

File Date

FOR SECRETARY OF STATE USE ONLY

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

2005

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 PRINT  | TED IN BLACK)                         | •                         |  |                             |                           |  |
| 1. Corporate ID No.   | 2. Name of Corporation                |                           |  |                             | leste .                   |  |
| 42116   | Clark Brothers, Ir                    | nc.                       |  |                             | 반비                        |  |
| 3. Sirved Address Principal Business O. 28 LAKESIDE   |                                       |                           | SmITH FIELD                                | State KI                    | 02917                     |  |
| 1 Business Phone No. 7098   |                                       | 5. State of Incorporation |  |                             | 6. SIC Code               |  |
| 7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION AND REMODELING OF RESIDENTIAL AND COMME          |                                       |                           | CIAL BUILDINGS                             | <del></del>                 | 34 : 1                    |  |
| 8. NAMES AND ADDRESSES  |                                       |                           |  | CES BEFORE USING AT         | TACHMENTS                 |  |
| President Name  |                                       |                           | Vice President Name                        | in bill the comton          |                           |  |
| CHARLES .   | W CLA                                 | eK                        | DONALD J                                   | CLAKK                       | 1 1 1                     |  |
| 28 LAKE SIN   | EOK                                   |                           | Street Address 107 STICKWA                 | TER RO                      | j  .                      |  |
| SMITHFIELD  | State R I                             | 02917                     | Smithfield                                 | State                       | 02917                     |  |
| Secretary Name  |                                       | :                         | Treasurer Name                             |                             |                           |  |
| DONALD Z  | 5 CLAL                                | K                         | CHARLES W CLARK                            |                             |                           |  |
| Street Address  |                                       |                           | Street Address 28 LAKESIDE DK              |                             |                           |  |
| 107 STILLU  | MATER RS                              |                           |  |                             |                           |  |
| Smithfiers  | State RJ                              | 02917                     | SMITHE INCO                                | State                       | 02917                     |  |
| 9. NAMES AND ADDRESSES  |                                       | : ("X" BOX FOR ATTA       | CHMENT)     FILL IN SP.                    | ACES BEFORE USING           | ATTACHMENTS '             |  |
| Director Name   |                                       | •                         | Director Name                              |                             | ان باهیان                 |  |
| NONE Sirvet Address   |                                       |                           | Street Address                             | • •                         |                           |  |
|   |                                       |                           | Since Address                              |                             | `  <b> </b>               |  |
| City  | State · ·                             | Zip                       | City                                       | State                       | Zip · ·                   |  |
| Director Name   | k                                     |                           | Director Name                              |                             | <b></b>                   |  |
| Street Address  | · · · · · · · · · · · · · · · · · · · |                           | Siner Address                              |                             |                           |  |
| Cuy   | State                                 | Ζ.φ                       | City                                       | State                       | Ζψ                        |  |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   AUTHORIZED SHARES  |                                       |                           | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) |                             |                           |  |
| Number of Shares  | Class/Series                          | Par Value                 | Number of Shares                           | Class/Series                | Par Value                 |  |
| 8,000 NO PAR VALUE  |                                       |                           | 8,000                                      | Common                      | PAR                       |  |
|   |                                       |                           |  |                             |                           |  |
| This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee |                                       |                           |  |                             |                           |  |
| 111   |                                       | II <b>ISS</b> 1           |  |                             | !                         |  |
|   |                                       |                           |  |                             |                           |  |
|   |                                       |                           | Under penalty of periusy                   | I declare and affirm that I | have examined this modern |  |

Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement

contained herein are true and correct

PRESIDENT

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

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2004 PROFIT CORPORATION ANNUAL REPGRT FOR THE YEAR \_\_\_\_\_ 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 42116 Clark Brothers, Inc. 3. Street Address Principal Business Office Smitht 1220 LAKESIDE Business Phone No 5 State of Incomporation RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION AND REMODELING OF RESIDENTIAL AND COMMERCIAL BUILDINGS | FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Street Address 02917 ☐ FILL IN SPACES BEFORE USING ATTACHMENTS SONE Street Address State City Street Address Street Address City State ZpCity State ZΦ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series 8,000 NO PAR VALUE PAK 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 contaiged herein are true and correct. File Date

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 PRIN             | TED IN BLACK)         |                           |                       |                          |             |
|--|-----------------------|---------------------------|-----------------------|--------------------------|-------------|
| 1. Corporate ID No.                    | 2. Name of Corporatio | n                         |                       |                          |             |
| 42116                                  | Clark Brothers        | , Inc.                    |                       |                          |             |
| 3. Street Address Principal Business   | Office                | •                         | SMITHFIE              | State 7                  | Zip 2015    |
| €. Rusiness Phone No.                  | IDE DK                | 5. State of Incorporation | SMITHFIE              | ZD KI                    | 6. SIC Code |
| 231-709                                | 9                     | RHODE ISLAND              | )                     |                          | 34          |
| 7. Brief Description of the Characte   |                       | Rhode Island              |                       |                          | •           |
| 13010                                  | SINGLE 1              | Family H                  | omes                  |                          |             |
| 8. NAMES AND ADDRES                    | sses of the offic     | ERS ("X" BOX FOR ATTAC    | CHMENT) FILL IN SPACE | S BEFORE USING ATTACH    | MENTS       |
| President Name                         | w Clar                | e K                       |                       | J CLARR                  |             |
| Street Address<br>28 LA (CE S 1        |                       |                           | • •                   | CUATER KD                |             |
| SmithFish                              | , state RI            | 02917                     | Smittle Field         | D State RI               | 02917       |
| Secretary Name DON 1460 Street Address |                       |                           | Carrier A. A. A. A    | w Clotek                 |             |
| 107 STICCO                             | WATER                 | KD                        | 28 LAKE               | SIDE DA                  |             |
| SMITPFIELD                             | o State KI            | 7.10 2917                 | SMITHFIE              | to state RI              | 0291-       |
| 9. NAMES AND ADDRES                    | SES OF THE DIREC      | TORS ("X" BOX FOR ATT     | TACHMENT) FILL IN SPA | CES BEFORE USING ATTAC   | HMENTS      |
| Director Name 1000                     |                       |                           | Director Name         |                          |             |
| Street Address                         |                       |                           | Street Address        |                          |             |
| 311661 2001633                         |                       |                           | Sirett Mauress        |                          |             |
| City                                   | State                 | Zip                       | City                  | State                    | Zip         |
| Director Nume                          |                       | • •                       | Director Name         | •                        | •           |
| Street Address                         |                       |                           | Street Address        |                          |             |
| City                                   | State                 | Zip                       | City                  | State                    | Zip         |
| 10. SHARES AUTHORIZE                   | D ("X" BOX FOR ATTAC  | HMENT)                    | 11. SHARES ISSUED     | (*X* BOX FOR ATTACHMENT) |             |
| AUTTHORIZEZ) SHARES                    |                       |                           | ESSUED SHARES         |                          |             |
| Number of Shares                       | Class/Series          | For Value                 | Number of Shares      | Class/Series             | Par Value   |
| 8,000 NO PAR VALUE                     |                       |                           | 8,000                 | Common                   | PAR         |
|  |                       |                           | ŕ                     |                          |             |

