

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

Gorporations Dudsion 100 North Main Sweet Providence, RI 02903-1335

Matthe	w A. Brown, Sesretar	o of State		•	Providence, RF 02903-1, -i01.222.3
ing Period: January		NNUAL REPOF	RT FOR THE YEA	AR200	5
imporate II) No.	2. Name of Corpo.	rution			
101817	BRUSH BUS	TERS PAINTING, INC.	4		
treet Address Principal to	ustness Office	٤	"Var wich	1c State 1CQ	02886
701 - 7	37 - 888	5. State of Incorporation RHODE ISLANI			6. SIC Gode 257
	amfier of Business Conducto				
_	ESSES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
SIFUEN	<i>F</i> . (hearino		En H. (heasing
rei Address	Phill	Her	Street Address	Same	
Celeswi	CIC State 122	74 Od 886	Gity	State	Z(p
rotary Name HEU	EDA C	hearino	Treasurer Name	En H.	hearingo
ret Address	SHME		Street Address	Jan	ne
	State	Zíp	City	State	Zip
NAMES AND ADDR	ESSES OF THE DIREC	TORS: ("X" BOX FOR A	Director Name	SPACES BEFORE US	ING ATTACHMENTS
ot Address	•		Strivi Address		
	State	Zip	City	State	Zip
xtor Name			Director Name	l	
et Address	1/00 &		Sirvet Address	<u>ነ ይ</u> 	
<u>. </u>	State	Zip	City	State	Zip
SHARES AUTHORI	IZED ("X" BOX FOR	 ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	 HMENT) []
nher of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
00 NO PAR VALUE			n/a		
-			/		
This report mu	ist be signed in ink by	either the President, Vice	President, Secretary, Assist	tant Secretary, Treasurer.	Receiver or Trustee
	·		·		

Under penalty of perjury. I declare and affirm that I have examined this report.

File Date 2-7-05	
Check No	
ByICTY	
FOR SECRETARY OF STATE USE ONLY	

Signature of Officer

Print or Type Name of Officer

PS S C E DT

!";



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

Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 2004

Filing Period: January 1 - i (FORM MUST BE TYPED OR PRI		g Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporation				
101817	BRUSH BUSTER	S PAINTING, I <u>NC.</u>	ി		
3. Succei Address Principal Business			Warwid	State	2102886
4. Business Phone No. 401) 737-8	882	5. State of Incorporation RHODE ISLAND			6. SIC Code 257
7. Brief Description of the Characte TO PROVIDE PAINTING		Rhode Island			
8. NAMES AND ADDRESSE	S OF THE OFFICERS	: ("X" BOX FOR ATTA	,	PACES BEFORE USING	ATTACHMENTS
President Name STEVED	A. Che	arino	Vice President Name 1	1En A (hearing
Sircei Address 61	phill C	we	Street Address	Same	
"Wes will	State /CQ	21p Od 886	City	State	Ζίρ
Secretary Name	1. Chear	ino	·	JEA H.C	hearing
Street Address	m /		Street Address	Cam	,
City Ja	State	Zíp	City	State	Zip
9. NAMES AND ADDRESS	 S OF THE DIRECTOR	 RS: <i>("X" BOX FOR ATT</i>	: ACHMENT) FILL IN	I SPACES BEFORE USI	NG ATTACHMENTS
Director Name	406		Director Name	Ilma	
Sircet Address	<i>77</i>) <u> </u>		Sirect Address	70,1	
City	State	Zip	City	State	Zip
Director Name	.		Director Name		
1/100	14		//	mE.	
Street Address			Sirvet Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	\\ ("X" BOX FOR ATT	 TACHMENT)	: 11. SHARES ISSUED (ISSUED SHARES	 "X" BOX FOR ATTACH	IMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
100 NO PAR VALUE			nla	→	
			7		
This report must be	signed in ink by cith	ner the President, Vice P	resident. Secretary, Assista	nt Secretary, Treasurer,	Receiver or Trustee
		: *		panying schedules and sta	hat I have examined this report, tements, and that all statements
File Date	.04		Signature of Officer	11	1/14/04
Check No.			STUUEN	AChER	11WO
Вуг		_	Print or Type Name of	• _	
FOR SECRETARY OF S	STATE USE ONLY		Title of Officer	<u>C_771 </u>	



