



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 02903-1333
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)

1. Corporate ID No 136639		2. Name of Corporation Desmar Associates, Inc.			
3. Street Address Principal Business Office 129 Shamrock Drive		City Warwick	State RI	Zip 02886	
4. Business Phone No 401-739-4924		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION SERVICES IN PAVING, EXCAVATION, LANDSCAPING, CONCRETE SITE DEVELOPMENT AND LAND DEVELOPMENT, NOT TO EXCLUDE RENTAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James E. Feeney III			Vice President Name Desiree Perry		
Street Address 129 Shamrock Dr.			Street Address 45 Pequot Ave		
City War.	State RI	Zip 02886	City War	State RI	Zip 02886
Secretary Name Mary Feeney			Treasurer Name Gary Perry		
Street Address 129 Shamrock Dr.			Street Address 45 Pequot		
City War.	State RI	Zip 02886	City War.	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS ABOVE			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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES NONE		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE					

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



File Date	2.2.05
Check No.	1020
By:	2c
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: James E. Feeney III Date: 1/26/05
Print or Type Name of Officer: James E. Feeney III
Title of Officer: President