

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations 1 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filling Period: January 1 - March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 117735 G & H Property Solutions Inc. 3. Street Address Principal Business Office State 0780° 4. Business Phone No. 5. State of Incorporation RHODE ISLAND Brief Description of the Character of Business Conducted in Rhode Island
PAINTING, CARPENTRY, PROPERTY MANAGEMENT, CONSTRUCTION SERVICES President Name Vice President Nume John Street Address Street Address Barrow 05X0E John Street Address RI 02806 OJXX 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State Street Address Street Address State State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Cluss/Series Par Value Number of Shares Class/Scries Par Value 1,000 \$1.00 PAR VALUE 20 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. Date (sassarr Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

Title of Officer



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 \_\_\_\_\_\_\_ 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

2004

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)					
1. Corporate ID No.	2. Name of Corpor	2. Name of Corporation				
117735	G & H Property Solutions Inc					
3 Street Address Principal Business			Cjty	State	Zip	
1 Adelaide Au	R.		Barringron	L RI	01808	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
401-241-918	0	RHODE ISLAND	n			
7. Brief Description of the Character PAINTING, CARPENTE	r of Business Conducted RY, PROPERTY MA	In Rhode Island NAGEMENT, CONSTRUC				
8. NAMES AND ADDRESSE	S OF THE OFFICE	ERS: ("X" BOX FOR ATT	ACHMENT)	PACES BEFORE ÚSI	NG ATTACHMENTS	
President Name	_		Vice President Name	•		
Jordan Hen	clash		John Gasharro			
Street Address			Street Address			
219 Doyle	Acc		1 Adelaide tre			
Providence Secretary Name	State	Zip	City	State A-	Zip	
Providence	IRL	03806	Barmira	KE	O2306	
Secretary Name			Treasurer Name			
Jordan He.	rdrich		John Ga	sbarro		
Street Address			Street Address			
219 byk	fr		1 Adelarde	we		
Providence	State	Zip	City	State	Zip	
Providence	1 RT	02906	Barrows	RI	02806	
9. NAMES AND ADDRESSE	S OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT) 📋 FILL IN	SPACES BEFORE US	SING ATTACHMENTS	
Director Name			Director Name			
				<u>-</u>		
Street Address //	•		Sirrot Address			
/ YU1	2	·	Noe			
City /	State	<i>2.</i> ір	City	State	Zip	
*****************************			:			
Director Name			Director Name			
			<u> </u>			
Street Address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Street Address	None		
1 Vere				1 KO16		
City	State	Zip	City	State	Zip	
	1					
10. SHARES AUTHORIZED	("X" BOX FOR	ATTACHMENT) 🔲 🗀	11. SHARES ISSUED (	X. BOX FOR ATTAC	HMENT) 🗍	
AUTHORIZED SHARES			ISSUED SHARES	<del></del>	···	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
-1,000 \$1.00 PAR VALUE	- <u>;                                    </u>	,	Hone	_	Ov.1#	
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1,000 \$ 1,00		lve				
This report must be	signed in ink by	either the President, Vice	President, Secretary, Assistan	nt Secretary, Treasure	r, Receiver or Trustee	

* 1 1 7 7 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
Ell ED 10, 11 60   C7 65.1	contained herefit are true and correct.
Check No	Signature of Officer  John Gasbarra  Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Vice Progration. Title of Officer



PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2003





Filing Perioa: January 1	-march 1 • F	ing ree: \$50.00			IZZIKCCHOZY
(FORM MUST BE TYPED OR PRINTEL		. <del> </del>			
1. Corporate ID No.	2. Name of Corporation				
117735  3. Street Address Principal Business Of	G & H Property	Solutions Inc	City	State	Zip .
	•		Barringion	RI	Q38CX
1 HUCLAINE MY		S. State of Incorporation	20, 11, 19,10	'—	. 6. SIC Code
401-247-9780		RHODE ISLAND			: .
7. Brief Description of the Character of	Business Conducted in Rh			~	
General Coni	ractor				
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
President Name	1		Vice President Name		
Jordan Herdri	<b>ا</b> ل	•	: John Gasba	rro	
Street Address			Street Address	1.	
319 Doyk he	State	Zlp -	City Avelaide	. State	Zin
Provide	D'T	2.17	Baringres	"RI	OZYOK
Secretary Name	., /	*** ******* : * ** ******	Treasurer Name		
Jacobs Hooley			Jaka Gocha	~~.~~	
Street Address		•	Street Address		•
314 Dark for			: I Adelaide A	ue_	
City	State	Zip	City	State	Zip
Provider	杜		Baringian	R.E.	· , , , , , , , , , , , , , , , , , , ,
	ES OF THE DIRECT	FORS ("X" BOX FOR ATTA		ES BEFORE USING AT	TACHMENTS
Director Name			Director Name		,
None		-	Street Address	<u>.</u> .	•
Street Address			:		
City	State	· * Zip	, City	- State	!
1		4 - T	:		, ,
Director Name			Director Name	······································	.,,
More.	•		: Hoc		
Street Address	-	-	Street Address		,
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City	State	Zip	City	State	' Zip
		, <u>.</u>			
10. SHARES AUTHORIZED	("X" BOX FOR ATTACE	IMENT) I	11. SHARES ISSUED (	'X" BOX FOR ATTACHME	ינוא ן
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	– Par Value
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1,000 \$1.00 PAR VALUE			1		•
· · <del>·</del>	<u> </u>	<del></del>			
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This report must be signed	d in ink hy either	the President, Vice P	resident. Secretary. Assi	stant Secretary, Trea	surer. Receiver or Trustee
			7,	,,	
		IAN ILDI	Under penalty of pe	rtury, I declare and aff	irm that I have examined
* 1	17735	*			chedules and statements, and
	4/12	·	that all statements of	contained herein are tr	ue and correct.
zalebacz w www.	2)(10)				
	1348		Signature of Officer		Date
Check No.:	1041	<del>,      </del>		hame	
	R		Print or Type Name of O	155aN	
Ву:				usily T	
FOR SECRETARY OF STATE USE ON	RLY		Title of Officer	V31W1 /	
			<b>5</b> 5		Ferni 630 12102



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



Form 630 12/01

(FORM MUST BE TYPED IN	I BLACK)				
. Corporate ID No.	2. Name of Gorpo	ration	··		
117735	G&HPro	perty Solutions Inc			
. Street Address Principal Bus	1 1		City	State	ZIp
1_Hdelan	deAve		Barringion	2. 1人工	
Business Phone No.	0.00	5. State of Incorporatio	n ·		6. SIC Code
401-241-91	180	RHODE ISLAM	ID 		
Brief Description of the Cha		d in Rhode Island			
CONST ruc					ن من بنوستان مند منسب
. NAMES AND ADD	KESSES OF THE OF	FICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATT	ACHMENTS
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219 0.1	L. Aug.		1 Adelando	1	
1 - 1 - Poy	State	ZIp	City	State_	Zip
Drovidace.	RI	02906	Barringian	RI	0280
cretary Name	1/ 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Treasurer Name		***************************************
Jordan S.	Herevic)_		John_A	- 6as barr	
treet Address	1		Street Address	1	
219_Uog/-	the		!_ Melaide	/te	·····
"D	'State	Zip	City <b>Q</b>	State	Zip
TOUINOLE	ELL KI	02906_	Barnjan		CA 800
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N.			<i>l</i> / <sub></sub>		
treet Address			Street Address	<del></del>	<del></del>
	4 1 1				
City	State 4	Zip	City	State	Zip
			•		
Director Name	, ,	• 1 °	Director Nume	•••••••	*************************
- /Yore		Nune		<del></del>	
treet Address			Street Address		
Cuy	State	Zip	City	(Elete	197-
,,	1	1219	City	State	2.ip
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AUTHORIZED SHARES		THOMPSON TO CO.	ESUED SHARES	V V BOV LOK WINCHWE	"'
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$1.00 PAR VAL		<del></del>	4/		
		<u> </u>	None		
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his report must be s	igned in ink by ei	ther the President Vic	President Secretary As	sistant Secretary Tres	surer, Receiver or Trusto
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			Under penalty of	nerlury I declare and aff	irm that I have examined
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	121/12			s contained herein are tr	
FILE Date:		· · · · · · · · · · · · · · · · · · ·	<del></del>		
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Check No.:	<i></i>		Signorate of Officer	<i>~</i> 1 <i>&gt;</i>	Date
0-	_		John A.	Gasbara	,,,,,,,,
Ву:	·	<del></del>	Print or Type Name of		
FOR SECRETARY OF STATE L	JSE ONLY			President	
			Title of Officer		

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