



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
199 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. 41440		2. Name of Corporation DESIGN CONTRACTORS, INC.			
3. Street Address Principal Business Office 114 Taber Avenue			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 751-6363		5. State of Incorporation RHODE ISLAND		6. SIC Code 414	
7. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTUAL RESIDENTIAL REMODELING MANAGEMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael E. Blais			Vice President Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
Same as above			Same as above		
Secretary Name Lisa B. Blais			Treasurer Name Lisa B. Blais		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Same as above			Same as above		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael E. Blais			Director Name Lisa B. Blais		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Same as above			Same as above		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
600 NO PAR VALUE			Par Value		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
NONE			Par Value		

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



File Date 2.22.05
Check No. 7052
By: C
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 2/17/05
Print or Type Name of Officer Lisa B. Blais
Title of Officer Vice Treasurer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 41440		2. Name of Corporation DESIGN CONTRACTORS, INC.			
3. Street Address Principal Business Office 114 TABER AVENUE			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 751-10363		5. State of Incorporation RHODE ISLAND		6. SIC Code 414	
7. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTURAL RESIDENTIAL REMODELING MANAGEMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael E. Blais			Vice President Name		
Street Address Same as above			Street Address		
City Same as above	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name Lisa B. Blais		
Street Address			Street Address Same as above		
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 Michael E. Blais			Director Name Lisa B. Blais		
Street Address Same as above			Street Address Same as above		
City Same as above	State	Zip	City	State	Zip
Director Name			Director Name Same as above		
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
600	NO PAR VALUE		None		

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



FILED 4 0 *

File Date MAR 01 2004
Check No. By 7341 GAO
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.

James M. Blais 2/25/04
Signature of Officer Date

Lisa B. Blais
Print or Type Name of Officer

Joe [Signature]
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. **41440**
2. Name of Corporation **DESIGN CONTRACTORS, INC.**
3. Street Address Principal Business Office
114 TABER AVENUE
4. Business Phone No. **(401) 751-6363**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Remodeling Contractor

City **PROVIDENCE** State **R.I.** Zip **02906**
6. SIC Code **414**

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

President Name **Michael E. Blais**
Street Address **Same as above**
City **Same as above** State **State** Zip **Zip**

Vice President Name
Street Address
City State Zip

Secretary Name **Lisa B. Blais**
Street Address **Same as above**
City **Same as above** State **State** Zip **Zip**

Treasurer Name **Lisa B. Blais**
Street Address **Same as above**
City **Same as above** State **State** Zip **Zip**

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

Director Name **Michael E. Blais**
Street Address **Same as above**
City **Same as above** State **State** Zip **Zip**

Director Name **Lisa B. Blais**
Street Address **Same as above**
City **Same as above** State **State** Zip **Zip**

Director Name **Same as above**
Street Address
City State Zip

Director Name **Same as above**
Street Address
City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	NO	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	NONE		

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



* 4 1 4 4 0 *

File Date: 2/19/03
Check No.: 7134
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 of Officer: [Signature] Date: 2/14/03
Print or Type Name of Officer: Lisa B. Blais
Title of Officer: Sec Treasurer



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. **41440**
2. Name of Corporation **DESIGN CONTRACTORS, INC.**
3. Street Address Principal Business Office
114 TABER AVENUE
4. Business Phone No. **401-751-6363**
5. State of Incorporation **RHODE ISLAND**

City **PROVIDENCE** State **RI** Zip **02906**
6. SIC Code **414**

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

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

President Name **MICHAEL E BLAIS**
Street Address **114 TABER AVENUE**
City **PROVIDENCE** State **RI** Zip **02906**

Vice President Name **MICHAEL E BLAIS**
Street Address **114 TABER AVE**
City **PROVIDENCE** State **RI** Zip **02906**

Secretary Name **LISA B BLAIS**
Street Address **114 TABER AVENUE**
City **PROVIDENCE** State **RI** Zip **02906**

Treasurer Name **LISA B BLAIS**
Street Address **114 TABER AVENUE**
City **PROVIDENCE** State **RI** Zip **02906**

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

Director Name **MICHAEL E BLAIS**
Street Address **114 TABER AVE**
City **PROVIDENCE** State **RI** Zip **02906**
Director Name **LISA B BLAIS**
Street Address **114 TABER AVE**
City **PROVIDENCE** State **RI** Zip **02906**