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

|              | * 4 2 1 1 6 *       |
|--------------|---------------------|
| File Date:   | 1.16.03             |
| Check No.:   | 3185                |
| Ву:          | WP                  |
| FOR SECRETAR | Y 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

PLESIDENT CHARCES W CLARK

Print or Type Name of Officer

Title of Officer
5



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

| I ANNUAL REPORT FO | R THE YEAR | 2002 |
|--------------------|------------|------|
| <br>               |            |      |

STOP.
PLEASE READ
INSTRUCTIONS

| Filing Period: January I-March I                                 | • Filing Fee: \$50.00      |                                       |  | INSTRUCTIONS                          |
|--|----------------------------|---------------------------------------|--|---------------------------------------|
| (FORM MUST BE TYPED IN BLACK)                                    |                            | <del></del>                           |  | · /                                   |
| 1. Corporate ID No. 2. Name of Corp                              |                            |                                       |  |                                       |
| 42116 Clark Brot 3. Street Address Principal Business Office     | thers, Inc.                | Tony -                                |  |                                       |
| ~                          |                            | SMITHFIEL                             | O! RI                                  | 102917                                |
| A. Business Phone No.  | 5. State of Incorporation  | · · · · · · · · · · · · · · · · · · · | O. L. N                                | 6. SIC Code                           |
| 231-7098   | RHODE ISLAN                |                                       |  | 34                                    |
| 7. Brief Description of the Character of Business Conducte       |                            | <del></del>                           | <del></del>                            |                                       |
| BUILD 51~90  | -                          | Lomes                                 |  |                                       |
| 8. NAMES AND ADDRESSES OF THE OF                                 | /                          | <del> </del>                          | S BEFORE USING ATTACHN                 | MENTS                                 |
| President Name   |                            | Vice President Name                   |  | ·····                                 |
| CHARLES W CO   | LARK                       | DONALD                                | J CLARK                                |                                       |
| Street Address .   | <del></del>                | Street Address                        | ·                                      | · ·                                   |
| 28 LAKESIDE DK   |                            | 167 5716                              | WATER KON!                             |                                       |
| SMITHFIELD   RI  | Zip                        | CITY                                  | (D) State                              | 102917                                |
|  | 02//                       | J/M/1/1/ 10                           |  | 029//                                 |
| Secretary Name   | • 11                       | Treasurer Name                        | 1. Clauk                               |                                       |
| DONALD J CLAS  | ·                          |                                       | w Clork                                |                                       |
| 107 STILL WITER W.   | (40                        | 28 LAKES                              | ipe DK                                 |                                       |
| 107 STILLWATER IL  | T <sub>ZID</sub> + ————    | City                                  | State                                  | T <sub>Zin</sub> —                    |
| SM, THFIERD IR I   | 02917                      | SIMITIFIE                             | IN ISTATE RI                           | 02917                                 |
| 9. NAMES AND ADDRESSES OF THE DI                                 | RECTORS ("X" BOX FOR AT    | TACHMENT) FILL IN SPA                 | CES BEFORE USING ATTACI                | HMENTS                                |
|  |                            | Director Name                         |  | · · · · · · · · · · · · · · · · · · · |
| Street Address   |                            | :                                     |  |                                       |
| Street Address   |                            | Street Address                        |  |                                       |
| e man in a similar man in an |                            |                                       |  |                                       |
| City State   | `   Zip                    | * City                                | State                                  | Zip                                   |
| (  |                            |                                       | ·,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |
| Director Name  |                            | Director Name                         |  |                                       |
| Street Address   | <del></del>                | : Street Address                      |  | <del></del>                           |
|  |                            | :                                     |  |                                       |
| City   | - TZip                     | City                                  | - · - 1 <sub>State</sub> ·             | Zip                                   |
|  | •                          |                                       | ŀ                                      |                                       |
| 10. SHARES AUTHORIZED (*X" BOX FOR A                             | TTACHMENT)                 | 11. SHARES ISSUED                     | ("X" BOX FOR ATTACHMENT)               | <del>-</del>                          |
| AUTHORIZED SHARES  |                            | ISSUED STARES                         |  |                                       |
| Number of Shares Class/Series                                    | Par Value                  | Number of Shares                      | Class/Series                           | Par Value                             |
| 8,000 NO PAR VALUE   | <del> </del>               | 0                                     |  | 1                                     |
|  |                            | - 10,000                              | Common                                 | IN TAR                                |
|  |                            | /                                     |  |                                       |
|  | <del></del>                | <u></u> _                             | i                                      | 1                                     |
| This report must be signed in ink by e                           | ither the President, Vice  | President, Secretary, As              | sistant Secretary, Treasure            | r, Receiver or Truster                |
|  | <b>a</b> iii 18 <b>1</b> 1 | •                                     | ,.                                     |                                       |
|  |                            |                                       |  |                                       |
|  |                            |                                       |  | €:                                    |

| 7               | * 4 2 1 1 6 *    |          | Under penalty of perjury, I declare and affirm that I have examine   |            |
|-----------------|------------------|----------|--|------------|
| File Date:      | 1-17-02          |          | this report, including any accompanying schedules and statement that all statements contained hereig are true and correct. | s, and     |
| Check No.:      | 2487             |          | CHALLES W CLARK  | <u>ッ</u> ユ |
| By:             | - Zu             | <u>;</u> | Print or Type Name of Officer  PILES 19E T   |            |
| FOR SECRETARY O | F STATE USE ONLY |          | Title of Officer  Fa   | 12/01      |

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 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation
Clark Brothers, Inc. 1. Corporate ID No. 42116



| 3. Street Address Principal Business O               |                             |  | SMITH FIELD                               | State R -              | 215<br>U2917          |
|--|-----------------------------|--|---|------------------------|-----------------------|
| 28 LAKES1<br>4. Business Phone No.                   |                             | 5. State of Incorporation RHODE ISLAND | <b>37</b> ****                            | ハエ                     | 6. SIC Code           |
| 231-7098<br>7. Brief Description of the Character of |                             | KNODE ISLAND                           |   |                        |                       |
| 7. Brief Description of the Character of             | of Business Conducted in Rh | ode Island                             | OF RESIDENTIAL                            | 4 C a                  | i a ioin              |
| 8. NAMES AND ADDRESS                                 |                             |  |   | FORE USING ATTACH      |                       |
| President Name                                       | -                           | KJ ( A BOA FOR ATTACII.                | Vice President Name                       | _ ^                    |                       |
| CHARLES W  |                             |  | DONACD 3                                  | _ ,                    |                       |
| SmiTHFIED  | DE DK                       |  | 39 BEVEN                                  | LY CIRCLE              | =                     |
| City   | State                       | Zip                                    | Coranvicle                                | State                  | 02828                 |
|  | RI                          | 02911.                                 | CRESTICLE                                 | RS                     | 02020                 |
| Secretary Name  DONALD J                             | CLAKE                       |  | CHARLES U                                 | · CLALL                |                       |
| Street Address 39 BEVELL                             |                             | -                                      | Street Address LAKE ST                    |                        |                       |
| Cign Cign  | State                       |  | City                                      | State                  | Zip - 0.7             |
| CREETVILLE   | State F                     | 02828                                  | SMITH LIELD                               | RJ                     | 029//                 |
| 9. NAMES AND ADDRESS Director Name                   | ES OF THE DIRECT            | ORS ("X" BOX FOR ATTAC                 | CHMENT) FILL IN SPACES I<br>Director Name | BEFORE USING ATTAC     | HMENTS                |
| 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 AUTHORIZED SHARES              | ("X" BOX FOR ATTACH         | MENT)                                  | 11. SHARES ISSUED (*X*                    | BOX FOR ATTACHMENT)    |                       |
| Number of Shares                                     | Class/Series                | Par Value                              | Number of Shares                          | Class/Series           | Par Value             |
| 8000 NO PAR VAL                                      | Common                      | NONE                                   | 8000                                      | Common                 | NONE                  |
|  |                             |  |   |                        |                       |
| This report must be signe                            | <b>d in ink</b> by either   | the President, Vice P                  | resident, Secretary, Assista              | nt Secretary, Treasure | er, Receiver or Trust |
| 1 188111 211   | ki                          |  |   |                        |                       |

