



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. 117623		2. Name of Corporation Charlestown Equipment Rental, Inc.			
3. Street Address Principal Business Office 350 Narrow Lane			City Charlestown	State RI	Zip 02813
4. Business Phone No. (401) 364-3230		5. State of Incorporation Rhode Island			6. SIC Code None
7. Brief Description of the Character of Business Conducted in Rhode Island The rental of light construction equipment, lawn and garden equipment, party tents					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven S. Handell			Vice President Name Pamela D. Handell		
Street Address 350 Narrow Lane			Street Address 350 Narrow Lane		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Pamela D. Handell			Treasurer Name Steven S. Handell		
Street Address Same as above			Street Address Same as above		
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
8,000	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



1 1 7 6 2 3

File Date 3/7/05
 Check No. 5071
 By: VA
 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.

Steven Handell 2-28-05
 Signature of Officer Date
Steven Handell
 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. 117623		2. Name of Corporation Charlestown Equipment Rental, Inc.			
3. Street Address Principal Business Office 350 Narrow Lane			City Charlestown	State RI	Zip 02813
4. Business Phone No. (401) 364-3230		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island THE RENTAL OF LIGHT CONSTRUCTION EQUIPMENT, LAWN AND GARDEN EQUIPMENT, PARTY TENTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven S. Handell			Vice President Name Pamela D. Handell		
Street Address 350 Narrow Lane			Street Address 350 Narrow Lane		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Pamela D. Handell			Treasurer Name Steven D. Handell		
Street Address same as above			Street Address same as above		
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
8,000 NO PAR VALUE			100	common	\$.01

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



* 1 1 7 6 2 3 *

File Date 3/5/04
Check No. 4038
By: 18
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 of Officer Steven Handell Date 3-1-04
Print or Type Name of Officer Steven Handell
Title of Officer President



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. **117623** 2. Name of Corporation **Charlestown Equipment Rental, Inc.**
3. Street Address Principal Business Office **334 Narrow Lane** City **Charlestown** State **RI** Zip **02813**
4. Business Phone No. **401-364-3230** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

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

President Name Steven S. Handell	Vice President Name Pamela D. Handell
Street Address 334 Narrow Lane	Street Address 334 Narrow Lane
City State Zip Charlestown RI 02813	City State Zip Charlestown RI 02813
Secretary Name Pamela Handell	Treasurer Name Steven Handell
Street Address same as above	Street Address same as above
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
8,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	common	\$0.01

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



* 1 1 7 6 2 3 *

File Date: 3-28-03
Check No.: 3057
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] 3-1-03
Signature of Officer Date
Steven S Handell
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. **117623** 2. Name of Corporation **Charlestown Equipment Rental, Inc.**
3. Street Address Principal Business Office **334 Narrow Lane** City **Charlestown** State **RI** Zip **02813**
4. Business Phone No. **None** 5. State of Incorporation **RHODE ISLAND** **None**
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name Steven S. Handell	Vice President Name Pamela D. Handell
Street Address 350 Narrow Lane	Street Address 350 Narrow Lane
City Charlestown State RI Zip 02813	City Charlestown State RI Zip 02813
Secretary Name Pamela D. Handell	Treasurer Name Steven S. Handell
Street Address same as above	Street Address same as above
City RI State RI Zip	City RI State RI 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
8,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None Common None

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



* 1 1 7 6 2 3 *

File Date: 3-28-02

Check No.: 1990

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.

Steven Handell 3-19-02
Signature of Officer Date

Steven Handell
Print or Type Name of Officer

President
Title of Officer