Director Name **NONE**
Street Address **NONE**
City **NONE** State **NONE** Zip **NONE**
Director Name **NONE**
Street Address **NONE**
City **NONE** State **NONE** Zip **NONE**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 4 1 4 4 0 *

File Date: 1-23-02
Check No.: 6900
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 of Officer: [Signature] Date: 1/31/02
Print or Type Name of Officer: L BLAIS
Title of Officer: Secretary



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. **41440** 2. Name of Corporation **DESIGN CONTRACTORS, INC.**
3. Street Address Principal Business Office **114 TABER AVENUE** City **PROVIDENCE** State **RI** Zip **02906**
4. Business Phone No. **401-757-6363** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**
7. Brief Description of the Character of Business Conducted in Rhode Island
Contractor residential remodeler/retention

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

President Name Michael E. Blais Street Address 114 TABER AVENUE City PROVIDENCE State RI Zip 02906	Vice President Name Michael E. Blais Street Address 114 Taber Avenue City Providence State RI Zip 02906
Secretary Name LISA B BLAIS Street Address 114 TABER AVENUE City PROVIDENCE State RI Zip 02906	Treasurer Name LISA B. BLAIS Street Address 114 TABER AVE City PROVIDENCE State RI Zip 02906

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

Director Name NONE Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 4 1 4 4 0 *

4-12-01

File Date: _____

60612

Check No.: _____

ce

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.

Lisa B Blais 2/26/01
Signature of Officer Date

Lisa B Blais
Print or Type Name of Officer

Secretary
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. **41440** 2. Name of Corporation **DESIGN CONTRACTORS, INC.**
3. Street Address Principal Business Office
114 TABER AVENUE
4. Business Phone No. **401-757-6363** 5. State of Incorporation **RHODE ISLAND**

City **PROVIDENCE** State **RI** Zip **02906**
6. SIC Code **414**

7. Brief Description of the Character of Business Conducted in Rhode Island
Contracted residential remodel'g mgmt.

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

President Name **MICHAEL E. BLAIS**
Street Address **114 TABER AVENUE**
City **PROVIDENCE** State **R.I.** Zip **02906**

Vice President Name **NONE**
Street Address
City State Zip

Secretary Name **Lisa B. Blais**
Street Address **114 TABER AVENUE**
City **PROVIDENCE** State **R.I.** Zip **02906**

Treasurer Name **Lisa B. Blais**
Street Address **114 TABER AVENUE**
City **PROVIDENCE** State **R.I.** Zip **02906**

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

Director Name **NONE**
Street Address
City State Zip

Director Name **NONE**
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 4 1 4 4 0 *

File Date: 1/27/00
Check No.: 6210
By: ce

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 1/17/00
Print or Type Name of Officer L.B. Blais
Title of Officer Sec/Treas.



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. **41440** 2. Name of Corporation **DESIGN CONTRACTORS, INC.**
3. Street Address Principal Business Office **114 TABER AVENUE** City **PROVIDENCE** State **RI** Zip **02906**
4. Business Phone No. **401-751-6363** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**

7. Brief Description of the Character of Business Conducted in Rhode Island
BUILDING & REMODELING

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

President Name MICHAEL E. BLAIS	Vice President Name NONE
Street Address 114 TABER AVE.	Street Address NONE
City PROV State RI Zip 02906	City NONE State NONE Zip NONE
Secretary Name NONE	Treasurer Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

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

Director Name MICHAEL E. BLAIS	Director Name NONE
Street Address 114 TABER AVE	Street Address NONE
City PROV. State RI Zip 02906	City NONE State NONE Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

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

AUTHORIZED SHARES	Class/Series	Par Value
600 SHS NO PAR		

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

ISSUED SHARES	Class/Series	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: Jul 26, 1999
Check No.: 0943
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 of Officer: [Signature] Date: 7/20/99
Print or Type Name of Officer: MICHAEL E. BLAIS
Title of Officer: PRESIDENT



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. **41440** 2. Name of Corporation **DESIGN CONTRACTORS, INC.**
3. Street Address Principal Business Office **114 Taber Avenue** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **751-6363** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**
7. Brief Description of the Character of Business Conducted in Rhode Island
general contractor

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

President Name Michael E. Blais Street Address 114 Taber Ave. City Providence State RI Zip 02906	Vice President Name Street Address City State Zip
Secretary Name Lisa B. Blais Street Address 114 Taber Avenue City Providence State RI Zip 02906	Treasurer Name Street Address City State Zip

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR

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

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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



* 4 1 4 4 0 *

File Date: 3.10.98
Check No.: 5590
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] 1/30/98
Signature of Officer Date
LB Blais
Print or Type Name of Officer
Sac
Title of Officer



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. **41440** 2. Name of Corporation **DESIGN CONTRACTORS, INC.**
3. Street Address Principal Business Office **114 Taber Avenue** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **401-751-6363** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**
7. Brief Description of the Character of Business Conducted in Rhode Island

Design, Remodeling

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

President Name Michael E. Blais Street Address 114 Taber Avenue City Providence State RI Zip 02906	Vice President Name Street Address City State Zip
Secretary Name Lisa B. Blais Street Address 114 Taber Avenue City Providence State RI Zip 02906	Treasurer Name same entry as sec. Street Address City State Zip

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address 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
600 SHS NO PAR			NONE		

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



File Date: 3-14-97
Check No.: 5201
By: LP

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: 3/1/97
Print or Type Name of Officer: LBBlais
Title of Officer: [Signature]

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO 41440 2 NAME OF CORPORATION DESIGN CONTRACTORS, INC.

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 114 Taber Avenue CITY Providence STATE RI ZIP CODE 02906

4 BUSINESS PHONE NO 401-751-6363 5 STATE OF INCORPORATION RHODE ISLAND 6 SIC CODE 0414

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Design, remodeling

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Michael E. Blais VICE PRESIDENT NAME

STREET ADDRESS 114 Taber Avenue STREET ADDRESS

CITY Providence STATE RI ZIP CODE 02906 CITY STATE ZIP CODE

SECRETARY NAME Lisa B. Blais TREASURER NAME same entry as secretary

STREET ADDRESS 114 Taber Avenue STREET ADDRESS

CITY Providence STATE RI ZIP CODE 02906 CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME DIRECTOR NAME

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

DIRECTOR NAME DIRECTOR NAME

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR		600 SHS		NONE

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: 3/26/96

Check No: 4894

By: *[Signature]*
For Secretary of State Use Only

[Signature]
Signature of Officer

Lisa B. Blais
Print or Type Name of Officer

Sec.
Title of Officer

2/26/96
Date



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0041440 Annual Report for the year: 1995

Name of Corporation: DESIGN CONTRACTORS, INC.

Business entity organized under the laws of the State of: R.I.
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGI, Chapter 7-1.1)
 Professional Service Corporation (See RIGI, Chapter 7-5.1)

Phone: (401) 751-6363
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
114 Taber Avenue
Providence, RI 02906
 Phone: (401) 751-6363

Brief statement of the character of business conducted in Rhode Island:
General construction

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Michael E. Blais</u>	<u>114 Taber Avenue</u>	<u>Providence,</u>	<u>RI 02906</u>
VICE PRESIDENT			
SECRETARY <u>Lisa B. Blais</u>			
TREASURER <u>Lisa B. Blais</u>	<u>Same</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>None - close corporation</u>			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>600</u>	<u>Common</u>	<u>600</u>	<u>Common</u>
	<u>no par value</u>		<u>no par value</u>

Date: 2/21, 19 95
 By: [Signature]
 PRINT OR TYPE NAME OF OFFICER SIGNING: Lisa B. Blais
 TITLE OF OFFICER SIGNING: Secretary

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MICHAEL E. BLAIS
 114 TABER AVENUE
 PROVIDENCE RI 02906

FILED

FEB 24 1995

By: PAR
#4541

File Annually
 LLC: Sept. 1 - Nov. 1
 CORP: Jan. 1 - March 1

PLEASE TYPE or PRINT
 State of Rhode Island and Providence Plantations
 Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

Filing Fee \$50.00
 Payable to:
 Secretary of State

0041440

1994

Corporate ID: _____ Annual Report for the year: _____

Name of Business Entity: DESIGN CONTRACTORS, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

114 Taber Avenue
Providence, RI 02906

✓ Phone: (401) 751-6363

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:
Michael E. Blais, President
114 Taber Avenue
Providence, RI 02906

Brief statement of the character of business conducted in Rhode Island:
General Construction

Date of Organization: January 7, 1987

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Michael E. Blais</u>	<u>114 Taber Avenue</u>	<u>Providence, RI</u>	<u>02906</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) <u>none</u>			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Lisa Blais</u>	<u>same</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Lisa Blais</u>	<u>same</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>none - a close corporation</u>			

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>600</u>	NUMBER	<u>100</u>
CLASS	<u>common</u>	CLASS	<u>common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>no par value</u>	PAR VALUE OR WITHOUT PAR	<u>no par value</u>

