



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)

Form with sections for Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, SIC Code, Officers (President, Vice President, Secretary, Treasurer), and Directors. Includes fields for Shares Authorized and Shares Issued.

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



FILED

Filed stamp with fields for File Date (MAR 23 2005), Check No., By (signature), and 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: Robert E. Greaves, Date: 1-5-04, Print or Type Name of Officer: Robert E Greaves, Title of Officer: president.



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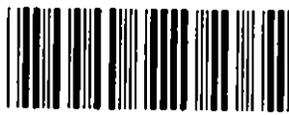
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. 96733, Name of Corporation 4 Seasons Carpet Workshop Inc., Principal Business Office 1560 Elmwood Ave, City Cranston, State RI, Zip 02910, Business Phone No 401 781 8466, State of Incorporation RHODE ISLAND, SIC Code 414, Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION OF CARPET, VINYL, CERAMIC TILE, SUBFLOORS, CARPET BINDING, REPAIRS TO FLOOR COVERINGS. Includes officer and director information for Robert E. Greaves and Susan Greaves.

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



\* 9 6 7 3 3 \*

File Date 3/16/04, Check No. 116205, 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 Robert E. Greaves, Date 3-8-04, Print or Type Name of Officer Robert E. Greaves, 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. **96733** 2. Name of Corporation **4 Seasons Carpet Workshop Inc.**  
3. Street Address Principal Business Office **1560 Elmwood Ave** City **Cranston** State **RI** Zip **02910**  
4. Business Phone No. **401 781-8466** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Sales and Installation**

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

President Name <b>Robert E. Greaves</b>	Vice President Name <b>Russell A. Greaves</b>
Street Address <b>792 Ledge Road</b>	Street Address <b>79 Watson Street</b>
City <b>Seekonk</b> State <b>ma.</b> Zip <b>02771</b>	City <b>Seekonk</b> State <b>ma.</b> Zip <b>02771</b>
Secretary Name <b>Susan Greaves</b>	Treasurer Name <b>Same</b>
Street Address <b>792 Ledge Road</b>	Street Address
City <b>Seekonk</b> State <b>ma.</b> Zip <b>02771</b>	City State Zip

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

Director Name <b>NONE</b>	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	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>NONE</b>		

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



\* 9 6 7 3 3 \*

File Date: 2.6.03  
Check No.: 13551  
By: UP

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.

Robert E. Greaves 2-3-03  
Signature of Officer Date

Robert E. Greaves  
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. 96733  
2. Name of Corporation 4 Seasons Carpet Workshop Inc.  
3. Street Address Principal Business Office  
1560 Elmwood AVE  
4. Business Phone No. 401-781-8466  
5. State of Incorporation RHODE ISLAND

City Cranston State RI. Zip 02910  
6. SIC Code 414

7. Brief Description of the Character of Business Conducted in Rhode Island  
Sales and Installation of Floor Covering

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  
President Name Robert E. Greaves  
Street Address 792 Ledge Road  
City Seekonk State ma. Zip 02771

Vice President Name Russell A. Greaves  
Street Address 79 Watson Street  
City Seekonk State ma. Zip 02771

Secretary Name Susan M. Greaves  
Street Address 792 Ledge Road  
City Seekonk State MA. Zip 02771

Treasurer Name Susan M. Greaves  
Street Address 792 Ledge Road  
City Seekonk State ma. Zip 02771

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  
Director Name NONE  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
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 COMM 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



\* 9 6 7 3 3 \*

File Date: 2-5-02  
Check No.: 11511  
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.  
Robert E. Greaves 2-1-02  
Signature of Officer Date  
Robert E. Greaves  
Print or Type Name of Officer  
president  
Title of Officer



ROFIT 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. 96733 2. Name of Corporation 4-Seasons Carpet Workshop Inc  
 3. Street Address Principal Business Office 1560 Elmwood Ave City Cranston State RI Zip 02910  
 4. Business Phone No. 401-781-8466 5. State of Incorporation RI 6. SIC Code 0914

7. Description of the Character of Business Conducted in Rhode Island  
Sales and Installation of Floor Covering

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

8. President Name Robert E. Greaves Vice President Name Russell A. Greaves  
 9. Street Address 792 Ledge Rd Street Address 39 Watson St  
 10. City Seekonk State Ma. Zip 02771 City Seekonk State Ma. Zip 02771

11. Secretary Name Susan M. Greaves Treasurer Name Susan M. Greaves  
 12. Street Address 792 Ledge Rd Street Address 792 Ledge Rd  
 13. City Seekonk State Ma. Zip 02771 City Seekonk State Ma. Zip 02771

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

14. Director Name \_\_\_\_\_ Director Name \_\_\_\_\_  
 15. Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 16. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 17. Director Name \_\_\_\_\_ Director Name \_\_\_\_\_  
 18. Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 19. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