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 PRINT	ED IN BLACK)				
1. Corporate ID No.	2. Name of Corporat	ion			
101817	BRŲŞH BUS	TERS PAINTING, INC.			
3. Street Address Principal Business 4. Business Phone No.		5. State of incorporation	Warwid	State RQ	O 2884 6. SIC Gode
7. Brief Description of the Character	of Business Conducted in	RHODE ISLAND			257
R. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTACK	CHMENT) FILL IN SPACE	S BEFORE USING AT	JACHMENTS
President planne / FUENA	. Chea	רוט ס	Vice President Nyme	A.C	hearino
Street Address OPh.	11 HUE.	Zip	Street Address	Samo	Zip
Secretary Name 1	State 2	02826	Theorems Name		Ci
Street Address	$_{2}$ $+$. (hearing	Street Address	JEn #1.	Cheanino
City	State	Zip	City	Sam	Zip
9. NAMES AND ADDRES	SES OF THE DIRE	CTORS (*X* BOX FOR ATTA	ACHMENT) FILL IN SPAC	PES BEFORE USING A	ATTACHMENTS
Street Address	318_		Street Address	lone	
City	State ,	ZIp	City	State	Zip
Director Name			Director Name	·M 6	
Street Address	016		Street Address		• • • · ·
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHM	(ENT)
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Pur Value
100 NO PAR VALUE			NOWE	•	
This conces must be store	and the traffic burnership	os the Descident Vice I			

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

ile Date:	3.12.03
heck No.: _	15793
γ:	2

	_	_
Under penalty of perjury, I declare and affirm that I have		
this report, including any accompanying schedules and st	atemen	its, and
that all statements-contained Pereta are true and correct.		
44/ 1///	1	/
Ship Kit	Lin	16.5
Signature of Officer Date	7	
/ CTauca () () a	'n	
V 218751 17 (DEAD	C.L.C	۵
Print or Type Name o Officer		
V WESICLEA!		
Title of Officer		
s I	ern 630	12/02

Edward S. Inman, 111. Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation BRUSH BUSTERS PAINTING, INC. 101817 **RHODE ISLAND** Street Address City Zip City FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Zip City Street Address Zip City State Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES (SSUFE) SHARES Class/Series Par Value Number of Shares Class/Series 100 NO PAR VALUE

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Title of Officer Form 630 12/01 **2.3** 5

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

• • • • •		2001
PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	200
Filing Period: January 1-March 1 •	Filing Fec: \$50.00	



(FORM MUST BE TYPED IN BL)	ACK)				
1. Corporate ID No. 101817	2. Name of Corporal BRUSH BUS	TERS PAINTING, IN	c.		
3. Street Address Principal Business 4. Business Phone No. 401 7317-8 Thrief Description of the Character	PHILL STORY	5. State of Incorporation RHODE ISLAND	"Warwisc	State 2	²¹⁰ 02886 6. 51 95 7
8. NAMES AND ADDRES President Name	11114 4 00	CERS (X) BOX FOR ATTACHE	MENT) FILL IN SPACES B	EFORE USING AT	0/ 0
Street Address J/FVE	Phill He	LHEARINO R	Street Address	ven Gar	Chearino ne
Secretary Kame	state ICL	02886	City Treasurer Name	State	Chearino
Street Address	ENH L. Same	h Earlins	Street Address	Same	_
Director Name	SSES OF THE DIRI	Zip ECTORS ("X" BOX FOR ATTAC	Director Name	State State State State	ZIP ATTACHMENTS
Street Address /	State	Żip	Street Address City	State	Zip .
Director Name	lone		Director Name	me	
Street Address-	State	Zip	Street Address	State	Zip
10. SHARES AUTHORIZI	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHN	AENT)
Number of Shares 100 NO PAR VALU	Class/Series JE	Far Value	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.

