



**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. 100532		2. Name of Corporation W. GENTILE CONSTRUCTION & REMODELING INC.			
3. Street Address Principal Business Office 492 LAUREL HILL AVE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401 641-7359		5. State of Incorporation RHODE ISLAND			6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTING - BUILDING AND REMODELING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM J GENTILE			Vice President Name WILLIAM J GENTILE		
Street Address 492 LAUREL HILL AVE			Street Address 492 LAUREL HILL AVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name WILLIAM J GENTILE			Treasurer Name WILLIAM J GENTILE		
Street Address 492 LAUREL HILL AVE			Street Address 492 LAUREL HILL AVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <del>WILLIAM J GENTILE</del>			Director Name		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City	State	Zip
Director Name			Director Name NONE		
Street Address NONE			Street Address		
City NONE	State NONE	Zip NONE	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 NO PAR VALUE			NONE		Ø

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



File Date 1-19-05  
Check No. 842  
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] 1/19/05  
Signature of Officer Date  
WILLIAM GENTILE  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

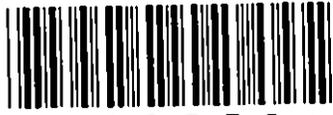


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

1. Corporate ID No. 100532		2. Name of Corporation W. GENTILE CONSTRUCTION & REMODELING INC.		
3. Street Address Principal Business Office 492 LAUREL HILL AVE		City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401 641 7357		5. State of Incorporation RHODE ISLAND		6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTING - BUILDING AND REMODELING.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name WILLIAM GENTILE		Vice President Name WILLIAM GENTILE		
Street Address 492 LAUREL HILL AVE		Street Address 492 LAUREL HILL AVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI
Secretary Name WILLIAM GENTILE		Treasurer Name WILLIAM GENTILE		
Street Address 492 LAUREL HILL AVE		Street Address 492 LAUREL HILL AVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name NONE		
Street Address NONE		Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE
Director Name NONE		Director Name NONE		
Street Address NONE		Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE
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
1,000	NO PAR VALUE		1000	NO PAR VALUE

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



\* 1 0 0 5 3 2 \*

**FILED**

File Date: \_\_\_\_\_

Check No. 12/28/04

By: 400 GAN

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: William J. Gentile Date: 12/28/04

Print or Type Name of Officer: WILLIAM J. GENTILE

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. 100532 2. Name of Corporation W. GENTILE CONSTRUCTION & REMODELING INC.  
3. Street Address Principal Business Office 492 LAUREL HILL AVE City CRANSTON State RI Zip 02920  
4. Business Phone No. 401-641-7359 5. State of Incorporation RHODE ISLAND 6. SIC Code 18

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

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

President Name WILLIAM J. GENTILE Vice President Name SAME  
Street Address 492 LAUREL HILL AVE Street Address SAME  
City CRANSTON State RI Zip 02920 City SAME State RI Zip 02920  
Secretary Name SAME Treasurer Name SAME  
Street Address SAME Street Address SAME  
City SAME City SAME

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 \_\_\_\_\_

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
0	0	0
0	0	0

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



\* 1 0 0 5 3 2 \*

File Date: 2.11.03  
Check No.: 180  
By: 10P  
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.

William J. Gentile 1/19/03  
Signature of Officer Date  
WILLIAM J. GENTILE  
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. **100532** 2. Name of Corporation **W. GENTILE CONSTRUCTION & REMODELING INC.**  
3. Street Address Principal Business Office **492 LAUREL HILL AVE** City **CRANSTON** State **RI** Zip **02920**  
4. Business Phone No. **401 641-7359** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **18**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**CONSTRUCTION**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
President Name **WILLIAM J GENTILE** Vice President Name **WILLIAM J GENTILE**  
Street Address **492 LAUREL HILL AVE** Street Address **492 LAUREL HILL AVE**  
City **CRANSTON** State **RI** Zip **02920** City **CRANSTON** State **RI** Zip **02920**  
Secretary Name **WILLIAM J GENTILE** Treasurer Name **WILLIAM J GENTILE**  
Street Address **492 LAUREL HILL AVE** Street Address **492 LAUREL HILL AVE**  
City **CRANSTON** State **RI** Zip **02920** City **CRANSTON** State **RI** Zip **02920**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name **WILLIAM J GENTILE** Director Name  
Street Address **492 LAUREL HILL AVE** Street Address  
City **CRANSTON** State **RI** Zip **02920** City State Zip  
Director Name  
Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE**

