



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 IN BLACK)

1. Corporate ID No. 129533		2. Name of Corporation Carr's Overhead Doors, Inc.			
3. Street Address Principal Business Office 704 HAZARD ROAD			City WEST GREENWICH	State RI	Zip 02817-
4. Business Phone No. 4013976015		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION OF OVERHEAD DOORS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
President Name Donald M. Carr			Vice President Name Donna J. Carr		
Street Address 704 Hazard Road			Street Address 704 Hazard Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Donald M. Carr			Treasurer Name Donna J. Carr		
Street Address 704 Hazard Road			Street Address 704 Hazard Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	NPV

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



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FILED

File Date **APR 28 2005** 2328

Check No. _____

By LB

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.

Donald M. Carr 4-24-05
Signature of Officer Date
Donald M. Carr
Print of Name of Officer
President
Title of Officer



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3. Street Address Principal Business Office 704 Hazard Road		City West Greenwich	State RI	Zip 02817	
4. Business Phone No. 401-397-6015		5. State of Incorporation RHODE ISLAND			6. SIC Code
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File Date 3/24/04
Check No. 1829
By: u.
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.

Donna J. Carr 3-20-04
Signature of Officer Date
DONNA J. CARR
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer