



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. 72939		2. Name of Corporation INTERBUILD, INC.			
3. Street Address Principal Business Office 103 HIGGINSON AVE			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-728-7080		5. State of Incorporation RHODE ISLAND		6. SIC Code 414	
7. Brief Description of the Character of Business Conducted in Rhode Island INTERIOR CARPENTRY; INSTALLATION OF CASEWORK AND MILLWORK					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT WOTHERSPOON			Vice President Name		
Street Address 39 ROCKRIDGE AVE.			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
1,000 NO PAR VALUE			None		

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



File Date **FILED**
Check No. **MAR 03 2005 7667**
By: **ICB**
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 **ROBERT WOTHERSPOON** Date **1/10/05**
Print or Type Name of Officer
PRESIDENT
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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72939		2. Name of Corporation INTERBUILD, INC.			
3. Street Address Principal Business Office 103 HIGGINSON AVENUE			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 4017287080		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island INTERIOR CARPENTRY; INSTALLATION OF CASEWORK AND MILLWORK					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Wotherspoon			Vice President Name -		
Street Address 39 Rock Ridge Road			Street Address -		
City Lincoln	State RI	Zip 02865	City -	State -	Zip -
Secretary Name -			Treasurer Name -		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	Zip -
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name -			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
1,000	NO PAR VALUE		0		

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



7 2 9 3 9

72939 DBC 01/05/04 09:38:01 AM

File Date 2-05-04

Check No. 6853

By: RP

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 [Signature] Date 1/8/04

Robert Wotherspoon

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. 72939		2. Name of Corporation INTERBUILD, INC.			
3. Street Address Principal Business Office 103 HIGGINSON AVE.			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-728-7080		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island Contractor of Millwork Casework + Remodeling					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT WOTHERSPOON			Vice President Name		
Street Address 39 ROCK RIDGE ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 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	NO PAR VALUE		0		

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



* 7 2 9 3 9 *

FILED

File Date: MAR 21 2003
Check No.: _____
By: COV 6071

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: [Signature] Date: 11/13/02
Print or Type Name of Officer: ROBERT WOTHERSPOON
Title of Officer: PRESIDENT



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. 72939		2. Name of Corporation INTERBUILD, INC.			
3. Street Address Principal Business Office 103 HIGGINSON AVE			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401 728 7080		5. State of Incorporation RHODE ISLAND		6. SIC Code 414	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT WOTHERSPON			Vice President Name NONE		
Street Address 39 ROCKRIDGE ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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	NO PAR VALUE		0		

RECEIVED
 SECRETARY OF STATE
 FEB 19 10 59 AM '02

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



* 7 2 9 3 9 *

FILED

File Date: FEB 19 2002

Check No.: By: [Signature] 281300

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] 2/5/02
Signature of Officer Date

ROBERT WOTHERSPON
Print or Type Name of Officer

PRES
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. 72939		2. Name of Corporation INTERBUILD, INC.	
3. Street Address Principal Business Office 300 Front Street		City Lincoln,	State RI
		Zip 02865	
4. Business Phone No. 401-728-7080		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 974	
7. Brief Description of the Character of Business Conducted in Rhode Island Interior carpentry; installation of casework and millwork.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert W. Wotherspoon		Vice President Name same as President	
Street Address 39 Rockridge Road		Street Address	
City Lincoln	State RI	City	State
	Zip 02865		Zip
Secretary Name Same as President		Treasurer Name Same as President	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None.		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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	Number of Shares	Class/Series
1,000 NO PAR VALUE		None.	
Par Value		Par Value	

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



File Date: 1/29

Check No.: 4139

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] 1-25-01
Signature of Officer Date

Robert W. Wotherspoon
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72939		2. Name of Corporation INTERBUILD, INC.	
3. Street Address Principal Business Office 300 Front Street		City Lincoln	State RI
4. Business Phone No. 401-728-7080		5. State of Incorporation RHODE ISLAND	Zip 02865
6. SIC Code 414			
7. Brief Description of the Character of Business Conducted in Rhode Island Interior carpentry; installation of casework and millwork.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert W. Wotherspoon		Vice President Name same as President	
Street Address 39 Rockridge Road		Street Address	
City Lincoln	State RI	Zip 02865	
Secretary Name Same as President		Treasurer Name same as President	
Street Address		Street Address	
City	State	Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None.		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input 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
1,000	NO PAR VALUE		None.