	* 1 0 1 8 1 7 *
File Date:	1/8
Check No.:	1332
Ву:	<u>Ze</u>
FOR SECRETARY	OF STATE USE ONLY

		and affirm that I have examined
this report, including any a	ccompa	nying schedules and statements, an
that all statements contained	d herei	mate true and correct.
1/22	1	
TXV. 3	بسساما	1/1/01
- Partie - 1	125	10/01
Signature of Officer	(Date ' 1
C+1.		Chearino
218180	<u> </u>	(n cakino
Pilnt or Type Name of Officer		
, , , ,		D o T
		Tresiden!
Title of Officer		
ince of Officer		

FA-- 620 12/00

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January I-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED IN RLA	ICK)				
1. Corporate 1D No. 101817	2. Name of Corpora	illon Ters Painting, in	C.		
3. Street Address Principal Business 4. Business Phone No.		HUE S. State of Incorporation		1010 RJ	2.1p 0.2886 6. SIC Code 257
E Hitef Description of the Characte	of Business Conducted	RHODE ISLAND in Rhode Island			651
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR ATTACH	,.	CES BEFORE USING ATTA	CHMENTS
President Name EVE; Street Address	H. ()	hEaring	Vice President Name E U Street Address	123 H. C.	hEARING
City / 1 6 1 UP	State 1	VE	City	Sane	Zip
WERWICK Secretary Name	C RY	D2886	Treasurer Name) <i>j</i>	10/
Street Address	En H	hearino	Street Address	TEUEN F	t.ChtaRin
City	State State	TE Zip	City	State	O. M.E
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	ACHMENT) FILL IN SP Director Name	PACES BEFORE USING AT	TACHMENTS
Street Address	llone	•	Street Address	1/008	
Clly	State	Zip	City	State	Zip
Director Name	Λ		Director Name	Ana	
Street Address	1/me		Street Address	1/0/18	-
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUE	ED (*x* box for attachme	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	:		11/a		

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

	* 1 0 1 8 1 7 *
File Date:	3/28/00
	1240
Check No.:	a
By:	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer Print or Type Name of Officer Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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



(FORM MUST BE TYPED IN BLACE	k)				
1. Corporate ID No. 101817		RS PAINTING, INC.	- · - ·	· •	
7. Brief Description of the Giaracter o	7-8882 (Rusiness Conducted in Rho	S RHODE ISLAND	City Warwick	State R J	02886 6. SIC Code 0257
8. NAMES AND ADDRESSI		IS ("X" BOX FOR ATTACHA	(FNT) FILL IN SPACES REF	ORE USING ATTACHMI	ENTS
Street Address Do Mill	CheAR	. ,	Vice President Name STEUEN Street Address (a) UPN	A. CheA	Rino
WARWICK	State	02886	Unewick	State CL	02886
Street Address	L Chea	Rino	Street Address	J. Ortani	<i>i</i> , o
WARWICK	State M J	Zip 02886	WARWICK	State 69	02886
9. NAMES AND ADDRESS Director Name Street Address	ES OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	THMENT) FILL IN SPACES B Director Name Street Address	EFORE USING ATTACH	MENTS
City	State	Z.ip	Ciry	State	Zip
Director Name	Ams.	* * * * * * * * * * * * * * * * * * * *	Director Name In E		· · · · · · · · · · · · · · · · · · ·
Street Address	1/0110		Street Address	·	-
City	State	Zip	Сну	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES		
Number of Shares 100 NO PAR VALUE	Class/Series	Par Value	Number of Shares	Classificies	Par Value
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trusto					

	* 1 0 1 8 1 7 *
File Date:	1-8-99
Check No.:	1082
•	AMF /0

FOR SECRETARY OF STATE USE ONLY

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

Under penalty of perjury, I declare and affirm that I have examined