

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 IN BLACK) 1. Corporate ID No. 2. Name of Corporation 129533 Carr's Overhead Doors, Inc. 3. Street Address Principal Business Office City State Zip 704 HAZARD ROAD WEST GREENWICH RI 02817-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4013976015 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION OF OVERHEAD DOORS CLAMMES AND ADDRESSES OF THE OFFICERS (AND BONGOR ATTACHMENT). THE THE INSPECTS BEFORE DISTORATION COMMENCES AND ADDRESSES OF THE OFFICERS (AND BONGOR ATTACHMENT). President Name Vice President Name Donald M. Carr Donna J. Carr Street Address Sircei Address 704 Hazard Road .704 Hazard Road City State Zip City Siate 130 West Greenwich RI 02817 02817 West Greenwich RI Treasurer Name Secretary Name Donna J. Carr Donald M. Carr Street Address Street Address 704 Hazard Road 704 Hazard Road State Zip City State Zip West Greenwich RI 02817 .West Greenwich RI 02817 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name N/A . N/A Şireci Address Sircei Address City Siare Zip State Zip City Director Name Director Name N/A N/A Sireci Address Sireei Address City Zıp -City State ID SHARESAUTHORIZED (XXBOX FOR ATTACHMENT): [ PILSHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class-Series Par Value Number of Shares Class/Scries Par Value NPV 1,000 COMM NO PAR VALUE Common 100 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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FOR SEC	RETARY OF STATE USE	ONLY		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements. ad-that all statements coptained herein are true and correct.

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e Name of Officer

Form 630 12/01



Matthew A. Brown, Secretary of State Carporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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Street Address Principal Bis	iness Office	<del></del>	(City	State	Zip	
704 Hazard Road			West Greenwich	RI	02817	
l. Business Phone No.	<u> </u>	5. State of Incorporat	ion		6. SIC Code	
401-397-6015		RHODE ISLAN	ID O			
. Brief Description of the Cha INSTALLATION OF OV		inducted in Rhode Island				
8. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FOR	TTACHMENT)   FILL IN SPA	CES BEFORE USING A	TTACHMENTS	
Donald M. Carr		Donna J. Carr				
Sirvet Address		Street Address				
704 Hazard Road			.704 Hazard Road			
Cin <sup>y</sup>	State	Zip	City	State	Zip	
West Greenwich	RI	02817	.West Greenwich	RI	02817	
ecretary Name			Treasurer Name			
Donald M. Carr			Donna J. Carr			
Sireci Address		·····	' Street Address			
704 Hazard Road			.704 Hazard Road			
City	State	Zip	*Ciŋ·	State	Zip	
West Greenwich	RI	02817	.West Greenwich	RI	02817	
	SSES OF THE DI	RECTORS ("X" BOX FOI	RATTACHMENT) 🗆 FILL IN SP	ACES BEFORE USING	ATTACHMENTS	
Director Name	· <b>- ·</b>		Director Name		-	
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Street Address			· Street Address ·		·	
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Director Name			Director Name			
Street Address			*Street Address			
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10. SHARES AUTHORIZ	ZED C'X'' BOX FO	RATTACHMENT) []	11. SHARES ISSUED ("X"	HOX FOR ATTACHME	vn □	
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This report must be sign	e <mark>ed in ink</mark> by eith	her the President, Vice	President, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Tri	
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	B					
1 2 9	5 3 3		Under penalty of perio	ury. I declare and affirm	that I have examined	
	•		this report, including a	any accompanying sche	dules and statements,	
*129533 DBC/03/01/0	4 03·41·33 PM	;	and that all statements	contained herein are tr	ue and correct.	
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Check No. 1829			Signature of Officer Date  Dote  Date			
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FOR SECRETARY OF STATE	E LISE ONLY		-VICE PR	<u> </u>	Form 630	