



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No. 56021		2. Name of Corporation McGARRAHAN ROOFING CO.			
3. Street Address Principal Business Office 151 Lonsdale Ave.			City Pawtucket	State RI	Zip 02860
4. Business Phone No. (401) 722-1111		5. State of Incorporation RHODE ISLAND			6. SIC Code 430
7. Brief Description of the Character of Business Conducted in Rhode Island ROOFING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Harold P. Cimini			Vice President Name Mary C. Cimini		
Street Address 171 Great Road			Street Address 171 Great Road		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
Secretary Name Mary C. Cimini			Treasurer Name Harold P. Cimini		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
2,000 COMM NO PAR VALUE			100	common	none

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



File Date: 1/6/05
Check No.: 8815
By: MS
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.

Harold P. Cimini 1/5/05
Signature of Officer Date

Harold P. Cimini
Print or Type Name of Officer

President
Title of Officer

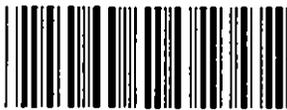


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

1. Corporate ID No. 56021		2. Name of Corporation McGARRAHAN ROOFING CO.					
3. Street Address Principal Business Office 151 Lonsdale Ave.				City Pawtucket	State RI	Zip 02860	
4. Business Phone No. (401) 722-1111			5. State of Incorporation RHODE ISLAND			6. SIC Code 430	
7. Brief Description of the Character of Business Conducted in Rhode Island ROOFING							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Harold P. Cimini				Vice President Name Mary C. Cimini			
Street Address 171 Great Road				Street Address 171 Great Road			
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896		
Secretary Name Mary C. Cimini				Treasurer Name Harold P. Cimini			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
2,000 COMM NO PAR VALUE			100	common	none		

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



* 5 6 0 2 1 *

File Date	1-8-04
Check No	8164
By:	R
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.

Harold P. Cimini
Signature of Officer

1/7/04
Date

Harold P. Cimini
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **56021** 2. Name of Corporation **McGARRAHAN ROOFING CO.**

3. Street Address Principal Business Office **151 Lonsdale Ave.** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **722-1111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **430**

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

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

President Name			Vice President Name		
Harold P. Cimini			Mary C. Cimini		
Street Address			Street Address		
171 Great Road			171 Great Road		
City	State	Zip	City	State	Zip
No. Smithfield	RI	02896	No. Smithfield	RI	02896
Secretary Name			Treasurer Name		
Mary C. Cimini			Harold P. Cimini		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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

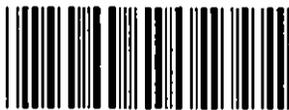
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common none

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



* 5 6 0 2 1 *

File Date: 1-13-03
7558
Check No.: _____
By: OC

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.

Harold P. Cimini 1/10/03
Signature of Officer Date

Harold P. Cimini
Print or Type Name of Officer

President
Title of Officer



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. **56021** 2. Name of Corporation **McGARRAHAN ROOFING CO.**
3. Street Address Principal Business Office **151 Lonsdale Ave.** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **722-1111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **430**
7. Brief Description of the Character of Business Conducted in Rhode Island **roofing**

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

President Name Harold P. Cimini Street Address 171 Great Road City RI State RI Zip 02896	Vice President Name Mary C. Cimini Street Address 171 Great Road City RI State RI Zip 02896
Secretary Name Mary C. Cimini Street Address No. Smithfield City RI State RI Zip 02896	Treasurer Name Harold P. Cimini Street Address No. Smithfield City RI State RI Zip 02896

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

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

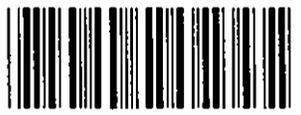
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common none

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



* 5 6 0 2 1 *

File Date: 1-29-02
Check No.: 6935
By: [Signature]

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] 1/28/02
Signature of Officer Date

