of State Use Only

Signature of Officer:
Print or Type Name of Officer: Keith Dauray
Title of Officer: President
Date: 4/15/96



FILED

JAN 0 6 1995

By MM

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.

0073114

1995

Corporate ID: _____ Annual Report for the year: _____

KPD Carpentry, Inc.

Name of Corporation: _____

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (401) 274-6143

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

General Residential Carpentry

435 Eaton St

Providence RI 02908

Phone: (401) 274-6143

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Keith P. Dauray</u>	<u>435 Eaton St</u>	<u>Providence RI</u>	<u>02908</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Dawn M. Dauray</u>	<u>435 Eaton St</u>	<u>Providence RI</u>	<u>02908</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>1000</u>	<u>Common</u>		

Date 1-5, 19 95

By: [Signature]

PRINT OR TYPE NAME OF OFFICER SIGNING Keith Dauray President

TITLE OF OFFICER SIGNING

Form 31 1/85

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DAWN M. DAURAY
 435 EATON STREET
 PROVIDENCE, RI 02908

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

0075114

1994

Corporate ID: _____ Annual Report for the year: _____
KPD Carpentry, Inc.

Name of Business Entity: _____

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:

Phone: (401) 274-6143

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
435 Eaton Street
Providence, RI 02908

Phone: (401) 274-6143

Business Entity is (check one).

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Keith Dauray
President
435 Eaton Street
Providence, RI 02908

Brief statement of the character of business conducted in Rhode Island.

Building/Construction
Residential & Commercial

Date of Organization: 7/1/93

Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Keith J. Dauray</u>	<u>435 Eaton Street</u>	<u>Providence RI</u>	<u>02908</u>
<input checked="" type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Dawn M. Dauray</u>	<u>435 Eaton Street</u>	<u>Providence RI</u>	<u>02908</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>1000</u>	NUMBER
CLASS	CLASS FILED
SERIES	SERIES MAR 06 1994
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR By <u>M. Mace</u>

Date March 1, 1994

By: Dawn M. Dauray
Dawn M. Dauray
PRINT OR TYPE NAME OF OFFICER SIGNING
Vice President
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED 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.

DAWN M. DAURAY
435 EATON STREET
PROVIDENCE, RI 02908