| is report in | * 4 2 1 1 6 * |
|--------------|---------------|
| ile Date:    | 1/10          |
| heck No.:    | 1784          |
|              | 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.



1. Corporate ID No.

42116

3. Street Address Principa' Business Office

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

this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

Print or Type Name of Officer

Title of Officer

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

| STOP             |
|------------------|
| PHANERAD PARTIES |
|                  |

Filing Period: January 1-March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)

Clark Brothers, Inc.

2. Name of Corporation

| 28 LAKESID                                | E DR                          |                           | SMITHFIELD                     | KI                        | 02917                  |
|---|-------------------------------|---------------------------|--------------------------------|---------------------------|------------------------|
| Business Phone No.                        |                               | S. State of Incorporation |                                |                           | 6. SIC Code            |
| 231-7098                                  | )<br>                         | RHODE ISLAND              |                                |                           | 34                     |
| Brief Description of the Character        | of Business Conducted in Kn   | Oate Island               | Programme 4                    | Consum my an              | ac Building            |
| NAMES AND ADDRESS                         | ES OF THE OFFICE              | TS (*X* BOX EOR ATTACH)   | RESIDENTIAL +                  | FORE USING ATTACHN        | AFNTS                  |
| resident Name                             |                               | K3 ( A DOA FOR ATTACIN    | Vice President Name            |                           | abivi5                 |
| CHARLES W                                 |                               |                           | DONALD J                       | <del>-</del>              |                        |
| 28 LAKESIDE                               | = DIC                         |                           | 39 BEVELL                      | 1 CIRCLE                  |                        |
| lity ,                                    | State                         | Zip                       | G.KEEN'VICKE                   |                           | Zip G 3 G              |
| SMITHFIELD                                | K L                           | 02911                     | G.KEENVICKE                    | <b>片</b>                  | 02820                  |
| ECUALO J                                  |                               |                           | CHARLES W                      | CLACK                     |                        |
| treet Address                             |                               |                           | Street Address  28 CAKESIDE    | - D.C                     |                        |
| ine Address<br>39 BEVEILLY<br>GILLENVILLE | State -                       | Zla                       | SE CAKESING                    | State                     | Zin                    |
| COKCENVICCE                               | "RI                           | 858.60                    | SMITHFILLS                     | "RT                       | C2917                  |
| D. NAMES AND ADDRESS                      |                               |                           |                                | SEFORE USING ATTAC        | HMENTS                 |
| treet Address                             |                               |                           | Street Address                 |                           |                        |
| Sity                                      | State                         | Zip                       | City                           | State                     | Zip                    |
| Director Name                             |                               |                           | Director Name                  |                           |                        |
| treet Address                             |                               |                           | Street Address                 |                           |                        |
| Clay                                      | State                         | Zip                       | City                           | State                     | Zip                    |
| O. SHARES AUTHORIZED                      | ) (*X* BOX FOR ATTACH         | (MENT)                    | 11. SHARES ISSUED ("X"         | BOX FOR ATTACHMENT)       |                        |
| UTHORIZED SHARES<br>Jumber of Shares      | Class/Series                  | Par Value                 | ISSUED SHARES Number of Shares | Class/Series              | Par Value              |
| 8000 NO PAR VAL                           | Common                        | NONG                      | 8000                           | Common                    | NUNG                   |
| his report must be signe                  | I <b>d in ink</b> hu aithar   | the President Vice P      | resident, Secretary, Assista   | nt Secretary Treasure     | er Racalvar or Tructa  |
| ms report mast or signe                   | L III IDA OY CITILET          | the restaem, vice r       | icolociii, occietaly, noolita  | in occiemy, measure       | .i, acceives of studie |
|   |                               |                           |                                |                           |                        |
|   |                               |                           |                                |                           |                        |
| 4 (BBH) U4U                               | AN UANTH AINTH AINTH THA FANT |                           | Under penalty of perjur        | y, I declare and affirm t | hat I have examined    |



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

999 STO

| (FORM MUST BE TYPED IN BLA           | ACK)                           |                             |                              |                                      |                            |  |
|--------------------------------------|--------------------------------|-----------------------------|------------------------------|--------------------------------------|----------------------------|--|
| I. Corporate ID No.<br><b>42116</b>  | 2. Name of Corpora Clark Broth |                             |                              |                                      | <del></del>                |  |
| 3. Street Address Principal Business | 2.7                            |                             | Tally                        | State                                |                            |  |
| 28 CHKES                             | 100 00                         |                             |                              | 10 1 RT                              | 102917                     |  |
| 4. Business Phone No.                | a                              | S. State of Incorpora       | LAND                         |                                      | 6. SIC Code                |  |
| 7. Brief Description of the Characte | C Rusiness Conducted i         | n Rhade Island              |                              |                                      | - <del></del>              |  |
| Ruin                                 | Cinicistation                  | TainiL. / He                | WANK S                       |                                      |                            |  |
| 8. NAMES AND ADDRES                  | SSES OF THE OFFI               | CERS (X BOX FOR A           | TTACHMENT) (FILL IN SPAC     | ES BEFORE USING ATTA                 | CHMENTS                    |  |
| President Name                       |                                |                             | : Vice President Name        |                                      |                            |  |
| CHARLES                              | w CLA                          | ICK                         | : DONACE                     | J CLAKK                              | ·<br>•                     |  |
| Street Address                       |                                |                             | Street Address               |                                      | 4                          |  |
| 2 G LISKG S<br>SmITH/F/521           | 106 DIC                        | <del></del>                 | : 39 1361                    | EKLEY C1                             | RCIE                       |  |
| Com Till ( 1)                        | I State R T                    | 1 2917                      | City                         | State RI                             | 10, 30, 30                 |  |
| Secretary Name                       | !\\\. <del></del>              |                             | Treasurer Name               | L. P. +                              | 02020                      |  |
| DONALD                               | T CLARK                        | <u>-</u>                    | C 11/1/1/                    | -s w Clas                            | a K                        |  |
| Street Address                       |                                |                             | Street Address               | ···································· |                            |  |
| 39 BEVER                             | LEY CIK                        | CLE                         | 28 LAKE                      | SIDE DIL                             |                            |  |
| Smith Field                          | State                          | 7/4                         | . City                       | I State                              | 2.1p                       |  |
|                                      | <del> </del>                   |                             |                              | DRI                                  | 02917                      |  |
| 9. NAMES AND ADDRES                  | SES OF THE DIRI                | ECTORS (*X* BOX FOR         | ATTACHMENT) FILL IN SPA      | ACES BEFORE USING AT                 | TACHMENTS                  |  |
| MONE                                 |                                |                             | - I                          | •                                    |                            |  |
| Street Address                       |                                |                             | Street Address               | <del></del>                          |                            |  |
|                                      |                                |                             |                              |                                      |                            |  |
| City                                 | State                          | Zip                         | City                         | State                                | Zip                        |  |
|                                      |                                |                             |                              |                                      | <u> </u>                   |  |
| Director Name                        |                                |                             | Director Name                |                                      | *                          |  |
| NUNE<br>Street Address               | <del></del>                    |                             | Strong Address               | Street Address                       |                            |  |
| Sirece Musicus                       |                                |                             | Street Mauress               | •                                    |                            |  |
| City                                 | State                          | Zip                         | City                         | State                                | Zip                        |  |
|                                      | 1                              | ,                           |                              |                                      | 1                          |  |
| 10. SHARES AUTHORIZE                 | D (*X* BOX FOR ATT             | ACHMENT) I                  | 11. SHARES ISSUE             | D ("X" BOX FOR ATTACHMEN             | IT)                        |  |
| AUTHORIZED SHARES                    |                                |                             | ISSUED SHARES                |                                      |                            |  |
| Number of Shares                     | Class/Series                   | Par Value                   | Number of Shares             | Class/Series                         | Par Value                  |  |
| 8000 NO PAR VAL                      |                                |                             | 11/1/2/1/2                   |                                      | ,                          |  |
|                                      |                                |                             |                              |                                      |                            |  |
|                                      |                                |                             |                              | )<br>{                               | ,                          |  |
| This are not as it is                |                                |                             |                              |                                      |                            |  |
| inis report must be sign             | iea in ink by eith             | oer the President, V        | lice President, Secretary, A | Assistant Secretary, Trea            | suter, Receiver or Trustee |  |
| 1 1 <b>46</b>                        |                                | <b>9</b> 6 1 1 <b>9</b> 1 1 |                              |                                      |                            |  |
|                                      |                                | ■ ()                        |                              |                                      |                            |  |

