



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. 54741		2. Name of Corporation PAUL ST. AMAND DESIGNER AND BUILDER, INC.			
3. Street Address Principal Business Office 1093 MAIN STREET			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401-821-0204		5. State of Incorporation RHODE ISLAND		6. SIC Code 34	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, BUILDING, RENOVATION AND DESIGNING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL B. ST. AMAND			Vice President Name SUSAN M. ST. AMAND		
Street Address 1093 MAIN STREET			Street Address 1093 MAIN STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name SUSAN M. ST. AMAND			Treasurer Name PAUL B. ST. AMAND		
Street Address SAME			Street Address SAME		
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 PAUL B. ST. AMAND			Director Name		
Street Address SAME			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
600 NO PAR VALUE			600		NO PAR

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



File Date 2-17-05
Check No. 2225
By: KAB
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.

Paul B. St. Amand 2/5/05
Signature of Officer Date
PAUL B. ST. AMAND
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. 54741		2. Name of Corporation PAUL ST. AMAND DESIGNER AND BUILDER, INC.			
3. Street Address Principal Business Office 1093 MAIN STREET			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401-821-0204		5. State of Incorporation RHODE ISLAND		6. SIC Code 34	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, BUILDING, RENOVATION AND DESIGNING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL B. ST. AMAND			Vice President Name SUSAN M. ST. AMAND		
Street Address 1093 MAIN STREET			Street Address 1093 MAIN STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name SUSAN M. ST. AMAND			Treasurer Name PAUL B. ST. AMAND		
Street Address SAME			Street Address SAME		
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 PAUL B. ST. AMAND			Director Name		
Street Address SAME			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			600		NO PAR

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



* 5 4 7 4 1 *

File Date 2.25.04
Check No. 2148
By: ICP
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.

Paul B. St. Amand 1/15/04
Signature of Officer Date
PAUL B. ST. AMAND
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. **54741** 2. Name of Corporation **PAUL ST. AMAND DESIGNER AND BUILDER, INC.**
3. Street Address Principal Business Office **1093 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **401-821-0204** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**
7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION, BUILDING, RENOVATION, AND DESIGNING

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

President Name PAUL B. ST. AMAND Street Address 1093 MAIN STREET City COVENTRY State RI Zip 02816 Secretary Name SUSAN M. ST. AMAND Street Address SAME City SAME State RI Zip 02816	Vice President Name SUSAN M. ST. AMAND Street Address 1093 MAIN STREET City COVENTRY State RI Zip 02816 Treasurer Name PAUL B. ST. AMAND Street Address SAME City SAME State RI Zip 02816
---	--

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

Director Name PAUL B. ST. AMAND Street Address SAME City SAME State RI Zip 02816	Director Name Street Address City State RI Zip 02816
--	---

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
	600	NO PAR	

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



* 5 4 7 4 1 *

File Date: 02-28-03
Check No.: 2078
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.

Paul B. St. Amand 2/25/03
Signature of Officer Date

PAUL B. ST. AMAND
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. **54741** 2. Name of Corporation **PAUL ST. AMAND DESIGNER AND BUILDER, INC.**
3. Street Address Principal Business Office **1093 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **401-821-0204** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**
7. Brief Description of the Character of Business Conducted in Rhode Island

CONSTRUCTION, BUILDING, RENOVATION, AND DESIGNING

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

President Name	Vice President Name
Street Address PAUL B. ST. AMAND	Street Address SUSAN M. ST. AMAND
City 1093 MAIN STREET State RI Zip 02816	City 1093 MAIN STREET State RI Zip 02816
Secretary Name COVENTRY	Treasurer Name COVENTRY
Street Address SUSAN M. ST. AMAND	Street Address PAUL B. ST. AMAND
City SAME State RI Zip 02816	City SAME State RI Zip 02816

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

Director Name	Director Name
Street Address PAUL B. ST. AMAND	Street Address
City SAME State RI Zip 02816	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	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
600 NO PAR

RECEIVED
 MAR 1 3 57 PM '02
 CORPORATIONS DIVISION
 STATE OF RHODE ISLAND

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



* 5 4 7 4 1 *

FILED

File Date: MAR 01 2002

Check No.: By [Signature]

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.

