

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 101.222.3040

illing Period: January 1 -	- March I •	NNUAL REPOR Filing Fee: \$50.00	T FOR THE YEAR	2005	<u>) </u>	
FORM MUST BE TYPED OR PI	RINTED IN BLACK) 2. Name of Corp.	patian				
1. Corporate 113 No. 126921	1 '	Chance Industries, Inc.				
s Street Address Principal Busine 3 ASH S			WARWICK	State RT	2sp 02888	
f. Business Phone No. 401–781–58		5 State of Incorporation RHODE ISLAND			6. SIC Cixle 0034	
The Discription of the Character TO CARRY ON AND CARRY ON AND CARRY ON AND CARRY ON AMES AND ADDRESS Product Name	CONDUCT THE BUS OMMERCIAL AND/ LES OF THE OFFICE	ed in Ringle Island SINESS OF GENERAL CONT OR RESIDENTIAL PROPER LERS: ("X" BOX FOR ATT	Vice President Name	PELING, REPAIRING AN ARACTER ACES BEFORE USING		
LOUIS A.	LA CHANC	E	KEUN T. UYER			
inver Address 3 ASH STREET			SIRVY Address PARKHURYT ROAD			
WARWICK	State RI	Zip 02888	WARWICK	State RI	zip 0288 9	
KEVIN TO NER			LOUS A. LA CHANCE			
10 PARKHURST ROAD			SINY Address 3 ASH STREET			
City WARWICK D. NAMES AND ADDRESS Director Name	State R SES OF THE DIRECT	2889 CTORS: ("X" BOX FOR AT	City: WARWICK ITACHMENT) FILL IN Director Name	RIT SPACES BEFORE USIN	249 D2889 NG ATTACHMENTS	
Sinci Address			Street Address			
Tity	State	Zip	City	State	Zip	
Director Name			Director Name			
Sirvet Address			Sirvet Address			
C(h·	State	Ζψ	City	State	Zip	
10. SHARES AUTHORIZE	 D <i>("X" BOX FOR</i>	ATTACHMENT)	11. SHARES ISSUED (".	 X" BOX FOR ATTACH	IMENT)	
Number of Shares	Class Series	Par Value	Number of Shares	Gass/Series	Par Value	
100 NO PAR VALUE			100 NO PA	R VALUE		
This report must b	oe signed in ink b	y either the President, Vice	President, Secretary, Assistan	t Secretary, Treasurer,	Receiver or Trustee	
					nat I have examined this rep	
File Date FILE	D	~ = M1C CD	contained herein are u		tements, and that all statem $1 - 17 - 05$	
Check No. JAN 20 2	005 ^{E1:1 14d}	V/100 DC Whi 20	Signature of Officer	1 1 . (1.	Date	
By M 55	20-410 5:1011	ZĔČĶĪ ĬŸĬ	Print or Type Name of	_	ANCE U	
FOR SECRETARY OF	STATE USE ONLY	. 	Title of Officer	ens PR	ESIDENT	



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

Providence, RI 02903-1335 Matthew A. Brown, Secretary of State 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 OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 126921 Louis A. LaChance Industries, Inc. Street Address Principal Business Office State 1 Business Phone No. 5. State of Incorporation 6. SIC Code 401-781-5881 7 Brief Description of the Character of Business Conducted in Rhode Island 0034 TO CARRY ON AND CONDUCT THE BUSINESS OF GENERAL CONTRACTING, BUILDING, REMODELING, REPAIRING AND 8. NAMES UNITIONS RESCOMMERCIAL CAMPICER SESIDENTIAL PROPERTIES ME FYERY TYPELAND CHARACTER ORE USING ATTACHMENTS Vice President Name KEVIN Street Address Zip MARINE Treasurer Name FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address Zip State Car Zip City State Director Name Director Name Sirver Address Street Address City State Zip CttvState Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 NO PAR VALUE 100 -U -

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

File Date	2/6/04	
Check No	1541	
<i>By:</i> FO	R SECRETARY OF STATE USE ONLY	

nder penalty of perjury. I declare and affirm that I have examined this report,
cluding any accompanying schedules and statements, and that all statements
ntained herein are-true and correct.
Tour 2 1-27-04
mature of Officer Date
LOUIS A. LACHARCE DE
int or Type Name of Officer
Dresident
tle of Officer Form 630 Rev. 12/03

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 <u>2003</u>

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



IFORM MUST BE TITED OR PRINTED	IN	BLACKI
1. Carporate ID No.	2.	Name o

2. Name of Corporation

126921

Louis A. LaChance Industries, Inc.

3. Street Address Principal Business Office

Cltv

State

S. State of Incorporation

RHODE ISLAND

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

AS H ST.

CONTIACTING-GENCIAL

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

LOUIS

LA Chance

Neuin

MArwick

WATWICK

PATKHURST

A. Lall Ance III

Street Address

WARWICK

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Street Address

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Street Address

Director Name

Street Address

State

Zip

City

Director Name

Street Address

City

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

For Value

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

ISSUED) SHARES

Number of Shares

Class/Serles

Par Value

100 NO PAR VALUE

NONE

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



File Date:

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and contained lungin are true and correct.

Print or Type Name of Officer

Form 630 12/02