



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 70033		2. Name of Corporation Superior Drywall, Inc.			
3. Street Address Principal Business Office 1125 State Rd			City Westport	State MA	Zip 02790
4. Business Phone No. 508-636-8700		5. State of Incorporation Massachusetts		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Drywall Contractors					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph L. Moniz			Vice President Name		
Street Address 3 Eddy Drive			Street Address		
City Westport	State MA	Zip 02790	City	State	Zip
Secretary Name Octavio A. Arruda			Treasurer Name Octavio A. Arruda		
Street Address 16 Fisher Pines Way			Street Address Same		
City No. Dartmouth	State MA	Zip 02747	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 Joseph L. Moniz			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
Director Name Octavio A. Arruda			Director Name		
Street Address Same			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
15000	Common	NPV	10000	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 1/10/05
Check No. 4941
By: W.
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.

	1-5-05
Signature of Officer	Date
Joseph L. Moniz	
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 IN BLACK)

1. Corporate ID No. <u>70033</u>		2. Name of Corporation <u>Superior Drywall, Inc</u>			
3. Street Address Principal Business Office <u>125 State Rd</u>			City <u>Westport</u>	State <u>MA</u>	Zip <u>02790</u>
4. Business Phone No. <u>508-636-8700</u>		5. State of Incorporation <u>Massachusetts</u>		6. SIC Code <u>0299</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Drywall Contractors</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Joseph L. Moniz</u>			Vice President Name		
Street Address <u>3 Eddy Drive</u>			Street Address		
City <u>Westport</u>	State <u>MA</u>	Zip <u>02790</u>	City	State	Zip
Secretary Name <u>Octavio A. Arruda</u>			Treasurer Name <u>Octavio A. Arruda</u>		
Street Address <u>16 Risher Pine Way</u>			Street Address		
City <u>No. Dartmouth</u>	State <u>MA</u>	Zip <u>02747</u>	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 <u>Joseph L. Moniz</u>			Director Name		
Street Address <u>as above</u>			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>Octavio A. Arruda</u>			Director Name		
Street Address <u>as above</u>			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
<u>15,000</u>	<u>Common</u>	<u>NPV</u>	<u>10,000</u>	<u>Common</u>	<u>No Par</u>

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.

Signature of Officer [Signature] Date 12-22-03
Print or Type Name of Officer
Joseph L. Moniz
Title of Officer

File Date 1-2-04
Check No. 3941
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 70033 2. Name of Corporation Superior Drywall, Inc.
 3. Street Address Principal Business Office 1125 State Road City Westport State MA Zip 02790
 4. Business Phone No. 508-636-8700 5. State of Incorporation Massachusetts 6. SIC Code 0299
 7. Brief Description of the Character of Business Conducted in Rhode Island Drywall Contractors

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Joseph L. Moniz</u>	Vice President Name
Street Address <u>3 Eddy Drive</u>	Street Address
City <u>Westport</u> State <u>MA</u> Zip <u>02790</u>	City State Zip
Secretary Name <u>Octavio A. Arruda</u>	Treasurer Name <u>Octavio A. Arruda</u>
Street Address <u>16 Fisher Pine Way</u>	Street Address <u>same</u>
City <u>No. Dartmouth</u> State <u>MA</u> Zip <u>02747</u>	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>Joseph L. Moniz</u>	Director Name
Street Address <u>same</u>	Street Address
City State Zip	City State Zip
Director Name <u>Octavio A. Arruda</u>	Director Name
Street Address <u>same</u>	Street Address
City State Zip	City State Zip

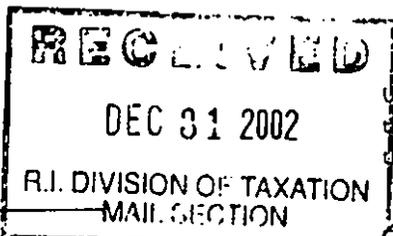
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
15,000	Common	NPV

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

ISSUED SHARES	Class/Series	Par Value
10,000	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: 1-3-03

Check No.: 3147

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: 12-30-02

Print or Type Name of Officer: Joseph L. Moniz
 Title of Officer: President



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. 70033 2. Name of Corporation Superior Drywall, Inc.
3. Street Address Principal Business Office 1125 Stake Rd. City Westport State MA Zip 02790
4. Business Phone No. 508-636-8700 5. State of Incorporation Massachusetts 6. SIC Code 0299