File Date: 1-7-99

Check No.: 577

By: Check 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.

Chalo, m' Clin. 1- 1/5/99
Signature of Officer Date

Print or Type Name of Officer

PHOSOGON ENT

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 1998

STOP PILASE READ INVIRCOTIONS

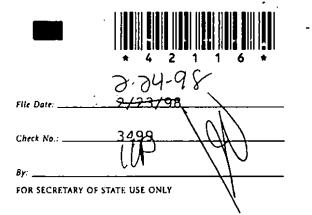
| Titting Terrous, junitary 1 march 1 | 111110 |
|-------------------------------------|--------|
| (FORM MUST BE TYPED IN BLACK)       |        |

2. Name of Corporation

1. Corporate ID No.

| 42118   | Clark Brother                | s, inc.                                  |                                 |                        |                      |
|---|------------------------------|--|---------------------------------|------------------------|----------------------|
| 3. Street Address Principal Business                  | Office                       |  | City                            | State                  | Zip                  |
| 28 Lakeside<br>4. Buslness Phone No.                  | Drive                        | 5. State of Incorporation                | Smithfield                      | R. I.                  | 02917<br>6. SIC Code |
| 231 – 7098<br>7. Brief Description of the Characte    | r of Business Conducted in I | RHODE ISLAND Rhode Island                |                                 |                        | 0034                 |
| Construction<br>8. NAMES AND ADDRES<br>President Name | and remOdel                  | ing of homes<br>ERS ("x" BOX FOR ATTACHN | AENT)<br>Vice President Name    |                        |                      |
| Charles W. C  | lark                         |  | Donald J. Cla                   | rk                     | •                    |
| Street Address<br>28 Lakeside                         | Drive                        |  | Street Address 39 Beverly Ci    | rcle                   |                      |
| City  | State                        | Zip                                      | City                            | State                  | Zip                  |
| Smithfield<br>Secretary Name                          | R. I.                        | 02917                                    | Greenville<br>Treasurer Name    | R. I.                  | 02828                |
| D13 7 01  |                              |  | Charles W. Cl                   |                        |                      |
| Street Dongald J. C1                                  | ark                          |  | Street Address<br>28 Lakeside D | rive                   |                      |
| 39 Beverly C  |                              | •  |                                 |                        | •••                  |
| Greenville  | State<br>R. I.               | <sup>zip</sup><br>02828                  | Smithfield                      | R. I.                  | <sup>zip</sup> 02917 |
| 9. NAMES AND ADDRES Director Name                     | SSES OF THE DIREC            | CTORS ("X" BOX FOR ATTAC                 | HMENT)<br>Director Name         |                        |                      |
| NONE<br>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 AUTHORIZE AUTHORIZED SHARES                | ED (*X* BOX FOR ATTAC        | CHMENT)                                  | 11. SHARES ISSUED (*.           | X° BOX FOR ATTACHMENT) |                      |
| Number of Shares                                      | Class/Series                 | Par Value                                | Number of Shares                | Class/Series           | Par Value            |
| 8000 NO PAR VAL                                       | Common                       |  | NONE                            |                        |                      |
|   |                              | •  |                                 |                        |                      |
|   |                              |  |                                 |                        |                      |

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.

Charles W Clark 2/23/98
Signature of Officer

Charles W. Clark

Print or Type Name of Officer
Prosident

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Ri 02903-1335 401-277-3040

STOP:

