



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. 123431		2. Name of Corporation Frageorgia Painting C.O.			
3. Street Address Principal Business Office 361 South Pier Rd			City Narragansett	State R.I.	Zip 02882
4. Business Phone No. 401 294-0006		5. State of Incorporation R.I.			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Exterior repaints + Interior					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David J. Frageorgia			Vice President Name Same None		
Street Address 361 South Pier Rd.			Street Address		
City Narragansett	State R.I.	Zip 02882	City	State	Zip
Secretary Name Same			Treasurer Name		
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 Same			Director Name Same		
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 Number of Shares 600			ISSUED SHARES Number of Shares 0		
Class Series None			Class Series		
Par Value None			Par Value None		

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

FILED

File Date: DEC 31 2004

Check No.: By 1153863

By: _____

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.

David J. Frageorgia 12/20/04
Signature Date
David J. Frageorgia
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

mail

Secretary of State
Corporations Division
100 North Main Street
Providence, RI 02903-1535
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)

1. Corporate ID No. 123431		2. Name of Corporation Frageorgia Painting CO.			
3. Street Address - Principal Business Office 361 South Pier Rd			City Narragansett	State R.I.	Zip 02882
4. Business Phone No. 401 294-0006		5. State of Incorporation R.I.		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Exterior repaints + Interior					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David J. Frageorgia			Vice President Name same None		
Street Address 361 South Pier Rd.			Street Address		
City Narragansett	State R.I.	Zip 02882	City	State	Zip
Secretary Name same			Treasurer Name		
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 same			Director Name same		
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 600			ISSUED SHARES 0		
Number of Shares 600	Class Series NO PAR	Par Value	Number of Shares 0	Class Series NO PAR	Par Value

04 DEC 31 AM 11:29

04 DEC 23 AM 11:08

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

FILED

File Date DEC 31 2004
Check No. BY M53863
By: _____

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.

David J. Frageorgia 11/22/04
Signature of Officer Date
David J. Frageorgia
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. 123431 2. Name of Corporation Frageorgia Painting, Co.
3. Street Address Principal Business Office 1336 Boston Neck Rd. City Narragansett State R.I. Zip 02882
4. Business Phone No. 401-294-0006 5. State of Incorporation RHODE ISLAND 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Interior + exterior painting, power-washing

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

President Name <u>David J. Frageorgia</u>	Vice President Name <u>None</u>
Street Address <u>1336 Boston Neck Rd.</u>	Street Address
City <u>Narra</u> State <u>R.I.</u> Zip <u>02882</u>	City State Zip
Secretary Name <u>None</u>	Treasurer Name
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 <u>None</u>	Director Name <u>None</u>
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

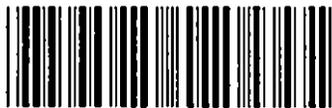
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<u>600 NO PAR VALUE</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>None</u>		

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



* 1 2 3 4 3 1 *

File Date: 1-13-03
3591
Check No.: _____
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] 1-9-03
Signature of Officer Date
President
Print or Type Name of Officer
President
Title of Officer