10. AUTHORIZED SHARES			11. ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Comm.</u>	<u>NO</u>	<u>None</u>	<u>—</u>	<u>—</u>

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

**FILED** 10. NOV 06 2001  
 File Date: NOV 06 2001  
 Check No.: By SC 80  
ck # 11105  
 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 Robert E. Greaves Date 11-5-01  
 Print or Type Name of Officer Robert E. Greaves  
 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. **96733** 2. Name of Corporation **4 Seasons Carpet Workshop Inc.**  
3. Street Address Principal Business Office **1560 Elmwood Ave** City **Cranston** State **RI.** Zip **02910**  
4. Business Phone No. **401 781 8466** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Retail sales of Floor covering and Installation**

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

President Name <b>Robert E. Greaves</b>	Vice President Name <b>Russell A. Greaves</b>
Street Address <b>792 Ledge Rd.</b>	Street Address <b>79 WATSON ST.</b>
City <b>Seekonk</b> State <b>MA.</b> Zip <b>02771</b>	City <b>Seekonk</b> State <b>MA.</b> Zip <b>02771</b>
Secretary Name <b>SUSAN M. Greaves</b>	Treasurer Name <b>SUSAN M. Greaves</b>
Street Address <b>792 Ledge Rd.</b>	Street Address <b>792 Ledge Rd.</b>
City <b>Seekonk</b> State <b>MA.</b> Zip <b>02771</b>	City <b>Seekonk</b> State <b>MA.</b> Zip <b>02771</b>

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

Director Name <b>NONE</b>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES  
Number of Shares      Class/Series      Par Value  
**1,000 COMM 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



\* 9 6 7 3 3 \*

2/23/00

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

9034

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

*[Signature]*

By: \_\_\_\_\_

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.

**Robert E. Greaves** 2-19-00  
Signature of Officer      Date

**Robert E. Greaves**  
Print or Type Name of Officer

**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. <b>98733</b>		2. Name of Corporation <b>4 Seasons Carpet Workshop Inc.</b>			
3. Street Address Principal Business Office <b>190 unit B Newport Ave</b>		City <b>East Prov.</b>	State <b>RI.</b>		
4. Business Phone No. <b>401-431-9207</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. SIC Code <b>0414</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>Installation and Sales of Floor covering</b>			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Robert E. Greaves</b>		Vice President Name <b>Russell A. Greaves</b>			
Street Address <b>792 Ledge Rd</b>		Street Address <b>792 Ledge Rd.</b>			
City <b>Seekonk</b>	State <b>MA.</b>	City <b>Seekonk</b>	State <b>MA.</b>		
Zip <b>02771</b>	Zip <b>02771</b>	Zip <b>02771</b>	Zip <b>02771</b>		
Secretary Name <b>Susan M. Greaves</b>		Treasurer Name <b>Susan M. Greaves</b>			
Street Address <b>792 Ledge Rd</b>		Street Address <b>792 Ledge Rd</b>			
City <b>Seekonk</b>	State <b>MA.</b>	City <b>Seekonk</b>	State <b>MA.</b>		
Zip <b>02771</b>	Zip <b>02771</b>	Zip <b>02771</b>	Zip <b>02771</b>		
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>NONE</b>		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip	Zip	Zip	Zip		
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip	Zip	Zip	Zip		
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>			<b>NONE</b>		

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



\* 9 6 7 3 3 \*

File Date: Jan 25 99  
Check No.: 5622  
By: JD.  
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.

Robert E. Greaves 1-20-99  
Signature of Officer Date  
Robert E. Greaves  
Print or Type Name of Officer  
President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96733** 2. Name of Corporation **4 Seasons Carpet Workshop Inc.**  
3. Street Address Principal Business Office **190 Unit B Newport Ave** City **E. Provo** State **RI.** Zip **02916**  
4. Business Phone No. **401 431 9207** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8914**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Carpet and Vinyl Installation and sales**

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

President Name <b>Robert E Greaves</b> Street Address <b>792 Ledge Rd</b> City <b>Seekonk</b> State <b>Ma.</b> Zip <b>02771</b>	Vice President Name <b>Russell Greaves</b> Street Address <b>792 Ledge Rd</b> City <b>Seekonk</b> State <b>Ma.</b> Zip <b>02771</b>
Secretary Name <b>SUSAN Greaves</b> Street Address <b>792 Ledge Road</b> City <b>Seekonk</b> State <b>Ma</b> Zip <b>02771</b>	Treasurer Name <b>SUSAN Greaves</b> Street Address <b>792 Ledge Road</b> City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>

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

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  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 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**0** **0** **0**

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



File Date: 6/29/98  
Check No.: 4400  
By: GAB

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.  
Robert E. Greaves 6-9-98  
Signature of Officer Date  
Robert E. Greaves 6-9-98  
Print or Type Name of Officer  
President  
Title of Officer