



**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. 127027		2. Name of Corporation Gentry Farm Builders, Inc.			
3. Street Address Principal Business Office 1009 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 944-4662		5. State of Incorporation RHODE ISLAND		6. SIC Code 5710	
7. Brief Description of the Character of Business Conducted in Rhode Island ENGAGING IN GENERAL CONTRACTING AND BUILDING CONSTRUCTION AND BUYING, SELLING AND DEVELOPING AND OTHERWISE GENERALLY DEALING IN REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRIAN T. HAINSE			Vice President Name GERARD HAINSE		
Street Address C/O 1009 RESERVOIR AVENUE			Street Address C/O 1009 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name BRIAN T. HAINSE			Treasurer Name BRIAN T. HAINSE		
Street Address 1009 RESERVOIR AVENUE			Street Address 1009 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BRIAN T. HAINSE			Director Name		
Street Address 1009 RESERVOIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02910	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
1,000 COMM NO PAR VALUE			100	COMMON	NO PAR

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



File Date 2-2-05  
Check No. 119  
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]  
Signature of Officer  
BRIAN T. HAINSE  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

1/25/05  
Date



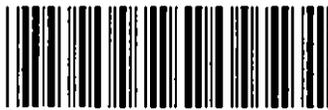
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>127027</b>		2. Name of Corporation <b>Gentry Farm Builders, Inc.</b>			
3. Street Address Principal Business Office <b>1009 RESERVOIR AVENUE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
4. Business Phone No. <b>944-4662</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5710</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>ENGAGING IN GENERAL CONTRACTING AND BUILDING CONSTRUCTION AND BUYING, SELLING AND DEVELOPING AND OTHERWISE GENERALLY DEALING IN REAL ESTATE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ( "X" BOX FOR ATTACHMENT ) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>BRIAN T. HAINSE</b>			Vice President Name <b>GERARD J. HAINSE</b>		
Street Address <b>c/o 1009 RESERVOIR AVENUE</b>			Street Address <b>c/o 1009 RESERVOIR AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>BRIAN T. HAINSE</b>			Treasurer Name <b>BRIAN T. HAINSE</b>		
Street Address <b>1009 RESERVOIR AVENUE</b>			Street Address <b>1009 RESERVOIR AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ( "X" BOX FOR ATTACHMENT ) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>BRIAN T. HAINSE</b>			Director Name		
Street Address <b>1009 RESERVOIR AVENUE</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	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
<b>1,000 COMM NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>

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



\* 1 2 7 0 2 7 \*

File Date 3-2-04  
Check No. 1011  
By: TOP

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 [Signature]  
**BRIAN T. HAINSE**  
Print or Type Name of Officer  
**PRESIDENT**

Date 1/30/04

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. <b>127027</b>	2. Name of Corporation <b>Gentry Farm Builders, Inc.</b>		
3. Street Address Principal Business Office <b>25 WESTERN INDUSTRIAL DRIVE</b>		City <b>CRANSTON</b>	State <b>RI</b>
4. Business Phone No.	5. State of Incorporation <b>RHODE ISLAND</b>		Zip <b>02921</b>
6. SIC Code			
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 <b>BRIAN T. HAINSE</b>	Vice President Name <b>BRIAN T. HAINSE</b>
Street Address <b>25 WESTERN INDUSTRIAL DRIVE</b>	Street Address <b>25 WESTERN INDUSTRIAL DRIVE</b>
City <b>CRANSTON</b>	City <b>CRANSTON</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02921</b>	Zip <b>02921</b>
Secretary Name <b>BRIAN T. HAINSE</b>	Treasurer Name <b>BRIAN T. HAINSE</b>
Street Address <b>25 WESTERN INDUSTRIAL DRIVE</b>	Street Address <b>25 WESTERN INDUSTRIAL DRIVE</b>
City <b>CRANSTON</b>	City <b>CRANSTON</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02921</b>	Zip <b>02921</b>

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

Director Name <b>BRIAN T. HAINSE</b>	Director Name
Street Address <b>25 WESTERN INDUSTRIAL DRIVE</b>	Street Address
City <b>CRANSTON</b>	City
State <b>RI</b>	State
Zip <b>02921</b>	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

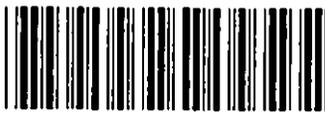
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

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

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>

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



\* 1 2 7 0 2 7 \*

File Date: 2/11/03  
Check No.: 3356  
By: UP

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: [Signature] Date: 2/10/03  
**BRIAN T. HAINSE**

Print or Type Name of Officer  
**PRESIDENT**