

FOR SECRETARY OF STATE USE ONLY

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 OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 123039 H+M DESIGN SERVICES, PC 3. Street Address Principal Business Office State Jackson 5. State of Incorporation **TENNESSEE** 31)664-6300 Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL DESIGN SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address Street Address State Zip Street Address City Ζф Jacksor 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Jeorge Sirret Address Ciŋ. Zip. Jackson Director Name Street Address Street Address City 7.Ip City State Z.ſp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM \$1.00 PAR VALUE 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. File Date



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(FORM MUST BE TYPED O	R PRINTED IN BLACK)	· ·					
1. Corporate ID No.	Corporate ID No. 2. Name of Corporation						
123039		SN SERVICES, PC					
3. Street Address Principal Bi	• 1 7	_	JACKSON	State	38305		
4 Business Phone No 731. 66	L. 6330	5. State of Incorporation TENNESSEE			6. SIC Code 7682		
7 Brief Description of the Ch	aracter of Business Conduct		·				
	L DESIGN SERVICES						
8. NAMES AND AUDK President, Name	ESSES OF THE OFFIC	CERS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USING	5 ATTACHMENTS		
Kennoth M. LASLEY			NONE				
Sircel Address 50 Secure	ity DR		Street Address				
CITY	State	^{21p} 38305	City	State	Zip		
Secretary Name		1 20902	Treasurer Name				
Serving Name			1,000	Linda / Pueta			
Sireci Address		<u> </u>	Street Address	· · · · ·			
50 Secu	Roto DR		50 Decin	eita DR			
City V-	State	38305	City - 1 -	State	200		
9. NAMES AND ADDR	T / N ESSES OF THE DIREC	しょうしょうしょうしょう (************************************	ATTACHMENT) FILL	N SPACES BEFORE USI	こりつし NG ATTACHMENTS		
Director Name	1 1	0.0.0. (). 20% / 0	Director Name	in divided Bell dile data			
Kenneth	M. LASIE	γ	None	·			
sinei Address 50 Secu	eita DR		Street Address				
TAN	State	^{zip} 38305	City	State	Zίρ		
Director Name	1	1 20202	Director Name				
None			None	· 1.			
Street Address			Street Address				
Cir.	I e	174		I e	70		
City	State	Zíp	City	State	Zip		
10. SHARES AUTHOR AUTHORIZED SHARES	IZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)		
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value		
1,000 COMM \$1.00 P.	AR VALUE		100	Common	1.00		
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this report int	ist be signed in the o	y either the President, vic	e President, Secretary, Assist	ant Secretary, Treasurer,	Receiver of Trustee		
	A CERTER HIGH HIGHE CHAIL REICH	4111 0 (041 100)					
			Under penalty of pe	erjury, I declare and affirm t	hat I have examined this report,		
 -	* 1 2 3 0 3	3_9_ *	including any acco	mpanying schedules and sta	tements, and that all statements		
7-1	7-07	İ	continued herein ar	commined herein are true and correct			
File Date	2-02		Inla	Signature of Officer Date			
Check No. 007984			Signature of Officer	Signature of Officer Date			
0/11/0-			Print or Time Name	LINGA L. CURTIS			
				Print or Type Name of Officer			
FOR SECRETARY OF STATE USE ONLY			OCCRe Title of Officer				



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Screet, Providence, RI 02903-1335 401-222-3040

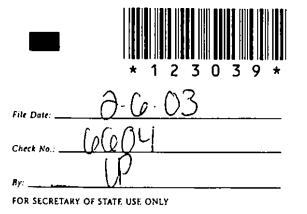
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003



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

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Under penalty of perjury, I declare and affi	irm that I have examined
this report, including any accompanying so	chedules and statements, and
that all statements contained herein are to	ue and correct.
Kinds Curtis	1.31.03
Signature of Officer	Date
Linda Curtis	
Print or Type Name of Officer	
DEC/Treasurer	
This of Office.	

Form 630 12/02