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 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
97220	ALX Group, Inc.			
3. Street Address Principal Business Office		City	State	Zip
55 INDUSTRIAL CIRCLE		LINCOLN	RI	02865-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4013656272	RHODE ISLAND			1883

7. Brief Description of the Character of Business Conducted in Rhode Island
TO DESIGN, MANUFACTURE, INSTALL, MARKET, DISTRIBUTE AND SELL CONSTRUCTION PRODUCTS.

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

President Name	Street Address	City	State	Zip
Julie Lancia	55 INDUSTRIAL CIRCLE	Lincoln	RI	02865

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Julie Lancia	55 INDUSTRIAL CIRCLE	Lincoln	RI	02865

Treasurer Name	Street Address	City	State	Zip
Julie Lancia	55 INDUSTRIAL CIRCLE	Lincoln	RI	02865

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

Director Name	Street Address	City	State	Zip
Julie Lancia	55 INDUSTRIAL CIRCLE	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100		No Par

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

[redacted] 9 7 2 2 0

97220 DBC 03/[redacted]05 [redacted]09:44 AM
FILED
File Date APR 0 6 2005
Check No. 1731
By
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 3/

Julie Lancia
Print or Type Name of Officer

Title of Officer

Form 630 12/01

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 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
97220	ALX Group, Inc.			
3. Street Address Principal Business Office		City	State	Zip
55 INDUSTRIAL CIRCLE		LINCOLN	RI	02865
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-365-6272	RHODE ISLAND			1883

7. Brief Description of the Character of Business Conducted in Rhode Island
TO DESIGN, MANUFACTURE, INSTALL, MARKET, DISTRIBUTE AND SELL CONSTRUCTION PRODUCTS.

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

President Name			Vice President Name		
Julie Lancia					
Street Address			Street Address		
55 Industrial Circle					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Secretary Name			**Treasurer Name**		
Julie Lancia			Julie Lancia		
Street Address			Street Address		
55 Industrial Circle			55 Industrial Circle		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865

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

Director Name			Director Name		
Julie Lancia					
Street Address			Street Address		
55 Industrial Circle					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Director Name			**Director Name**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **IF SHARES ISSUED** ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100		No Par

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

[redacted] 9 7 2 2 0

97220 DBC 01/07/04 11:42:48 AM
File Date 1-16-04
Check No. 1461
By: K
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — Date 1/7/04
Julie Lancia
Print or Type Name of Officer
President
Title of Officer

Form 630 12/01

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 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
97220	ALX Group, Inc.			
3. Street Address Principal Business Office		City	State	Zip
55 Indusrial Circle		Lincoln	RI	02865
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401 365-6272	Rhode Island			1883

7. Brief Description of the Character of Business Conducted in Rhode Island
Design, manufacture, install, market, distribute and sell construction products

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

President Name	Street Address	City	State	Zip
Julie Lancia	55 Indusrial Circle	Lincoln	RI	02865

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Julie Lancia	55 Industrial CIrcle	Lincoln	RI	02865

Treasurer Name	Street Address	City	State	Zip
Julie Lancia	55 Industrial Circle	Lincoln	RI	02865

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

Director Name	Street Address	City	State	Zip
Julie Lancia	55 Industrial CIrcle	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
1000 No Par		

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

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100		No Par

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

[redacted] 97220 [redacted]

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 — *Date* 12/16/03

Julie Lancia
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

Form 630 12/01

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 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*
97220	ALX Group, Inc.

3 Street Address Principal Business Office	*City*	*State*	*Zip*
55 Indusrial Circle	Lincoln	RI	02865

4 Business Phone No.	*5 State of Incorporation*	*6 SIC Code*
401 365-6272	Rhode Island	1883

7 Brief Description of the Character of Business Conducted in Rhode Island
Design, manufacture, install, market, distribute and sell construction products

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

President Name	*Vice President Name*
Julie Lancia	
Street Address	*Street Address*
55 Indusrial Circle	
City / State / Zip	*City / State / Zip*
Lincoln / RI / 02865	/ /
Secretary Name	*Treasurer Name*
Julie Lancia	Julie Lancia
Street Address	*Street Address*
55 Industrial Circle	55 Industrial Circle
City / State / Zip	*City / State / Zip*
Lincoln / RI / 02865	Lincoln / RI / 02865

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

Director Name	*Director Name*
Julie Lancia	
Street Address	*Street Address*
55 Industrial Circle	
City / State / Zip	*City / State / Zip*
Lincoln / RI / 02865	/ /
Director Name	*Director Name*
Street Address	*Street Address*
City / State / Zip	*City / State / Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1000 No Par			100		No Par

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

[redacted] [barcode] 9 7 2 2 0

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

[redacted]

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 — *Date* 10/16/03

Julie Lancia
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12.01

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
03 OCT 17 PM 1:52

FILED
OCT 17 2003
By C4084

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 2001

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	2. Name of Corporation
97220	ALX Group, Inc.