Harold P. Cimini
Print or Type Name of Officer
President
Title of Officer



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. **56021** 2. Name of Corporation **McGARRAHAN ROOFING CO.**

3. Street Address Principal Business Office **151 Lonsdale Ave.** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **722-1111** 6. SIC Code **430**
5. State of Incorporation **RHODE ISLAND**

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

roofing

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

President Name Harold P. Cimini Street Address 171 Great Road City RI State RI Zip 02896	Vice President Name Mary C. Cimini Street Address 171 Great Road City RI State RI Zip 02896
Secretary Name Mary C. Cimini Street Address No. Smithfield City RI State RI Zip 02896	Treasurer Name Harold P. Cimini Street Address No. Smithfield City RI State RI Zip 02896

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

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

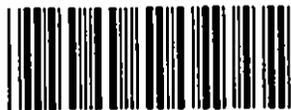
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
2,000 SHS NO PAR VAL	common	none

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	common	none

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



* 5 6 0 2 1 *

File Date: 1/19

Check No.: 5938

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1/18/01
Signature of Officer Date

Harold P. Cimini
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **56021** 2. Name of Corporation **McGARRAHAN ROOFING CO.**
3. Street Address Principal Business Office **151 10nsdale Ave.** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **722-1111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **430**
7. Brief Description of the Character of Business Conducted in Rhode Island **roofing**

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

President Name Harold P. Cimini Street Address 171 Great Road City No. Smithfield State RI Zip 02896 Secretary Name Mary C. Cimini Street Address 171 Great Road City No. Smithfield State RI Zip 02896	Vice President Name Mary C. Cimini Street Address 171 Great Road City No. Smithfield State RI Zip 02896 Treasurer Name Harold P. Cimini Street Address 171 Great Road City No. Smithfield State RI Zip 02896
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip	Director Name Street Address City State Zip
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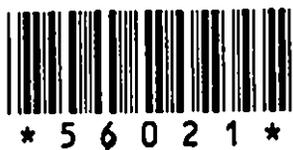
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,000 SHS NO PAR VAL	common	none

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

ISSUED SHARES	Class/Series	Par Value
100	common	none

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



File Date: 1/12/00
Check No.: 5282
By: [Signature]

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] 1/5/00
Signature of Officer Date

Harold P. Cimini
Print or Type Name of Officer
Pres /Treas
Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **56021** 2. Name of Corporation **McGARRAHAN ROOFING CO.**
3. Street Address Principal Business Office **151 Lonsdale ave.** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **722-1111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **430**

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

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

President Name Harold P. Cimini	Vice President Name Mary C. Cimini
Street Address 171 Great Road	Street Address 171 Great Road
City State Zip No. Smithfield RI 02896	City State Zip No. Smithfield RI 02896
Secretary Name Mary C. Cimini	Treasurer Name Harold P. Cimini
Street Address	Street Address
City State Zip	City State Zip

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000 SHS NO PAR VAL	common	none

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

ISSUED SHARES	Class/Series	Par Value
100	common	none

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



File Date: 1-8-99
Check No.: 4699
By: AMF
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.

Harold P. Cimini 1/6/99
Signature of Officer Date
Harold P. Cimini
Print or Type Name of Officer
President
Title of Officer



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. **56021** 2. Name of Corporation **McGARRAHAN ROOFING CO.**

3. Street Address Principal Business Office **151 lonsdale Ave.** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **722-1111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0430**

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

roofing

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

President Name Harold P. Cimini Street Address 171 Great Road City No. Smithfield State RI Zip 02896	Vice President Name Mary C. Cimini Street Address 171 Great Road City No. Smithfield. State RI Zip 02896
Secretary Name Mary C. Cimini Street Address 171 Great Road City No. Smithfield State RI Zip 02896	Treasurer Name Harold P. Cimini Street Address 171 Great Road City No. Smithfield. State RI Zip 02896

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000 SHS NO PAR VAL	common	none

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

ISSUED SHARES	Class/Series	Par Value
100	common	none

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



* 5 6 0 2 1 *

File Date: 1-16-98
Check No.: 4103
By: KP
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.