X Paul B. St. Amand 3/14/02
Signature of Officer Date

PAUL B. ST. AMAND
Print or Type Name of Officer

PRESIDENT
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. **54741** 2. Name of Corporation **PAUL ST. AMAND DESIGNER AND BUILDER, INC.**

3. Street Address Principal Business Office **1093 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **401-821-0204** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION, BUILDING, RENOVATION, AND DESIGNING.

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

President Name PAUL B. ST. AMAND			Vice President Name SUSAN M. ST. AMAND		
Street Address 1093 MAIN STREET			Street Address 1093 MAIN STREET		
City	State	Zip	City	State	Zip
COVENTRY	RI	02816	COVENTRY	RI	02816
Secretary Name SUSAN M. ST. AMAND			Treasurer Name PAUL B. ST. AMAND		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip

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

Director Name PAUL B. ST. AMAND			Director Name		
Street Address SAME			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)

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

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

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

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



* 5 4 7 4 1 *

File Date: 2/23/01

Check No.: 1912

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] 2/14/2001
Signature of Officer Date

PAUL B. ST. AMAND
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-3040



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. **54741** 2. Name of Corporation **PAUL ST. AMAND DESIGNER AND BUILDER, INC.**

3. Street Address Principal Business Office **1093 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **401-821-0204** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION, BUILDING, RENOVATION, AND DESIGNING.

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

President Name PAUL B. ST. AMAND Street Address 1093 MAIN STREET City COVENTRY State RI Zip 02816	Vice President Name SUSAN M. ST. AMAND Street Address 1093 MAIN STREET City COVENTRY State RI Zip 02816
Secretary Name SUSAN M. ST. AMAND Street Address SAME City SAME State RI Zip 02816	Treasurer Name PAUL B. ST. AMAND Street Address SAME City SAME State RI Zip 02816

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

Director Name PAUL B. ST. AMAND Street Address SAME City SAME State RI Zip 02816	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	Class/Series	Par Value
600 SHS NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
600		NO PAR.

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



* 5 4 7 4 0 1 * 5 7 0 7 0 7 0

File Date: 2-23-00
Check No.: 1833
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] 2/12/00
Signature of Officer **PAUL B. ST. AMAND**
Date
Print or Type Name of Officer
PRESIDENT



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. 54741		2. Name of Corporation PAUL ST. AMAND DESIGNER AND BUILDER, INC.	
3. Street Address Principal Business Office 1093 MAIN STREET		City COVENTRY	State RI
4. Business Phone No. 401-821-0204		5. State of Incorporation RHODE ISLAND	6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION, BUILDING, RENOVATION, AND DESIGNING			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name PAUL B. ST. AMAND		Vice President Name SUSAN M. ST. AMAND	
Street Address 1093 MAIN STREET		Street Address 1093 MAIN STREET	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
Secretary Name SUSAN M. ST. AMAND		Treasurer Name PAUL B. ST. AMAND	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name PAUL B. ST. AMAND		Director Name PAUL B. ST. AMAND	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 600 SHS NO PAR VAL	Class/Series	Par Value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 600	Class/Series	Par Value NO PAR	

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



File Date: May 1999
1747
Check No.:
By:

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.

Paul B. St. Amand 2/21/99
Signature of Officer Date

PAUL B. ST. AMAND
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. **54741** 2. Name of Corporation **PAUL ST. AMAND DESIGNER AND BUILDER, INC.**
3. Street Address Principal Business Office **1093 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **401-821-0204** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION, BUILDING, RENOVATION, AND DESIGNING

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

President Name PAUL B. ST. AMAND Street Address 1093 MAIN STREET City COVENTRY State RI Zip 02816 Secretary Name SUSAN ST. AMAND Street Address SAME AS ABOVE City SAME AS ABOVE State RI Zip 02816	Vice President Name SUSAN M. ST. AMAND Street Address 1093 MAIN STREET City COVENTRY State RI Zip 02816 Treasurer Name PAUL B. ST. AMAND Street Address SAME AS ABOVE City SAME AS ABOVE State RI Zip 02816
--	--

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

Director Name Street Address City COVENTRY State RI Zip 02816	Director Name Street Address City COVENTRY State RI Zip 02816
Director Name Street Address City COVENTRY State RI Zip 02816	Director Name Street Address City COVENTRY State RI Zip 02816

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
600 NO PAR

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



File Date: 2/26
Check No.: 1059
By: KIP
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.