### PROFIT CORPORATION ANNUAL REPORT 1997

| Filing Perlod: January<br>(FORM MUST BE TYPED IN BL) |                   | <i>g</i> 1111 00010     |                           |   | 5 COMPLET                             |  |
|--|-------------------|-------------------------|---------------------------|---|---------------------------------------|--|
| I. Corporate ID No.<br>42116                         | 2. Name of Corpor |                         |                           | <del></del>                             | 118710                                |  |
| 3. Street Address Principal Business                 |                   |                         | 1 city                    | State                                   | Zip                                   |  |
| -28 -Laleside-D                                      | rive              | ·                       | Smithfield                | ι<br>. Ρ. Τ                             | 02917                                 |  |
| i. Business Phone No.                                | 1146              | 5. State of Incorporati | 1071                      |   | 6. SIC Code                           |  |
| 7. Brief Description of the Characte                 |                   |                         |                           |   | 0034                                  |  |
|  |                   |                         |                           |   |                                       |  |
| NAMES AND ADDRES                                     | yestophie bh      | Temodeling-o            | f-residential-bui         | ildings                                 | - <del></del>                         |  |
| resident Name  | •                 | •                       | Vice President Name       | ·                                       |                                       |  |
| Charles W.   | .Clark.Jr.        |                         | Donald_J. Cla             | ark                                     |                                       |  |
| treet Address  |                   |                         | Street Address            |   |                                       |  |
| 28 Lakesid   | e Drive           | ZIP                     | :_39_Be <b>V</b> erly_Ci  |   | <del></del>                           |  |
| Smithfield   | R.I.              | 02917                   | City                      | State                                   | Zip                                   |  |
| ecretary Name  |                   |                         | Greenville Treasurer Name | R.].                                    | 02828                                 |  |
| Donald J.  | Clark             |                         | <u>.</u>                  | 1-                                      |                                       |  |
| treet Address  | <u> </u>          | <del></del>             | Charles_WC1               | .ark.Jr.——                              | <del></del>                           |  |
| 39 Beverly Ci  | rcle              |                         | 28 Lakeside Drive         |   |                                       |  |
| City   | State             | Zip                     | City                      | State                                   | Zip                                   |  |
| Greenville   | R. I.             | 02828                   | Smithfield                | R. I.                                   | 02917                                 |  |
| . NAMES AND ADDRES                                   | SES OF THE DIR    | ECTORS ("X" BOX FOR     |                           |   |                                       |  |
|  |                   |                         | Director Name             |   |                                       |  |
| NONENONE   | <del></del>       | ·                       | Street Address            |   | <del></del>                           |  |
|  |                   |                         |                           |   |                                       |  |
| ity  | State             | Zip                     | City                      | State                                   | Zip                                   |  |
|  |                   | 1                       |                           |   | •                                     |  |
| liector Name   |                   |                         | Director Name             | • |                                       |  |
| treet Address  |                   |                         |                           |   |                                       |  |
| ice: Vanit2)   |                   |                         | Street Address            |   |                                       |  |
| ity  | State             | Zip                     | City                      | State                                   | · · · · · · · · · · · · · · · · · · · |  |
|  | ·<br>•<br>•       | 1 1                     | ···,                      | State                                   | Zip                                   |  |
| O. SHARES AUTHORIZE                                  | D AND ISSUED      | "X" BOX FOR ATTACHMEN   | τ) ( <u>.</u> '           |   |                                       |  |
| JTHORIZED STURES                                     |                   |                         | ISSUED SHARES             |   |                                       |  |
| umber of Shares                                      | Class/Serles      | Par Value               | Number of Shares          | Class/Series                            | Par Value                             |  |
| 8000 NO PAR VAL                                      |                   |                         |                           |   | -                                     |  |
|  |                   |                         | NONE                      |   | <u> </u>                              |  |
|  |                   |                         |                           |   |                                       |  |
|  |                   |                         |                           |   | •                                     |  |

Charles W. Clark Jr.

Print or Type Name of Officer

Prosident

Title of Officer

this report, including any accompanying schedules and statements, and

FOR SECRETARY OF STATE USE ONLY

Check No.:

#### PHUFII CURPORATION **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

| CORPORATE ID HO                 | 2. NAME OF CORPORATIO                     |  | PRINT IN BLACK INK.                               |  | <del></del>                             |
|---------------------------------|---|--|---|--|---|
| OUR STRUCK TO.                  | 1 2. NAME OF CORPORATIO                   | N  | •   |  |   |
| 42116                           | Clar                                      | k Brothers, Inc.   |   | gen seguen e de de la lace de lace de la lace de  | المعام ستعلمها                          |
| STREET ADDRESS PROVIDENT BUSINE | SS OFFICE                                 |  | aty   | STATE  | ZIP CODE                                |
| 28 Lakesi                       |   | •  | Smitheiri   |  | 1                                       |
| 28_Lakesio                      |   | 2. STATE OF MICHIGAN   | Smithfield_                                       | RI   | 02917                                   |
| 401-231-80                      | 772                                       | RHODE I  | SLAND   |  |   |
| PREF DESCRIPTION OF THE CHARACT | D / D<br>BR OF BUSINESS CONDUCTED IN 1940 | DE ISLAVO  |   |  | <u> </u>                                |
|                                 |   |  |   |  |   |
| Constructi                      | ion_and_remo                              | eling_of_resi  | dential_buildi                                    | ngs_ <u> </u>  | · • • • • • • • • • • • • • • • • • • • |
| SIDENT HANE                     | 8. N                                      | AMES AND ADDR  | ESSES OF THE O                                    | FFICERS  |   |
|                                 |   |  |   | 01-41  |   |
| endageries W.                   | Clark                                     |  | Donald J. STREET ADDRESS                          | CTSLK  |   |
| 28_Talcació                     | la_Drivo                                  |  | 1   |  |   |
| —28—Lakesid<br>mithfield        | 1   | ZP COOE  | ату   | STATE  | ZIP COOE                                |
| mithfield<br>RETART NAME        | R. I.                                     | 02917  |   |  |   |
| -                               |   |  | TREASURER NAME                                    |  |   |
| Donald_J                        | Clark                                     | ···  | STREET ADDRESS Charle                             | es_WClark  |   |
| **                              |   |  | Janes Autoress                                    |  |   |
| 39 Beverly                      | ISTATE                                    | ZP C00E  | ary   | I STATE  | ZIP COOE                                |
| mithfield                       | R. I.                                     | 1  | · i   | J will the state of the state o | J. W. W. C.                             |
|                                 | 9. N                                      | AMES AND ADDR  | ESSES OF THE D                                    | IRECTORS   |   |
| CTOR NAME                       | · · · · · · · · · · · · · · · · · · ·     | <del></del>  | DIRECTOR HAME                                     |  | <del></del>                             |
| ET ADDRESS NOTE                 |   |  |   |  |   |
| TIMUMOS HOTTE                   |   |  | STREET ADDRESS                                    |  | <del></del>                             |
|                                 | STATE                                     | ZIP CODE   | СПУ   | 1  | 1                                       |
|                                 |   | - wor.   | <b>,</b> ""                                       | STATE  | ZIP COOE                                |
| CTOR NAME                       |   | · · · · · · · · · · · · · · · · · · ·  | DIRECTOR NAME                                     |  |   |
|                                 |   |  | 1   |  |   |
| ET ADDRESS                      |   |  | STREET ADDRESS                                    | · · · · · · · · · · · · · · · · · · ·  |   |
|                                 | <del></del>                               |  | · · · · · · · · · · · · · · · · · · ·             |  |   |
|                                 | STATE                                     | ZP C70E  | MA  | STATE  | Sib CODE                                |
|                                 | <u></u>                                   | <u> </u>   |   |  |   |
| ·                               | 10.                                       | HARES AUTHOR   | IZED AND ISSUE                                    | 0  |   |
| HUMBER OF SHARES                | AUTHORIZED SHARES                         | <b>8.4</b>   |   | ISSUED SHARES  |   |
| HOMOCH OF SHARES                | CLASS / SERIES                            | PAR VALUE  | MUMBER OF SHARES                                  | OLASS / SERVES   | PAR VALUE                               |
| 8000 NO P                       | AR VAL                                    | Mana   | 1 0000  |  |   |
|                                 |   | Non∈   | 0.0.0.8   | Common   | None                                    |
|                                 |   |  |   |  |   |
| ************                    | _ <del></del>                             |  | 1   |  |   |
|                                 |   | A service of the serv | أدحشواة ومقامتك أوساهمه المنافعة المدمان مساواتها | an front on the bright stage of the stage of the   |   |
|                                 | i (a fa a a a a a a a a a a a a a a a a a | is report must be 640  | NED IN INK by either t                            | 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1   |   |
| Pr                              | esident. Vice President                   | dent, Secretary Assis  | tant Secretary, Treasure                          | r Receiver or Thinks   | · · · · · · ==                          |
|                                 |   | ,  | 20010taly, 11885U18                               |  |   |

File Date: 2/27/96 Check No: 2566 By:

For Secretary of State Use Only

report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Charles W. Clark.