7. Brief Description of the Character of Business Conducted in Rhode Island
Drywall Contractors

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Joseph L. Moniz</u>	Vice President Name
Street Address <u>3 Eddy Drive</u>	Street Address
City <u>Westport</u> State <u>MA</u> Zip <u>02790</u>	City State Zip
Secretary Name <u>Octavio A. Arruda</u>	Treasurer Name <u>Octavio A. Arruda</u>
Street Address <u>16 Fisher Pine Way</u>	Street Address <u>Same</u>
City <u>No. Dartmouth</u> State <u>MA</u> Zip <u>02747</u>	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>Joseph L. Moniz</u>	Director Name
Street Address <u>Same</u>	Street Address
City State Zip	City State Zip
Director Name <u>Octavio A. Arruda</u>	Director Name
Street Address <u>Same</u>	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares <u>15,000</u>	<u>Common</u>	<u>NPV</u>

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares <u>10,000</u>	<u>Common</u>	<u>No Par</u>

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

File Date: 1-10-02
2286
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 of Officer: [Signature] Date: 1-7-02
Print or Type Name of Officer: Joseph L. Moniz
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. 70033 2. Name of Corporation Superior Drywall, Inc.
3. Street Address Principal Business Office 1125 State Rd. Westport MA 02790
4. Business Phone No. 508-636-8700 5. State of Incorporation Massachusetts
6. SIC Code 0299

7. Brief Description of the Character of Business Conducted in Rhode Island
Drywall Contractors

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Joseph L. Moniz</u>	Vice President Name
Street Address <u>3 Eddy Drive</u>	Street Address
City State Zip <u>Westport MA 02790</u>	City State Zip
Secretary Name <u>Octavio A. Arruda</u>	Treasurer Name <u>Octavio A. Arruda</u>
Street Address <u>16 Fisher Pine Way</u>	Street Address <u>16 Fisher Pine Way</u>
City State Zip <u>No. Dartmouth MA 02747</u>	City State Zip <u>No. Dartmouth MA 02747</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>Joseph L. Moniz</u>	Director Name
Street Address <u>as above</u>	Street Address
City State Zip <u>as above</u>	City State Zip
Director Name <u>Octavio A. Arruda</u>	Director Name
Street Address <u>as above</u>	Street Address
City State Zip <u>as above</u>	City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>15,000</u>	<u>Common</u>	<u>No Par</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>10,000</u>	<u>Common</u>	<u>No Par</u>

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

File Date: 01-01-01
Check No.: 1649
By: KID
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.
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
Signature of Officer: Joseph L. Moniz 12-19-00
Print or Type Name of Officer: Joseph L. Moniz
Title of Officer: President



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. 70033 2. Name of Corporation Superior Drywall, Inc.
3. Street Address Principal Business Office 1125 State Rd. City Westport State MA Zip 02790
4. Business Phone No. (508) 636-8700 5. State of Incorporation Massachusetts 6. SIC Code 0299

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

Installation of Drywall

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Joseph L. Moniz</u>	Vice President Name
Street Address <u>3 Eddy Drive</u>	Street Address
City <u>Westport</u> State <u>MA</u> Zip <u>02790</u>	City State Zip
Secretary Name <u>Octavio A. Arruda</u>	Treasurer Name <u>Octavio A. Arruda</u>
Street Address <u>16 Fisher Pine Way</u>	Street Address <u>16 Fisher Pine Way</u>
City <u>No. Dartmouth, MA</u> State <u>MA</u> Zip <u>02747</u>	City <u>No. Dartmouth, MA</u> State <u>MA</u> Zip <u>02747</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>Joseph L. Moniz</u>	Director Name
Street Address <u>3 Eddy Drive</u>	Street Address
City <u>Westport</u> State <u>MA</u> Zip <u>02790</u>	City State Zip
Director Name <u>Octavio A. Arruda</u>	Director Name
Street Address <u>16 Fisher Pine Way</u>	Street Address
City <u>No. Dartmouth</u> State <u>MA</u> Zip <u>02747</u>	City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>15,000</u>	<u>Common</u>	<u>No Par</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>10,000</u>	<u>Common</u>	<u>No Par</u>

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.