Harold P. Cimini Jan. 14, 1998
Signature of Officer Date
Harold P. Cimini
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **56021** 2. Name of Corporation **McGARRAHAN ROOFING CO.**

3. Street Address Principal Business Office **151 Lonsdale Ave.** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **722-1111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0430**

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

roofing

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

President Name			Vice President Name		
Harold P. Cimini			Mary C. Cimini		
Street Address			Street Address		
171 Great Road			171 Great Road		
City	State	Zip	City	State	Zip
No. Smithfield	RI	02896	No. Smithfield	RI	02896
Secretary Name			Treasurer Name		
Mary C. Cimini			Harold P. Cimini		
Street Address			Street Address		
171 Great Road			171 Great Road		
City	State	Zip	City	State	Zip

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

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

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR VAL	COMMON	NONE	100	COMMON	NONE

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



File Date: 1/16/97

Check No.: 3607

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1/17/97
Signature of Officer Date

Harold P. Cimini
Print or Type Name of Officer

Pres.
Title of Officer

PROFIT CORPORATION 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
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 56021		2. NAME OF CORPORATION MCGARRAHAN ROOFING CO.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 151 lonsdale Ave.		CITY Pawtucket	STATE RI	ZIP CODE 02860	
4. BUSINESS PHONE NO. 722-1111		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 0430	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND roofing					

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Harold P. Cimini			VICE PRESIDENT NAME Mary C. Cimini		
STREET ADDRESS 171 Great Road			STREET ADDRESS 171 Great Road		
CITY No. Smithfield	STATE RI	ZIP CODE 02896	CITY No. Smithfield	STATE RI	ZIP CODE 02896
SECRETARY NAME Mary C. Cimini			TREASURER NAME Harold P. Cimini		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000 SHS	NO PAR VAL				

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date: 1-18-96

Check No: 3075

By: *NS/CP*
For Secretary of State Use Only

Harold P. Cimini
Signature of Officer

Harold P. Cimini
Print or Type Name of Officer

Pres.
Title of Officer

1/10/-
Date



*Ch # 2317
 mnc*

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: 0056021 Annual Report for the year: 1995

Name of Corporation: MCGARRAHAN ROOFING CO.

Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
151 Lonsdale Ave.
Pawtucket, RI 02860
 Phone: (401) 722-1111

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

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Harold P. Cimini	171 Great Road	North Smithfield, RI	02896
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Mary Cimini	171 Great Road	North Smithfield, RI	02896
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Mary Cimini	171 Great Road	North Smithfield, RI	02896
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Harold P. Cimini	171 Great Road	North Smithfield, RI	02896

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	2,000	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares	2,000 Class / Series common	Number of Shares 100 Class / Series common

Date Jan. 10, 1995 19
 By: Harold P. Cimini
 Harold P. cimini
 PRINT OR TYPE NAME OF OFFICER SIGNING
 Pres.
 TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

THOMAS G. HETHERINGTON
 255 MAIN STREET
 PAWTUCKET RI 02860

Jan 12 1995 mnc

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

1687-1774
File Annually
LLC, Sept 1 - Nov 1
CORP, Jan 1 - March 1

Corporate ID: 0056021 Annual Report for the year: 1994

Name of Business Entity: McGARRAHAN ROOFING CO.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: (401) 722-1111

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

McGarrahan Roofing Co.

151 Lonsdale Ave.

Pawtucket, RI 02860

Phone: (401) 722-1111

Business Entity is (check one)

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

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

Harold P. Cimini, Pres.

McGarrahan Roofing Co.