Signature of Officer

Charles W. Clark.

Print or Type Name of Officer

Prosident Title of Officer

<del>2/14/96</del> Date

#### 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.

| Corporate ID:                               | 0/12116                                     | Annual Report  | for the year:  |                      |
|---|---|--|--|----------------------|
| Name of Corporation:                        | Clark Brothers                              | •  | ,  |                      |
| Business entity organized                   | under the laws of the State of: R. I.       | : [if Busine   | ntity is (check one);<br>ess Corporation (See RIGL Chapter 7-1.1<br>sional Service Corporation (See RIGL Ch          |                      |
| Island (Provide street added 28 LAKE 5 i.e. |   | CONSTA<br>Rhode Resio  | nent of the character of business conducted<br>QUCTION AND RE-1900<br>LENTIAL AND COMM<br>INGS.                      | eLING OF             |
| Phone: (4/0/) 23                            | 1-8073                                      |  |  |                      |
|   | THE NA                                      | AMES OF THE OFFICERS   | GARE:  |                      |
| PRESIDENT / haples //                       | 1 ( 1 DRK 20/0K                             | STREET ADDRESS   | CHYSTAIE<br>CM:7 LF:-1 D 187   | ZIP CODE             |
| VICE PRESIDENT                              | , CLARR DSLARE                              | STREET ADDRESS   | SMITHFIELD, R.J.   | 02917<br>ZIP CODE    |
| DONALO .                                    | J. CLARK 39 Bev                             | ERLY CIRCLE  | GREENVILLE, R.I  | ODP2P<br>ZIP CODE    |
| DONALD                                      | J. CLARK                                    | en ja on till state og state o | ्र<br>१८८४ मध्ये विकास सम्बद्धाः । स्टब्स्ट्राम् । स्टब्स्ट्राम् । स्टब्स्ट्राम् । स्टब्स्ट्राम् । स्टब्स्ट्राम् । स | ZIPCODE              |
| C/1ARLES                                    | W CLARK 28/                                 | STREET ADDRESS TREIVE  | Smith FreLOR   | 71PCODE              |
| NAME  |   | MES OF THE DIRECTOR  |  | Z.P.CODE             |
| XIONE                                       | <u></u>                                     | William Name   | CHESTALE   | z.r con:             |
| NAME  |   | STREET ADDRESS   | CITY/STATE   | ZIP CODE             |
| NAME  |   | STREET ADDRESS   | CUYATATE   | ZIP CODE             |
| NUMBER OF SHARES AU                         | JTHORIZED (Rider may be attached)           | NUMBER OF S  | HARES ISSUED AND OUTSTANDING (Ric  | ler may be attached) |
| Number of Shares                            | Class / Series                              | Number of Sha  | res Class / Series   |                      |
| 8000  | COMMON NONE                                 | 8000   | COMMON NON   | e                    |
| WITHOUT PA                                  | r VALUE                                     |  | WITHOUT P  | ar VALUE             |
| Date Februar                                | RY 10Th . 19 95                             | By Charles   | wClark   |                      |
|   |   | PRINT OR TYPE NAME OF OFFICER  | <u> </u>   |                      |
| Form 31 1/95                                | DECKMATED DESIGN                            | TITLE OF OFFICER SIGNING (   | PRESIDENT  | <del></del>          |
|   | rgistered office and/or registered agent in | TERED AGENT FOR SER  Indicated below is incorrect. Form  |  |                      |
|   | C   | veres to meetiech i till   | o z man oc mou.  |                      |

CHARLES W. CLARK, UR. 28 LAKESIDE DRIVE, SMITHFIELD RI 02917 729 18 1005 MMC

100 FOR 100 F

Ch#1990

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

FUR CULE / Y.S. 8

ESO.

1994

0042116

| Corporate ID   | Annual Report for the year:  |
|--|--|
| Name of Donas as Estate  | Clark Brothers, Inc.<br>28 Lakeside Drive  |
| Name of Business Entity.   | Smithfield, R. I. 02917  |
| Business entity organized under the laws of the State of. Rhoz   | Business Entity is (check one)   |
| Federal Taxpaver Identification Number:  | kx ↑ Business Corporation (See RIGL Chapter 7-1.1)   |
| For foreign entity, address and telepione number of principal offic  | [ ] Professional Service Corporation (See RIGL Chapter 7-5 ice [ ] Limited Liability Company (See RIGL 7-16) |
|  | Name, title and mailing address of contact person to whom  |
|  | communications may be directed   |
|  | Charles W. Clark - Pres.   |
| Phone ( )  | Smithfield, R. I. 02917  |
| Address and telephone of the principal office of business entity in  | 1 Rhode  |
| Island (Provide street address - Not P.O. Box)   | Brief statement of the character of business conducted in Rhode Islan  |
| 28 Lakeside Drive  | Construction and remodeling of   |
| Smithfield. R. I. 02917  | residential and commercial   |
| <del>231-8073</del>  | buildings<br>Date of Organization March 9, 1887 3/9/87   |
| Phone: (401)231-8073   | Date of Qualification to do business in Rhode Island (if foreign entity                                      |
| and the second s |  |
| THEN   | NAMES OF THE OFFICERS ARE: STRET ADDRESS CHASTAIL 22   |
| = · · · · · · · · · · · · · · · · · · ·  |  |
| Charles W. Clark 28 Li   | akeside Drive Smithfield, R. I. 02917 STREET ADDRESS CITY STATE #  |
|  | everly Circle Greenville, R. I. 02828  |
| Donald J. Clark 39 Be  | STREET ADDRESS CTYSTAIL 21 Severly Circle Greenville, R. I. 02828  |
| CHEEF FINANCIAL DEFICER ON THE ASURES CON CONT.  | STREET ADDRESS CITY/STATE 71   |
|  | Riveride Drive Smithfield, P. I 02917  |
| NAME IHE NO  | STREET ADDRESS CITYATATE   |
| NAME   | STREET ADDRESS CITY/STATE 71   |
|  |  |
| NAME.  | STREET ADDRESS CITY/STAT: 71   |
| NUMBER OF SHARES AUTHORIZED (If Applicable)  | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicab   |
| NUMBER 8000  | NUMBER 8000  |
| CLASS Common   | CLASS Common   |
| SERIES None  | SERIES None  |
| PAR VALUE OR WITHOUT PAR Without par value   | PAR VALUE OR WITHOUT PAR Without par value   |
|  | 01. 1. 00.   |
| Date February 14, 1994 19  | Blanks & Clark   |
|  |  |
|  | PRINT OR TYPE NAME OF OFFICER STONE  |
|  | PRINT OR TYPE NAME OF OFFICER SIGNA  |
| Fo~131 ::94  |  |