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



\* 1 0 0 5 3 2 \*

File Date: 2.8.02  
Check No.: 1047  
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 of Officer [Signature] Date 1/31/02  
Print or Type Name of Officer WILLIAM J GENTILE  
Title of Officer PRESIDENT



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. <b>100532</b>	2. Name of Corporation <b>W. Gentile Construction &amp; Remodeling Inc.</b>		
Street Address Principal Business Office <b>492 Laurel Hill Ave</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Business Phone No. <b>401 641 7359</b>	5. State of Incorporation <b>Rhode Island</b>		6. SIC Code <b>0414</b>

Brief Description of the Character of Business Conducted in Rhode Island  
**home remodeling**

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

President Name <b>William J. Gentile</b>	Vice President Name
Street Address <b>492 Laurel Hill Ave</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City State Zip
Secretary Name <b>Lori Ann Gentile</b>	Treasurer Name
Street Address <b>492 Laurel Hill Ave</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City State Zip

**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) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES <b>1,000</b>			ISSUED SHARES <b>0</b>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>0</b>			<b>0</b>		

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.

**William J. Gentile** 8/9/01  
Signature of Officer Date  
**William J. Gentile**  
Print or Type Name of Officer  
**President**  
Title of Officer

**FILED**  
File Date: **AUG 14 2001**  
Check No.:  
By: **(W) (S)**  
FOR SECRETARY OF STATE USE ONLY



**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. **100532** 2. Name of Corporation **W. GENTILE CONSTRUCTION & REMODELING INC.**  
3. Street Address Principal Business Office **492 Laurel Hill Ave** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **641-7359** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **18**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**GENERAL CONTRACTOR**

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

President Name <b>WILLIAM J GENTILE</b>	Vice President Name <b>WILLIAM GENTILE</b>
Street Address <b>492 LAUREL HILL AVE</b>	Street Address <b>492 LAUREL HILL AVE</b>
City State Zip <b>CRANSTON RI 02920</b>	City State Zip <b>CRANSTON RI 02920</b>
Secretary Name <b>WILLIAM GENTILE</b>	Treasurer Name <b>WILLIAM GENTILE</b>
Street Address <b>492 LAUREL HILL AVE</b>	Street Address <b>492 LAUREL HILL AVE</b>
City State Zip <b>CRANSTON RI 02920</b>	City State Zip <b>CRANSTON RI 02920</b>

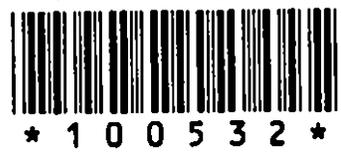
9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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  
**1,000 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE**

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



File Date: 9/11/00  
Check No.: 1282  
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 of Officer: [Signature] Date: 8/29/00  
Print or Type Name of Officer: WILLIAM J GENTILE  
Title of Officer: PRESIDENT



**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. 100532 2. Name of Corporation was WS-Builders, Inc. WHEELOCK + GENTILE ALLIANCE INC.  
3. Street Address Principal Business Office 81 IROQUOIS DRIVE City WARWICK State RI Zip 02888  
4. Business Phone No. 401-781-2103 5. State of Incorporation RHODE ISLAND 6. SIC Code 0018  
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION + REMODELING

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

President Name <u>MICHAEL J WHEELOCK SR.</u>	Vice President Name <u>WILLIAM J GENTILE</u>
Street Address <u>81 IROQUOIS DRIVE</u>	Street Address <u>80 PRISCILLA AVE</u>
City <u>WARWICK</u> State <u>RI</u> Zip <u>02888</u>	City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>MICHAEL J WHEELOCK</u>	Treasurer Name <u>WILLIAM J GENTILE</u>
Street Address <u>81 IROQUOIS DRIVE</u>	Street Address <u>80 PRISCILLA AVE</u>
City <u>WARWICK</u> State <u>RI</u> Zip <u>02888</u>	City <u>PROV.</u> State <u>RI</u> Zip <u>02909</u>

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)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>1,000</u>	<u>1,000</u>
<u>\$ 0.00</u>	<u>\$ 0.00</u>

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

**FILED**

File Date: \_\_\_\_\_

JAN 19 1999

Check No.: \_\_\_\_\_

By CT# 216485

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.

Michael J Wheelock Sr. 1/19/98  
Signature of Officer Date

MICHAEL J. WHEELOCK SR.  
Print or Type Name of Officer

PRESIDENT  
Title of Officer