151 Lonsdale Ave.

Pawtucket, RI 02860

Brief statement of the character of business conducted in Rhode Island

Roofing

Date of Organization: ~~XXXXXXXXXX~~ May 30, 1989

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

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (OR A 1994)	Harold P. Cimini	171 Great Road	North Smithfield, RI	02895
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (OR A 1994)	Mary Cimini	171 Great Road	North Smithfield, RI	02895
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (OR A 1994)	Mary Cimini	171 Great Road	North Smithfield, RI	02895
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (OR A 1994)	Harold P. Cimini	171 Great Road	North Smithfield, RI	02895

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable) 2,000

NUMBER 2,000

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR No par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR No par value

FEB 02 1994
SECY OF STAT

Date Jan. 20, 1994

By [Signature]

Harold P. Cimini
PRINT OR TYPE NAME OF OFFICER SIGNING

Pres.
TITLE OF OFFICER SIGNING

12-31-1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

THOMAS G. HETHERINGTON
255 MAIN STREET
PAWTUCKET RI 02860

Filing Fee \$50.00

2610912

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055021 Annual Report for the year 1993

FIRST: The name of the corporation is McGARRAHAN ROOFING CO.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is contractor-roofing and sheet metal

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Harold P. Cimini</u>	<u>President</u>	<u>171 Great Road, North Smithfield, RI 02895</u>
<u>Mary Cimini</u>	<u>Vice President</u>	<u>171 Great Road, North Smithfield, RI 02895</u>
<u>Mary Cimini</u>	<u>Secretary</u>	<u>as above</u>
<u>Harold P. Cimini</u>	<u>Treasurer</u>	<u>as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
<u>2,000</u>	<u>Common</u>	

Par Value
or statement that
shares are without
par value
No par value

PAID

JAN 14 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
<u>100</u>	<u>Common</u>	

Par Value
or statement that
shares are without
par value
No par value

SECY OF STATE

Dated 1/14 19 93

McGarrahan Roofing Co.
(Name of Corporation)

By Harold P. Cimini

Title President

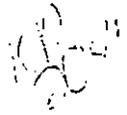
(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 0055021 Annual Report for the year 1992

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.....	Director
.....	Director
.....	Director
Harold P. Cimini	President	171 Great Road, North Smithfield, RI 02895
Mary Cimini	Vice President	171 Great Road, North Smithfield, RI 02895
Mary Cimini	Secretary	as above
Harold P. Cimini	Treasurer	as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2,000	Common

Par Value
or statement that
shares are without
par value

No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
100	Common	

Par Value
or statement that
shares are without
par value

No par value

Dated 2/11/92 19 92

McGarrahan Roofing Co.
(Name of Corporation)

By Harold P. Cimini

Title (Pres)

(Report must be signed by an officer)

PAID
FEB 20 1992
SECY OF STATE

Filing Fee \$ 50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

SS

Corporate ID 56021 Annual Report for the year 1991

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.....	Director
.....	Director
.....	Director
Harold P. Cimini	President	171 Great Road, North Smithfield, RI 02895
Mary Cimini	Vice President	171 Great Road, North Smithfield, RI 02895
Mary Cimini	Secretary	As Above
Harold P. Cimini	Treasurer	As Above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

PAID
JAN 16 1991
SECRETARY OF STATE

Dated 1/15 19 91

McGarrahan Roofing Co.
(Name of Corporation)

By Harold P. Cimini

Title Pres

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 56021 Annual Report for the year 1990

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	Director	
	Director	
	Director	
Harold P. Cimini	President	171 Great Road, No. Smithfield, RI 02895
Mary Cimini	Vice President	171 Great Road, No. Smithfield, RI 02895
Mary Cimini	Secretary	As Above
Harold P. Cimini	Treasurer	As Above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No-par value

PAID
JAN 04 1990

Dated 1/23 1990

McGarrahan Roofing Co.

(Name of Corporation)

By Harold P. Cimini

Title Pres

(Report must be signed by an officer)