CHARLES W. CLARK, UP 26 LAKESIDE DRIVE, SMITHFIELD RI 08917 FILED

MAR 2.1 1501

By ME59\_\_\_

| Filing Fee \$50.00                      | 100 NO                               | id and Frovidence H. RATIONS COLORIST RATIONS STREET E. RHODE ISLAND 02903 | January Januar |
|---|--------------------------------------|--|--|
| Corporate ID                            | 0042116                              | Annual Report i  | for the year 1993  |
| First: The n                            | ame of the corporation is            | Clark Erother  | 5,Irc  |
| Second: It is                           | incorporated under the laws of       | Rhode Island   |  |
| THIRD: Chara                            | acter of business, briefly stated, i | isConstruction—an  | d-remodeling of  |
|   |                                      |  |  |
| FOURTH: If fo                           | oreign corporation, address of its   | s principal office N/A   |  |
| FIFTH: Busine                           |                                      |  | Smithfield, R. i. 02917  |
|   | s and addresses of its directors a   |  | (Attach rider if necessary)  |
| *************************************** | Director                             |  | ***************************************  |
|   | Director                             |  | ······································   |
|   | Director                             |  |  |
| Chai                                    | cles W.Clark Jr President            | .28 Lakeside Dr  | ive. Smithfield, R.I. 02917  |
| Dona                                    | ald J. Clark Vice Pres               | ident 39 Beverly Circ  | cle, Greenville, R.I. 02828  |
| Dona                                    | ald J. Clark Secretary               | 39 Beverly Circ  | cle, Greenville, R.I. 02828  |
| Char                                    | les W.Clark, JTreasurer              | 28 Lakeside Dr   | ive.Smithfield.R.I. C2917  |
| SEVENTH: Nu                             | mber of Shares authorized:           |  | Par Value  |
| No. of Shares                           | Class                                | Senes  | or statement that<br>shares are without<br>par value   |
| 1002                                    | Common                               | PAID   | Without par value  |
| EIGHTH: Num                             | ber of Shares issued:                | FEB 2.3 1993<br>SECY OF STATE  | Or Stairment that  |
| 8000                                    | Common                               | None   | Without par value  |
| DatedFeb                                | ruary15 19 93.                       | Clark Brothers (Name of Corporation)  By Clark A (                         | Pari_ h  |
| (Report mu                              | ist be signed by an officer)         | Charles W. Title President   | Clark, Jr.   |

To be filed annually between January 1st and March 1st

# State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 1001 NORTH MAIN STREET PROVIDENCE RHODE ISLAND 02903

| Corporate ID     |                                       | -<br>-                | Annual Report fo                                   | or the year                             | <u> </u>                             |  |
|------------------|---------------------------------------|-----------------------|--|---|--------------------------------------|--|
| First:           | FIRST: The name of the corporation is |                       | Clark Engineers. Inc.                              |   |                                      |  |
| Second           | : It is incorporated                  | under the laws of     | Rhode Island                                       |   |                                      |  |
| Third:           |                                       |                       | Construction cial buildings.                       | and remodeli                            |                                      |  |
| Fourth           | : If foreign corporat                 |                       | orincipal officeN/A                                |   |                                      |  |
| <b>Г</b> ІГТН:   | Business address in I                 | Rhode Island          | ···28-Lakeside-Driv                                |   |                                      |  |
| Ѕіхти:           | Names and addresse                    | s of its directors an |  | (Attaci<br>uding number, street, zip co | h rider if necessary)                |  |
|                  |                                       | Director              | PAID   |   |                                      |  |
|                  |                                       | Director              | FEB   2  | 992                                     |                                      |  |
|                  |                                       | Director              | SECYOFS  |   |                                      |  |
| ct               | narles W. Clark                       | cder President        | 28 Lakeside Dr.                                    |   |                                      |  |
| ຼວດ              | onald J. Clark                        | Vice Presid           | dent 39 Beverly Circ                               | le. Greenvil                            | le, RI.02828                         |  |
| Do               | onald J. Clark                        | Secretary             | 39 Beverly Circ                                    | le_Greenvill                            | e_RI_02828.                          |  |
| Ct               | narles W. Clar                        | S.LJ K - Treasurer    | 28 Lakeside. Dr                                    | ive.Smithfic                            | 1d.,RI.02917                         |  |
| Seventi          | н: Number of Share                    | es authorized:        |  | or state                                | Value<br>ement that<br>are without   |  |
| No of St         | hares                                 | Class                 | Sents  |   | rivalue                              |  |
| 1002             | 2                                     | Common                | None   | Without                                 | par value                            |  |
| Еюнтн            | : Number of Shares                    | issued:               |  |   | Value                                |  |
| 8000<br>No of Si | )<br>hares                            | Class                 | Senes  | shares :                                | ement that<br>are without<br>rivalue |  |
| 8000             | )                                     | Common                | None   | Without ;                               | oar value                            |  |
| Dated F6         | ebruary 12, 19                        | 9,2 19                | Clark Brother (Name of Comporation)  By Charles W. | S, Inc.                                 | l Jr                                 |  |
| (F               | Report must be signed by              | an officer)           | Title President                                    |   |                                      |  |

Form 31 1/85

# State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| orporate ID                               | 0042116                         | Annual Report for the year                           | 1991   |
|---|---------------------------------|--|--|
| FIRST: The name                           | of the corporation is           | Clark Brothers Inc.                                  |  |
| SECOND: It is inco                        | orporated under the laws of     | Rhode Island   |  |
| Тнівр: Character                          | of business, briefly stated, is | Construction and remo                                | odeling  |
| residenti                                 | al and commercial               | ouildings.   |  |
| FOURTH: If foreig                         | n corporation, address of its   | principal office N/A                                 | ·  |
| FIFTH: Business a                         | ddress in Rhode Island2         | 3 Lakeside Drive, Smithfiel                          | ld, R. I. 02917                                      |
| SIXTH: Names an                           | d addresses of its directors a  |  | (Attach rider if necessary)                          |
|   | Director                        |  |  |
|   | Director                        |  | ······································               |
| 49444-1444-1444-17 - 171-171 - 177 - 1777 | Director                        | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,              | ***************************************              |
| Charles W                                 | . Clark Jr. President           | 28 Lakeside Drive, Sm                                | ithfield, R. I. 02                                   |
| Donald J.                                 | Clark Vice Pres                 | ident 39 Beverly Circle, Gre                         | enville,R.I. 0282                                    |
| Donald J.                                 | Clark Secretary                 | 39 Beverly Circle, Gre                               | eenville,R.I. 0282                                   |
|   |                                 |  | ithfield,RL029                                       |
|   | er of Shares authorized:        |  | Par Vatue  |
| No. of Shares                             | Class                           | PAID<br>Senes  | or statement that<br>shares are without<br>par value |
| 1002                                      | Common                          | JAN 18 1991<br>None With<br>PEC'Y OF ST              | out par value  |
| Еіднтн: Number                            | of Shares issued:               | <b>n</b>   | Par Value<br>or statement that                       |
| No. of Shares                             | Class                           | Series (   | shares are without<br>par value                      |
| 8000                                      | Common                          | None Wi  | thout par value                                      |
| ated January 1                            | 4, 19                           | CLARK BROTHERS INC. (Name of Corporation)  By Charle | lon L  |
| (Report must b                            | e signed by an officer)         | Charles W. Clar<br>Title President                   |  |

