

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 - (FORM MUST BE TYPED OR PR		ng Fee: \$50.00			- · · · · · · · · · · · · · · · · · · ·		
1. Corporate ID No.	2. Name of Corporation	m	·				
128230	Carol S. Shaw, Inc						
3. Street Address Principal Busines	s Office		City	State	ZIp		
134 Canfield Avenue			Warwick	L RI	0288	39	
A Business Phone No		5. State of Incorporation	,	<u> </u>	6. SIC Code		
737-9741		RHODE ISLAND	)				
7. Brief Description of the Chamete REAL ESTATE AGENT	er of Business Conducted in	r Rhode Island		·			
8. NAMES AND ADDRESSI	ES OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT) 🔝 FILL IN SPAC	ES BEFORE USING AT	TACHMENT:	S	
President Name			Vice President Name				
Carol S. Shaw			John Shaw				
Since Address			Street Address				
134 Canfield Avenue			134 Canfield Avenue	e			
City Secretary Name	L Ctata	7/4	Treasurer Name	······································	······································	11	
John Shaw			Carol S. Shaw				
Street Address			Street Address				
134 Canfield Avenue			134 Canfield Avenue				
City	State	Zip	City	State	Zip		
Warwick	RI	02889	Warwick	RI	0288	39	
9. NAMES AND ADDRESSI		RS: ("X" BOX FOR A	TTACHMENT)     FILL IN SPA	ACES BEFORE USING	ATTACHMEN	TS	
Director Name			Director Nume			:	
Street Address			Street Address			ļ ;	
City	State	Zip	City	State	Zip	,	
Director Name	•••	•••••••	Director Name	•••••••	•••••••	• • • • • •	
Stret Address			Street Address				
City	State	Zip	City:	State	Zip		
10. SHARES AUTHORIZES AUTHORIZED SHARES	   ("X" BOX FOR AT	TACHMENT) [	: 11. SHARES ISSUED ("X" ISSUED SHARES	I BOX FOR ATTACHME	ן דאי [	La	
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Scries	Par Value	1	i ::
1,000 NO PAR VALUE			1,000 NO PAR VAL	UE			
This report must b	c signed in ink by ei	ther the President, Vice	President, Secretary, Assistant Se	ecretary, Treasurer, Rec	eiver or Trust	cc	
			Hoder negative of periury	I declare and affirm that I	have examined	this	ne no ri

File Dale 6 29 0 5

Check No. 1439

By: 0A

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 fuerein are true and correct.

I MAH O X -

Signature of Officer

Carol S. Shaw

2/28/05

Date

Print or Type Name of Officer

President

Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335 401.222.3040

Corporations Division

L. Corporate ID No	2. Name of Cortic	2. Name of Corporation					
128230	Carol S. Si	haw. Inc					
3 Street Address Principal Business Office			City	State	Zip		
87 Duncan Road			Warwick	RI	02886		
1. Bustness Phone No.		5. State of Incorporation			G. SIC Civile		
737-9741		RHODE ISLAN	<u> </u>				
7. Brief Description of the Ch REAL ESTATE A		ed in Rhode Island					
8. NAMES AND ADDR	ESSES OF THE OFFIC	CERS: ("X" BOX FOR AT	, ,	ES BEFORE USIN	G ATTACHMENTS		
President Name			Vice President Name				
Carol S. Shaw			John Shaw	John Shaw			
Street Address			Street Address	<b>:</b>			
87 Duncan Road	<del></del>	<del></del>	87 Duncan Road				
City Monuisk	State RI	7ip 02886	City Warwick	State DI	21p		
Warwick Secretary Name	I	1 02000	Treasurer Name	RI	02886		
John Shaw			Carol S. Shaw				
Street Address		<del> </del>	Street Address				
87 Duncan Road			87 Duncan Road				
City	State	Ζφ	City	State	Zip		
Warwick	l RI	02886	Warwick	RI	02886		
	ESSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT)   FILL IN SPA	ACES BEFORE US	I 02886. ING ATTACHMENTS		
Director Name			Director Name				
Street Address			Sirvet Address				
			•				
City	State	Zip	City	State	ZΨ		
				<b></b>			
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
			11. SHARES ISSUED ("X"	POV FOR ATTAC	 'HMENT) □		
10. SHARES AUTHOR	IIZED ("X" BOX FOR	(AIIACHMENI) [	ISSUED SHARES	BOX FOR AFFAC	11.m2.m1) []		
AUTHORIZED SHARES	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value		
Number of Shares	CIANVSCHES		pramise by sources				
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File Date Check No.	3-3-04	
Ву:	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this re including any accompanying schedules and statements, and that all statem contained herein are true and correct.					
Signature of Officer	Date				
Carol S. Shaw	03/01/04				
Print or Type Name of Officer					
President					
Title of Officer	Form 630 Rev. 12/03				

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

Form 630 12/02

1. Corporate ID No. 128230 Carol S. Shaw, Inc. 5. State of Incorporation CHaracter of Business Conducted in Rhode Island FILL IN SPACES BEFORE USING ATTACHMENTS THE OFFICERS ("X" BOX FOR ATTACHMENT) ADDRESSES O

City

City FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Z.Ip City State City State

Director Name Director Name Street Address Street Address

City State Zip ZIP City State

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

Number of Shares Par Value Number of Shares Class/Series

1,000 NO PAR VALUE

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