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



* 7 2 9 3 9 *

1/10/00

File Date: _____

Check No.: 3293

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] 1-6-00
Signature of Officer Date
Robert W. Wotherspoon
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 72939		2. Name of Corporation INTERBUILD, INC.			
3. Street Address Principal Business Office 300 Front Street			City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-728-7080		5. State of Incorporation RHODE ISLAND			6. SIC Code 0414
7. Brief Description of the Character of Business Conducted in Rhode Island Interior carpentry; installation of casework and millwork.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert W. Wotherspoon			Vice President Name same as President		
Street Address 39 Rockridge Rd.			Street Address		
City Lincoln,	State RI	Zip 02865	City	State	Zip
Secretary Name Same as President			Treasurer Name same as President		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 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
1,000 NO PAR VALUE			None.		

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



* 7 2 9 3 9 *

File Date: Jan 25, 99
Check No.: 2450
By: JD.

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.

1-11-99
Signature of Officer: [Signature] Date
Robert W. Wotherspoon
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72939 2. Name of Corporation Interbuild, Inc.
3. Street Address Principal Business Office 300 Front Street City Lincoln State RI Zip 02865
4. Business Phone No. (401) 728-7080 5. State of Incorporation Rhode Island 6. SIC Code 0414
7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION COMPANY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Robert Wotherspoon</u> Street Address <u>300 Front Street</u> City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u> Secretary Name <u>Leo Brousseau</u> Street Address <u>36 Hemlock Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Vice President Name <u>Gayle Brousseau</u> Street Address <u>36 Hemlock Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u> Treasurer Name <u>Leo Brousseau</u> Street Address <u>36 Hemlock Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>None.</u> Street Address <u>None.</u> City <u>None.</u> State <u>None.</u> Zip <u>None.</u>	Director Name <u>None.</u> Street Address <u>None.</u> City <u>None.</u> State <u>None.</u> Zip <u>None.</u>
Director Name <u>None.</u> Street Address <u>None.</u> City <u>None.</u> State <u>None.</u> Zip <u>None.</u>	Director Name <u>None.</u> Street Address <u>None.</u> City <u>None.</u> State <u>None.</u> Zip <u>None.</u>

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000	Common	No Par

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

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

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

File Date: 7.8.98
Check No.: 2009
By: ICP

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: [Signature] Date: 7/7/98
Robert Wotherspoon
Print or Type Name of Officer
President
Title of Officer

December 3, 1997

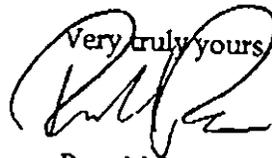
Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903

RE: Interbuild, Inc. - Permission To Use Name

To whom it may concern:

International Building Corp. hereby authorizes the use of the corporate name "Interbuild, Inc." If you have any questions regarding this authorization, please do not hesitate to contact me at (401) 434-1722.

Very truly yours



Ronald Rose
President
International Building Corp.
180 Warren Ave.
East Providence, R.I. 02914

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
FEB 11 3 48 PM '98



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72939 2. Name of Corporation Interbuild, Inc.

3. Street Address Principal Business Office 300 Front Street City Lincoln State R.I. Zip 02865

4. Business Phone No. (401) 728-7080 5. State of Incorporation Rhode Island 6. SIC Code _____

7. Brief Description of the Character of Business Conducted in Rhode Island _____

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

<p>President Name <u>Robert Wotherspoon</u></p> <p>Street Address <u>300 Front Street</u></p> <p>City <u>Lincoln</u> State <u>R.I.</u> Zip <u>02865</u></p>	<p>Vice President Name <u>Robert Wotherspoon</u></p> <p>Street Address <u>300 Front Street</u></p> <p>City <u>Lincoln</u> State <u>R.I.</u> Zip <u>02865</u></p>
<p>Secretary Name <u>Robert Wotherspoon</u></p> <p>Street Address <u>300 Front Street</u></p> <p>City <u>Lincoln</u> State <u>R.I.</u> Zip <u>02865</u></p>	<p>Treasurer Name <u>Robert Wotherspoon</u></p> <p>Street Address <u>300 Front Street</u></p> <p>City <u>Lincoln</u> State <u>R.I.</u> Zip <u>02865</u></p>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

