



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 115535
2. Name of Corporation CIRCA 1700, INC.
3. Street Address Principal Business Office P.O. Box 130 City N. Scituate State RI Zip 02857-0130
4. Business Phone No. 401-934-1541 5. State of Incorporation RHODE ISLAND 6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island 17TH AND 18TH CENTURY RESTORATION, REPRODUCTION AND RELOCATION, GENERAL CONSTRUCTION

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

President Name Warren W. Lanpher			Vice President Name Ellen B. Lanpher		
Street Address P.O. Box 130			Street Address P.O. Box 130		
City N. Scituate	State RI	Zip 02857-0130	City N. Scituate	State RI	Zip 02857-0130
Secretary Name Ellen B. Lanpher			Treasurer Name Warren W. Lanpher		
Street Address P.O. Box 130			Street Address P.O. Box 130		
City N. Scituate	State RI	Zip 02857-0130	City N. Scituate	State RI	Zip 02857-0130

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

Director Name None			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
Number of Shares		
8,000	\$1.00	PAR VALUE

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

ISSUED SHARES	Class Series	Par Value
Number of Shares		
100	Common	No Par Value

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



1 1 5 5 3 5

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.

2-22-05
FILE DATE
4360
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Warren W. Lanpher 1/3/05
Signature of Officer Date
Warren W. Lanpher
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
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401.222.3040

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. 115535		2. Name of Corporation CIRCA 1700, INC.			
3. Street Address Principal Business Office 15 HOPKINS AVENUE			City JOHNSTON	State RI	Zip 02919-
4. Business Phone No. 4019341541		5. State of Incorporation RHODE ISLAND		6. SIC Code 34	
7. Brief Description of the Character of Business Conducted in Rhode Island 17TH AND 18TH CENTURY RESTORATION, REPRODUCTION AND RELOCATION, GENERAL CONSTRUCTION					

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

President Name Warren W. Lanpher			Vice President Name Ellen B. Lanpher		
Street Address P.O. Box 130			Street Address P.O. Box 130		
City N. Scituate	State RI	Zip 02857-0130	City N. Scituate	State RI	Zip 02857-0130
Secretary Name Ellen B. Lanpher			Treasurer Name Warren W. Lanpher		
Street Address P.O. Box 130			Street Address P.O. Box 130		
City N. Scituate	State RI	Zip 02857-0130	City N. Scituate	State RI	Zip 02857-0130

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

Director Name None			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) <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
8,000	\$1.00 PAR VALUE		100	Common	No Par Value

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



1 1 5 5 3 5

115535 DBC 01/09/04 09:44:51 AM
File Date: 2-3-04
Check No.: 530
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]
Signature of Officer: _____
Warren W. Lanpher
Print or Type Name of Officer
President
Title of Officer



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. 115535 2. Name of Corporation CIRCA 1700, INC.
3. Street Address Principal Business Office 15 Hopkins Avenue City Johnston State RI Zip 02919-1523
4. Business Phone No. (401) 934-1541 5. State of Incorporation RHODE ISLAND 6. SIC Code 34

7. Brief Description of the Character of Business Conducted in Rhode Island
17th and 18th century restoration, reproduction and relocation, general construction

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

President Name Warren W. Lanpher	Vice President Name Ellen B. Lanpher
Street Address 15 Hopkins Avenue	Street Address 15 Hopkins Avenue
City Johnston State RI Zip 02919-1523	City Johnston State RI Zip 02919-1253
Secretary Name Ellen B. Lanpher	Treasurer Name Warren W. Lanpher
Street Address 15 Hopkins Avenue	Street Address 15 Hopkins Avenue
City Johnston State RI Zip 02919-1523	City Johnston State RI Zip 02919-1253

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

Director Name None.	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
8,000	\$1.00 PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

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



* 1 1 5 5 3 5 *

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: 2/19/03
Check No: 4180
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: [Signature] Date: 2/10/03
Warren W. Lanpher
Print or Type Name of Officer
President
Title of Officer
5
Form 630 12/02



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. **115535** 2. Name of Corporation **CIRCA 1700, INC.**
3. Street Address Principal Business Office **15 Hopkins Avenue** City **Johnston** State **RI** Zip **02919-1523**
4. Business Phone No. **(401) 934-1541** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island
17th and 18th century restoration, reproduction and relocation, general construction

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

President Name Warren W. Lanpher	Vice President Name Ellen B. Lanpher
Street Address 15 Hopkins Avenue	Street Address 15 Hopkins Avenue
City Johnston State RI Zip 02919-1523	City Johnston State RI Zip 02919-1253
Secretary Name Ellen B. Lanpher	Treasurer Name Warren W. Lanpher
Street Address 15 Hopkins Avenue	Street Address 15 Hopkins Avenue
City Johnston State RI Zip 02919-1523	City Johnston State RI Zip 02919-1253

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

Director Name None	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
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

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



* 1 1 5 5 3 5 *

File Date: 1-16-02
Check No.: 4028
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] 1/12/02
Signature of Officer Date
Warren W. Lanpher
Print or Type Name of Officer
President
Title of Officer



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. **115535** 2. Name of Corporation **CIRCA 1700, INC.**
3. Street Address Principal Business Office **15 Hopkins Avenue** City **Johnston** State **RI** Zip **02919-1523**
4. Business Phone No. **(401) 934-1541** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**
7. Brief Description of the Character of Business Conducted in Rhode Island
17th and 18th century restoration, reproduction and relocation, general construction

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

President Name Warren W. Lanpher	Vice President Name Ellen B. Lanpher
Street Address 15 Hopkins Avenue	Street Address 15 Hopkins Avenue
City Johnston State RI Zip 02919-1523	City Johnston State RI Zip 02919-1253
Secretary Name Ellen B. Lanpher	Treasurer Name Warren W. Lanpher
Street Address 15 Hopkins Avenue	Street Address 15 Hopkins Avenue
City Johnston State RI Zip 02919-1523	City Johnston State RI Zip 02919-1253

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

Director Name None.	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
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

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: **FEB 12 2001**
Check No.:
By: **[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.

[Signature] Date **2/11/2001**
Signature of Officer

Warren W. Lanpher
Print or Type Name of Officer

President
Title of Officer