# State of Rhode Island and Frovidence Flantations Corporations division 100 North Main Street PROVIDENCE, REDDE ISLAND 02903

|              |                                     | PROVIDENCE.          | RHODE ISLAN   |                       |  |
|--------------|-------------------------------------|----------------------|---------------|-----------------------|--|
| Corporate ID | 0042116                             | ,,,,.,               |               | Annual Report fo      | or the year 1980                               |
|              |                                     | oration is           | Clark         | Brothers,             | Ins  |
| SECOND:      | It is incorporated up               | nder the laws of     | Rhode         | e Island              |  |
| THIRD: C     | Character of business               | , briefly stated, is | Cans          | truction and          | d_remodeling                                   |
| o            | f.residential.                      | and commerc          | ial bui       | ldings.               |  |
| Fourth:      | If foreign corporation              | on, address of its   | principal of  | fice N/A              | ······································         |
| Fігтн: В     | usiness address in RI               |                      |               |                       | Smithfield, R. I. 02917                        |
| Sixth: N     | lames and addresses                 |                      |               |                       | (Attach rider if necessary)                    |
|              | ,,,,,.,,,.,,,,,.,,,,,,,,,,,,,,,,,,, | Director             | ***********   | *(                    | ······································         |
|              |                                     | Director             |               |                       |  |
|              | ·                                   | Director             |               |                       |  |
| Charles.     | WClarkJr.                           | President            | 28L           | akeside Dri           | vc. Smithfield, R.I.02917                      |
| Donald_J     | , Clark                             | Vice Presid          | lent 39 B     | everly Circ           | le, Greenville,R.I. 02828                      |
| DonaldJ      | Clark                               | Secretary            | .39 .B        | everly Circ           | le, Greenville, R.I. 02828                     |
|              | WClark.Jr.                          | -                    | .28.1         | akeside Dri           | ve, Smithfield, R.I. 02917                     |
|              | Number of Shares                    |                      |               |                       | Par Value                                      |
| No. of Share | •                                   | Class                | į             | PAID                  | or statement that shares are without par value |
| 1002         |                                     | Common               | ;             | FERJA DS I            | •  |
| 1002         |                                     |                      | SE            | C'Y. OF STAT          | T::  |
| Еібнти:      | Number of Shares is                 | sued:                | -             |                       | Par Value or statement that                    |
| No. of Share | 5                                   | Cless                |               | Senes                 | shares are without par value                   |
| 8000         |                                     | Common               |               | None                  | Without par value                              |
| Dated Fe     | oruary 13,                          | 1990                 | (Name of Corp | oration)              | CHERS, INC.                                    |
|              |                                     |                      | • -           | alle W<br>les W. Clar |  |
| (Repr        | ort must be signed by an            | officer)             | Title P       | resident              |  |

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTWINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 42116  FIRST: The name of the corporation is |                  |                              | Annual Report for the year 1989<br>Clark Brothers, Inc. |  |  |
|---|------------------|------------------------------|---|--|--|
|   |                  |                              |   |  |  |
| THIRD: Character of business, briefly stated, is          |                  |                              | Construction and rem                                    |  |  |
| FOURTH:   | If foreign co    | orporation, address of its   | principal officeVA                                      |  |  |
| <b>Г</b> ІРТН:  | Business addr    | ess in Rhode Island          | 28 lakenide Drive, S                                    | mithfield, Rhode Island UZ917                                      |  |
| Ѕіхтн:  | Names and ac     | ddresses of its directors ar |   | (Attach rider if necessary) ding number, street, zip code)         |  |
|   |                  | Director                     |   | 0-00-0   |  |
|   | *****            | Director                     | ***************************************                 |  |  |
|   | <                | Director                     | ***************************************                 |  |  |
| Charles W. C  | lark, Jr.        | President                    | 28 Lakeside Drive, S                                    | mithfield, R.I. 02917  |  |
| Dimald J. Cl  | lark             | Vice Presi                   | dent 28 Lakeside Drive, S                               | mithfield, R.I. 02917  |  |
| Oxciatopher   | P. Clark         | Secretary                    | HRM4, Box 272A, Nurt                                    | h Scituate, R.I. 02857   |  |
| . Christopher.  | P. Clark         | Treasurer                    | RRM4 Box 272A North                                     | h Sictuate, R.I. 02857   |  |
| SEVENTH:  |                  | f Shares authorized:         | Senies  | Par Value<br>or statement that<br>shares are without<br>par value. |  |
| 1012  |                  | टिक्स <b>क</b> ा             | PAID NOVE   | Without par value  |  |
| Еіснтн:   | Number of        | Shares issued:               | JAN 4 1989<br>SECY OF STATE                             | Par Value<br>or statement that<br>shares are without               |  |
| No of Sha   | res              | Class                        |   | par value  |  |
| 8000  |                  | Саятоп                       | NTNE.   | Without par value  |  |
| Dated /   | 0/               | 19 89                        | (Name of Corporation)                                   | Ch-p   |  |
| (Re   | port must be sig | ned by an officer)           | retain Procedurat                                       | ·  |  |

Form 31 1/85

## State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 43/                        | 16  |                                | Annual Report for  | or the year 1988                                     |
|---|---|--------------------------------|--|--|
| First: The nar                          | ne of the corporation                     | 1 is                           |  |  |
| SECOND: It is i                         | ncorporated under the                     | ne laws of                     |  | ······································               |
|   | eter of business, brieflommercial buildir |                                |  | odeling of residential                               |
| FOURTH: If for                          | eign corporation, ad                      | dress of its                   | principal officeN/A  |  |
| FIFTH: Busines                          | s address in Rhode I                      | sland 2                        | 28.Lakeside.Drive, Smit  | hfield, RI 02917                                     |
| SIXTH: Names                            | and addresses of its                      |                                |  | (Attach rider if necessary)                          |
| Charles W. Clark                        |   | Director                       | 28 Lakeside Driv   | e, Smithfield, RI 02917                              |
| Donald J. Clark                         | -Vice President                           | Director                       | 28 Lakeside Driv   | e, Smithfield, RI 02917                              |
| Christopher P. C                        | lark, Secretary                           | Director                       | RR#4. Box 272A.  | North Scituate, RI 0285                              |
| Christopher P. C                        | lark, Treasurer                           | President                      | RR#4. Box 272A. Nort   | h Scituate, RI 02857                                 |
|   |   |                                |  |  |
|   |   | _                              |  |  |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | •                              |  |  |
| ,                                       |   |                                |  |  |
| SEVENTH: Nun                            | nber of Shares author                     | rized:                         |  | Par Value<br>or statement that<br>shares are without |
| No of Shares<br>1002                    | Common Class                              |                                | Scries<br>N/A  | Per value  |
| Eighth: Numb                            | per of Shares issued:                     | 03/1¢/8                        |  | Par Value  |
|   |   | 88                             |  | or statement that shares are without                 |
| No. of Shares<br><b>8000</b>            | Class<br><b>Commo</b> m                   | FAID                           | Series<br>N/A  | No bar Asjne<br>bar Asjne                            |
| DatedMarch10                            | 19 .8                                     | AARE 15<br>CASH 15<br>90634001 | Clark Brothers, Inc. (Name of Composition)  By Lab - Charles W. Clark, | MAR 1 4 1988<br>Lanc LMC                             |
| (Report mus                             | t be signed by an officer                 |                                | Title President  | <b>○4</b> •  |