File Date: 2-16-00
Check No.: 1882
By: PMF

Signature of Officer: Joseph L. Moniz Date: 1-26-00
Print or Type Name of Officer: Joseph L. Moniz
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 70033 2. Name of Corporation Superior Drywall, Inc.
3. Street Address Principal Business Office 1125 State Rd City Westport State MA Zip 02790
4. Business Phone No. (508)636-8700 5. State of Incorporation Massachusetts 6. SIC Code 0299
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Joseph L. Moniz</u> Street Address <u>3 Eddy Drive</u> City <u>Westport</u> State <u>MA</u> Zip <u>02790</u>	Vice President Name Street Address City State Zip
Secretary Name <u>Octavio A. Arruda</u> Street Address <u>16 Fisher Pine Way</u> City <u>No. Dartmouth</u> State <u>MA</u> Zip <u>02747</u>	Treasurer Name <u>Octavio A. Arruda</u> Street Address <u>16 Fisher Pine Way</u> City <u>No. Dartmouth</u> State <u>MA</u> Zip <u>02747</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>Joseph L. Moniz</u> Street Address <u>3 Eddy Drive</u> City <u>Westport</u> State <u>MA</u> Zip <u>02790</u>	Director Name Street Address City State Zip
Director Name <u>Octavio A. Arruda</u> Street Address <u>16 Fisher Pine Way</u> City <u>No. Dartmouth</u> State <u>MA</u> Zip <u>02747</u>	Director Name Street Address City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>15,000</u>	<u>Common</u>	<u>No Par</u>	<u>10,000</u>	<u>Common</u>	<u>No Par</u>

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

File Date: 1-1-99
Check No.: 1015
By: AMF

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.
Joseph L. Moniz 12-16-98
Signature of Officer Date
Joseph L. Moniz
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70033** 2. Name of Corporation **Superior Drywall, Inc.**
 3. Street Address Principal Business Office **403 County St.** City **Fall River** State **MA** Zip **02723**
 4. Business Phone No. **(508) 677-3901** 5. State of Incorporation **Massachusetts** 6. SIC Code **0299**
 7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Joseph L. Moniz	Vice President Name
Street Address 3 Eddy Drive	Street Address
City Westport State MA Zip 02790	City State Zip
Secretary Name Octavio A. Arruda	Treasurer Name Octavio A. Arruda
Street Address 16 Fisher Pine Way	Street Address 16 Fisher Pine Way
City No. Dartmouth State MA Zip 02747	City No. Dartmouth State MA Zip 02747

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Joseph L. Moniz	Director Name
Street Address 3 Eddy Drive	Street Address
City Westport State MA Zip 02790	City State Zip
Director Name Octavio A. Arruda	Director Name
Street Address 16 Fisher Pine Way	Street Address
City No. Dartmouth State MA Zip 02747	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	Common	No Par	10,000	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: **2-23-98**
 Check No.: **509**
 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 of Officer: **[Signature]** Date: **2-20-98**
 Print or Type Name of Officer: **Joseph L. Moniz**
 Title of Officer: **President**



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70033** 2. Name of Corporation **Superior Drywall, Inc.**
3. Street Address Principal Business Office **403 County Street** City **Fall River** State **Massachusetts** Zip **02723**
4. Business Phone No. **(508) 677-3901** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0299**
7. Brief Description of the Character of Business Conducted in Rhode Island

Drywall contracting

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Joseph L. Moniz Street Address 3 Eddy Drive City State Zip Westport MA 02790	Vice President Name Street Address City State Zip
Secretary Name Octavio A. Arruda Street Address 16 Fisher Pine Way City State Zip No. Dartmouth MA 02714	Treasurer Name Octavio A. Arruda Street Address 16 Fisher Pine Way City State Zip No. Dartmouth MA 02714

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Joseph L. Moniz Street Address 3 Eddy Drive City State Zip Westport MA 02790	Director Name Street Address City State Zip
Director Name Octavio At. Arruda Street Address 16 Fisher Pine Way City State Zip No. Dartmouth MA 02714	Director Name Street Address City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	Common	No Par	10,000	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: 1/23/97
Check No.: 4959
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.

