



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 OR PRINTED IN BLACK)

| | | | | | |
|--|--------------|--|---|--------------|--------------|
| 1. Corporate ID No. 135532 | | 2. Name of Corporation LEVINE PAINTING & WALLCOVERING CO., INC. | | | |
| 3. Street Address Principal Business Office 262 Wood Hill rd | | | City Narragansett | State RI | Zip 02882 |
| 4. Business Phone No. 401-323-6100 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island PAINTING, WALLCOVERING | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Nathan Levine | | | Vice President Name Nathan Levine | | |
| Street Address 262 Wood Hill rd | | | Street Address 262 Wood Hill rd | | |
| City Narragansett | State RI | Zip 02882 | City Narr | State RI | Zip 02882 |
| Secretary Name Nathan Levine | | | Treasurer Name Nathan Levine | | |
| Street Address 262 Wood Hill rd | | | Street Address 262 Wood Hill rd | | |
| City Narr | State RI | Zip 02882 | City Narr | State RI | Zip 02882 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Nathan Levine | | | Director Name | | |
| Street Address 262 Wood Hill rd | | | Street Address | | |
| City Narr | State RI | Zip 02882 | 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 |
| 100 NO 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 | FILED 508 |
| Check No. | APR 27 2005 |
| 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.

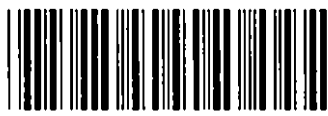
Nathan Levine Jr 1-5-05
Signature of Officer Date
Nathan Levine JR.
Print or Type Name of Officer
President
Title of Officer

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|---|--------------|--|--------------------------------------|--------------|--------------|
| 1. Corporate ID No. 135532 | | 2. Name of Corporation LEVINE PAINTING & WALLCOVERING CO., INC. | | | |
| 3. Street Address Principal Business Office 662 WOOD HILL ROAD | | City NARRAGANSETT | | State RI | Zip 02882 |
| 4. Business Phone No. 401-789-1416 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island PAINTING, WALLCOVERING | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name NATHAN LEVINE | | | Vice President Name NATHAN LEVINE | | |
| Street Address 662 WOOD HILL ROAD | | | Street Address 662 WOOD HILL ROAD | | |
| City NARRAGANSETT | State RI | Zip 02882 | City NARRAGANSETT | State RI | Zip 02882 |
| Secretary Name NATHAN LEVINE | | | Treasurer Name NATHAN LEVINE | | |
| Street Address 662 WOOD HILL ROAD | | | Street Address 662 WOOD HILL ROAD | | |
| City NARRAGANSETT | State RI | Zip 02882 | City NARRAGANSETT | State RI | Zip 02882 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name NATHAN LEVINE | | | Director Name | | |
| Street Address 662 WOOD HILL ROAD | | | Street Address | | |
| City NARRAGANSETT | State RI | Zip 02882 | 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 |
| 100 NO PAR VALUE | | | 100 | | |
| | | | | | |

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



* 1 3 5 5 3 2 *

File Date
Check No.
By:

RECEIVED
FEB 02 2004
BY WSDT

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.

Nathan Levine Jr

Signature of Officer

JAN 14, 04

Date

NATHAN LEVINE

Print or Type Name of Officer

PRESIDENT

Title of Officer