3. Street Address Principal Business Office	City	State	Zip
55 Indusrial Circle	Lincoln	RI	02865

4. Business Phone No	5. State of Incorporation	6. SIC Code
401 365-6272	Rhode Island	1893

7. Brief Description of the Character of Business Conducted in Rhode Island
Design, manufacture, install, market, distribute and sell construction products

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

President Name	Vice President Name
Julie Lancia	
Street Address	Street Address
55 Indusrial Circle	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
Secretary Name	**Treasurer Name**
Julie Lancia	Julie Lancia
Street Address	Street Address
55 Industrial CIrcle	55 Industrial Circle
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	Lincoln / RI / 02865

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

Director Name	Director Name
Julie Lancia	
Street Address	Street Address
55 Industrial CIrcle	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
Director Name	**Director Name**
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1000 No Par			100		No Par

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

[redacted] [barcode] 97220 [redacted]

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 — *Date* 10/16/03

Julie Lancia
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 17 1 51 PM '03

FILED
OCT 17 2003
By C.9084

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 2000

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	*2 Name of Corporation*		
97220	ALX Group, Inc.		
3 Street Address Principal Business Office	*City*	*State*	*Zip*
55 Indusrial Circle	Lincoln	RI	02865
4 Business Phone No	*5 State of Incorporation*		*6 SIC Code*
401 365-6272	Rhode Island		1883

7 Brief Description of the Character of Business Conducted in Rhode Island
Design, manufacture, install, market, distribute and sell construction products

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

President Name			*Vice President Name*		
Julie Lancia					
Street Address			*Street Address*		
55 Indusrial Circle					
City	*State*	*Zip*	*City*	*State*	*Zip*
Lincoln	RI	02865			
Secretary Name			*Treasurer Name*		
Julie Lancia			Julie Lancia		
Street Address			*Street Address*		
55 Industrial CIrcle			55 Industrial Circle		
City	*State*	*Zip*	*City*	*State*	*Zip*
Lincoln	RI	02865	Lincoln	RI	02865

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

Director Name			*Director Name*		
Julie Lancia					
Street Address			*Street Address*		
55 Industrial CIrcle					
City	*State*	*Zip*	*City*	*State*	*Zip*
Lincoln	RI	02865			
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1000 No Par			100		No Par

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

[redacted] 9 7 2 2 0

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 — *Date* 10/16/03

Julie Lancia
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

File Date _____

Check No. _____

By _____

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 17 | 51 PM '03

FILED
OCT 17 2003
By C9084

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 1999

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No	2 Name of Corporation			
97220	ALX Group, Inc.			
3 Street Address Principal Business Office		City	State	Zip
55 Industrial Circle		Lincoln	RI	02865
4 Business Phone No	5 State of Incorporation			6 SIC Code
401 365-6272	Rhode Island			1683

7 Brief Description of the Character of Business Conducted in Rhode Island
Design, manufacture, install, market, distribute and sell construction products

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

President Name			Vice President Name		
Julie Lancia					
Street Address			Street Address		
55 Industrial Circle					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Secretary Name			Treasurer Name		
Julie Lancia			Julie Lancia		
Street Address			Street Address		
55 Industrial Circle			55 Industrial Circle		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865

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

Director Name			Director Name		
Julie Lancia					
Street Address			Street Address		
55 Industrial Circle					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 No Par			100		No Par

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

[redacted] [barcode] 97220

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 *Date* 10/16/03

Julie Lancia
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12.01

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
OCT 17 | 51 PM '03

FILED
OCT 17 2003
By C9084

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 1998

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No	2 Name of Corporation
97220	ALX Group, Inc.

3 Street Address Principal Business Office	City	State	Zip
55 Indusrial Circle	Lincoln	RI	02865

4 Business Phone No.	5 State of Incorporation	6 SIC Code
401 365-6272	Rhode Island	1883

7 Brief Description of the Character of Business Conducted in Rhode Island
Design, manufacture, install, market, distribute and sell construction products

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

President Name	Vice President Name
Julie Lancia	
Street Address	Street Address
55 Indusrial Circle	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
Secretary Name	Treasurer Name
Julie Lancia	Julie Lancia
Street Address	Street Address
55 Industrial Circle	55 Industrial Circle
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	Lincoln / RI / 02865

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

Director Name	Director Name
Julie Lancia	
Street Address	Street Address
55 Industrial Circle	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 No Par			100		No Par

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

[redacted] 9 7 2 2 0

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 *Date* 10/14/03

Julie Lancia
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

FOR SECRETARY OF STATE USE ONLY
File Date
Check No
By

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
03 OCT 17 PM 1:30

FILED
OCT 17 2003
By C4084