[Handwritten Signature]

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

PLP ✓
3792

Corporate ID 0041440 Annual Report for the year 1993

FIRST: The name of the corporation is DESIGN CONTRACTORS, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is GENERAL CONSTRUCTION

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 114 Taber Avenue, Providence, R.I. 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>none - close corporation</u>	<u>Director</u>	
	<u>Director</u>	
	<u>Director</u>	
<u>Michael E. Blais</u>	<u>President</u>	<u>114 Taber Avenue, Providence, RI 02906</u>
<u>none</u>	<u>Vice President</u>	
<u>Lisa B. Blais</u>	<u>Secretary</u>	<u>same</u>
<u>Lisa B. Blais</u>	<u>Treasurer</u>	<u>PAID</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>600</u>	<u>common</u>

MAR 02 1993 Par Value or statement that shares are without par value
 Series **SEC'Y OF STATE** no par value
PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>600</u>	<u>common</u>

MAR 02 Par Value or statement that shares are without par value
 Series **SEC'Y OF STATE** no par value

Dated January 18 19 93 DESIGN CONTRACTORS, INC.

(Name of Corporation)
By *Michael E. Blais*
Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

JTH ck 3297

Corporate ID 0041440 Annual Report for the year 1992

FIRST: The name of the corporation is DESIGN CONTRACTORS, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is GENERAL CONSTRUCTION

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 114 TABER AVENUE, PROVIDENCE, RI
02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
none-a close corporation	Director	
	Director	
	Director	
MICHAEL E. BLAIS	President	114 Taber Avenue, Providence, R I
none	Vice President	
Lisa Blais	Secretary	same
Lisa Blais	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common	PAID	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	SEC'Y OF STATE	no par value

Dated January 14, 1992 19.....

DESIGN CONTRACTORS, INC.
(Name of Corporation)

By [Signature]
PRESIDENT

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0041440 Annual Report for the year 1991

FIRST: The name of the corporation is DESIGN CONTRACTORS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general construction company

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 114 Taber Avenue, Providence, 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>none, a close corporation</u>	<u>Director</u>	
	<u>Director</u>	
	<u>Director</u>	
<u>MICHAEL E. BLAIS</u>	<u>President</u>	<u>114 Taber Ave. Providence, RI 02906</u>
<u>none</u>	<u>Vice President</u>	
<u>LISA BLAIS</u>	<u>Secretary</u>	<u>" "</u>
<u>LISA BLAIS</u>	<u>Treasurer</u>	<u>" "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>common</u>		<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>common</u>		<u>no par value</u>

Dated January 7 19 91

DESIGN CONTRACTORS, INC.
(Name of Corporation)

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)

REC'D & FILED
FEB 28 1991

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0041440 Annual Report for the year 1990

FIRST: The name of the corporation is DESIGN CONTRACTORS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general construction company

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

116 Waterman St. Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

none, a close corporation Director

Director

Director

MICHAEL E. BLAIS President 114 Taber Ave. Providence, RI 02906

NONE Vice President

LISA BLAIS Secretary " " " "

LISA BLAIS Treasurer " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

Rec'd & Filed MAR 01 1990

Dated January 26, 19 90

DESIGN CONTRACTORS, INC.
(Name of Corporation)

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0041440 Annual Report for the year 1989

FIRST: The name of the corporation is DESIGN CONTRACTORS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General construction company

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

116 Waterman Street, Providence, 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
..... none, a close corporation	Director
Michael E. Blais	President	114 Taber Avenue, Providence, RI 02906
None	Vice President
Lisa Blais	Secretary	" " "
Lisa Blais	Treasurer	" " "

SEVENTH: Number of Shares authorized: Par Value or statement that shares are without par value

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued: Par Value or statement that shares are without par value

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		PAID no par value

Dated February 2, 19 89 DESIGN CONTRACTORS, INC.
(Name of Corporation)

By PRESIDENT

(Report must be signed by an officer) Title.....

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

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Corporate ID 41440 Annual Report for the year 1988

FIRST: The name of the corporation is DESIGN CONTRACTORS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Construction Company

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 116 Waterman St., Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
none, a close corporation	Director	
	Director	
	Director	
Michael E. Blais	President	114 Taber Avenue, Providence, RI
	Vice President	
Lisa Blais	Secretary	" "
Lisa Blais	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

MAR 11 1988

Dated February 18 19 88

DESIGN CONTRACTORS, INC.

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)