<p>Director Name <u>None</u></p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>Director Name <u>None</u></p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p>
<p>Director Name <u>None</u></p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>Director Name <u>None</u></p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p>

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>Common</u>	<u>No Par</u>	<u>200</u>	<u>Common</u>	<u>No Par</u>

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

FILED

FEB 11 1998

By CC#43
148985

File Date: _____ 86. 11 8th E 11 FEB

Under penalty of perjury, I declare and affirm that I have examined this report, including an accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 12.16.97

Check No.: _____

By: _____

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
Robert Wotherspoon
Print or Type Name of Officer
President
Title of Officer

6
PROFIT CORPORATION ANNUAL REPORT 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72939		2. Name of Corporation Interbuild, Inc.			
3. Street Address Principal Business Office 300 Front Street			City Lincoln	State R.I.	Zip 02865
4. Business Phone No. (401) 728-7080		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island					

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Robert Wotherspoon			Vice President Name Gayle Brousseau		
Street Address 300 Front Street			Street Address 36 Hemlock Street		
City Lincoln	State R.I.	Zip 02865	City Providence	State R.I.	Zip 02903
Secretary Name Leo Brousseau			Treasurer Name Leo Brousseau		
Street Address 36 Hemlock Street			Street Address 36 Hemlock Street		
City Providence	State R.I.	Zip 02903	City Providence	State R.I.	Zip 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED AND 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	Common	No Par	200	Common	No Par

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

FILED

FEB 11 1998

File Date: _____ By _____

Check No.: _____

By: _____

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: _____ Date: 12/16/97

Robert Wotherspoon
Print or Type Name of Officer

President
Title of Officer

SECRETARY OF STATE
CORPORATIONS DIV.
FEB 11 3 48 PM '98



PROFIT CORPORATION ANNUAL REPORT 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72939		2. Name of Corporation Interbuild, Inc.	
3. Street Address Principal Business Office 300 Front Street		City Lincoln	State R.I.
4. Business Phone No. (401) 728-7080		5. State of Incorporation Rhode Island	6. SIC Code 02865
7. Brief Description of the Character of Business Conducted in Rhode Island			

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Robert Wotherspoon		Vice President Name Gayle Brousseau	
Street Address 300 Front Street		Street Address 36 Hemlock Street	
City Lincoln	State R.I.	City Providence	State R.I.
Zip 02865		Zip 02903	
Secretary Name Leo Brousseau		Treasurer Name Leo Brousseau	
Street Address 36 Hemlock Street		Street Address 36 Hemlock Street	
City Providence	State R.I.	City Providence	State R.I.
Zip 02903		Zip 02903	

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	

10. SHARES AUTHORIZED AND 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	Common	No Par	200	Common	No Par

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

FILED
FEB 11 1998

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
Date: 12/6/97

Robert Wotherspoon
Print or Type Name of Officer
President
Title of Officer

File Date: _____ By: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

86. Hd 8h E



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72939	2. Name of Corporation Interbuild, Inc.		
3. Street Address Principal Business Office 300 Front Street	City Lincoln	State R.I.	Zip 02865
4. Business Phone No. (401) 728-7080	5. State of Incorporation Rhode Island	6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island			

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Robert Wotherspoon	Vice President Name Gayle Brousseau
Street Address 300 Front Street	Street Address 36 Hemlock Street
City Lincoln	City Providence
State R.I.	State R.I.
Zip 02865	Zip 02903
Secretary Name Leo Brousseau	Treasurer Name Leo Brousseau
Street Address 36 Hemlock Street	Street Address 36 Hemlock Street
City Providence	City Providence
State R.I.	State R.I.
Zip 02903	Zip 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED AND 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	Common	No Par	200	Common	No Par

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

FILED

FEB 11 1998

File Date: _____ By: CL #63
108985

Check No.: _____

By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including all accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: _____ Date: 12/6/97

Robert Wotherspoon
Print or Type Name of Officer

President
Title of Officer

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