Joseph L. Moniz 1-17-97
Signature of Officer Date
Joseph L. Moniz
Print or Type Name of Officer
President
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 70033		2. NAME OF CORPORATION Superior Drywall, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 403 County Street		CITY Fall River	STATE MA	ZIP CODE 02723
4. BUSINESS PHONE NO. (508) 677-3901		5. STATE OF INCORPORATION MASSACHUSETTS		6. SIC CODE 0299
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Drywall Installation				

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Joseph L. Moniz			VICE PRESIDENT NAME		
STREET ADDRESS 3 Eddy Drive			STREET ADDRESS		
CITY Westport	STATE MA	ZIP CODE 02790	CITY	STATE	ZIP CODE
SECRETARY NAME Octavio Arruda			TREASURER NAME Octavio Arruda		
STREET ADDRESS 16 Fisher Pine Way			STREET ADDRESS 16 Fisher Pine Way		
CITY No. Dartmouth	STATE MA	ZIP CODE 02714	CITY No. Dartmouth	STATE MA	ZIP CODE 02714

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
150.00	Common	no par	10000	Common	no par

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.

Joseph L. Moniz
Signature of Officer
Joseph L. Moniz
Print or Type Name of Officer

File Date: 2/2/96
Check No: 4323
By: *CS/VP*
For Secretary of State Use Only

President
Title of Officer
01-12-96
Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0070033 Annual Report for the year: 1995

Name of Corporation: Superior Drywall, Inc.

Business entity organized under the laws of the State of: MA

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

403 County Street
Fall River, MA 02720

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (508) ~~877-3388~~ (508) 7-677-3900

Brief statement of the character of business conducted in Rhode Island:
drywall contracting

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Phone: ()

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Joseph Moniz	226 Brayton Ave	Fall River, MA	02721

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Octavio A. Arruda	16 Fisher Pine Way N.	Dartmouth, MA	02747

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Octavio A. Arruda	16 Fisher Pine Way N.	Dartmouth, MA	02747

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Joseph Moniz			

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Octavio A. Arruda	16 Fisher Pine Way N.	Dartmouth, MA	02747

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
15,000	Common	10,000	common

Date 2-2, 19 95

By: Joseph Moniz
 Joseph Moniz
 President

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MARY BETH SENGER
 23 MANN AVENUE
 NEWPORT RI 02840

PAID
 APR 07 1995
 KID 3845
 SECY OF STATE

PLEASE TYPE or PRINT

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations
Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

1994

0070033

Annual Report for the year:

Superior Drywall, Inc.

ing Fee \$50.00
yable to:
cretary of State

orporate ID:

ame of Business Entity:

Business entity organized under the laws of the State of: MA

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

403 County Street
Fall River, MA 02720

Phone: (508) 677-3900

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Phone: ()

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Joseph Moniz
President
403 County Street
Fall River, MA 02720

Brief statement of the character of business conducted in Rhode Island:

drywall contracting

Date of Organization: 1/20/88

Date of Qualification to do business in Rhode Island (if foreign entity):
11/92

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Joseph Moniz 255 Davis Street, Westport, MA 02790</u>		

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>Octavio A. Arruda 16 Fisher Pine Way, N. Dartmouth, MA 02747</u>		

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Octavio A. Arruda 16 Fisher Pine Way, N. Dartmouth, MA 02747</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Joseph Moniz</u>	<u>255 Davis Street, Westport, MA 02790</u>		

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Octavio A. Arruda</u>	<u>16 Fisher Pine Way, N. Dartmouth, MA 02747</u>		

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 15,000 CLASS common SERIES PAR VALUE OR WITHOUT PAR no par	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 10,000 CLASS common SERIES PAR VALUE OR WITHOUT PAR no par
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March

2/2

94

By:

Joseph Moniz

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

24747B

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0070033 Annual Report for the year 1993

FIRST: The name of the corporation is Superior Drywall, Inc.

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is drywall contracting

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Joseph L. Moniz	Director	255 Davis Street, Wesport, MA 02790
Octavio A. Arruda	Director	16 Fisher Pine Way, North Dartmouth, MA
	Director	
Joseph L. Moniz	President	255 Davis St., Wesport, MA 02790
	Vice President	
	Secretary	
Octavio A. Arruda	Treasurer	16 Fisher Pine Way, North Dartmouth, MA

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
15,000	common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	common		no par

Dated 11/19 1993

Superior Drywall, Inc.
(Name of Corporation)

By Joseph L. Moniz

Title President

(Report must be signed by an officer)