Paul St. Amand 2/13/98
Signature of Officer Date
PAUL B. ST. AMAND
Print or Type Name of Officer
PRESIDENT
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. **54741** 2. Name of Corporation **PAUL ST. AMAND DESIGNER AND BUILDER, INC.**

3. Street Address Principal Business Office **1093 Main Street** City **Coventry** State **RI** Zip **02816**

4. Business Phone No. **401-821-0204** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction, building, renovation, and designing.

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

President Name Paul B. St. Amand Street Address 1093 Main Street City Coventry State RI Zip 02816	Vice President Name Susan M. St. Amand Street Address 1093 Main Street City Coventry State RI Zip 02816
Susan M. St. Amand Street Address Same as above. City Same as above. State RI Zip 02816	Paul B. St. Amand Street Address Same as above. City Same as above. State RI Zip 02816

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

Director Name Paul B. St. Amand Street Address Same as above. City Same as above. State RI Zip 02816	Director Name Street Address City State RI Zip 02816
Director Name Street Address City State RI Zip 02816	Director Name Street Address City State RI Zip 02816

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 VAL			600		no par

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



File Date: 2/26/97

Check No.: 1587

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: 2/13/97

Paul B. St. Amand
Print or Type Name of Officer

President
Title of Officer

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. 54741		2. NAME OF CORPORATION PAUL ST. AMAND DESIGNER AND BUILDER, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1093 Main Street,			CITY Coventry	STATE RI	ZIP CODE 02816
4. BUSINESS PHONE NO. 401-821-0204		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 0034	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Construction, renovation, building and designing

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Paul B. St. Amand		VICE PRESIDENT NAME Susan M. St. Amand			
STREET ADDRESS 1093 Main Street		STREET ADDRESS 1093 Main Street			
CITY Coventry	STATE RI	ZIP CODE 02816	CITY Coventry	STATE RI	ZIP CODE 02816
SECRETARY NAME Susan M. St. Amand		TREASURER NAME Paul B. St. Amand			
STREET ADDRESS Same as Above		STREET ADDRESS Same as above			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Paul B. St. Amand		DIRECTOR NAME			
STREET ADDRESS Same as Above		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 VAL		600		no par

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.

Paul B. St. Amand
Signature of Officer

Paul B. St. Amand
Print or Type Name of Officer

President
Title of Officer

File Date: 2/28/96

Check No: 1512
CP

By: _____
For Secretary of State Use Only

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.

0054741

1995

Corporate ID: _____ Annual Report for the year: _____

PAUL ST. AMAND DESIGNER AND BUILDER, INC.

Name of Corporation: _____

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

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

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

Address and telephone of the principal office of business entity in Rhode

Construction, renovation, building and
designing.

Island (Provide street address - Not P.O. Box):

1093 Main Street

Coventry, RI 02816

Phone: (401) 821-0204

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Paul B. St.Amand	1093 Main Street	Coventry, RI	02816
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Susan M. St.Amand	"	"	"
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Susan M. St.Amand	"	"	"
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Paul B. St.Amand	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Paul B. St.Amand	"	"	"
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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
600	Common	600	Common
	No Par		No Par

Date February 9 19 95

By: Paul St. Amand, President
 Paul B. St.Amand

PRINT NAME OF OFFICER SIGNING
 President
 TITLE OF OFFICER SIGNING

Form 31 1/95

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.

RONALD A. CAVALLARO, ESQ.
 250 CENTERVILLE RD
 WARWICK RI 02886

FILED
 FEB 14 1995
 By: [Signature]
 1434

ing Fee \$50.00
yable to:
ecretary of State

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

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

Corporate ID: 0054741 Annual Report for the year: 1994

Name of Business Entity: PAUL ST. AMAND DESIGNER AND BUILDER, INC.

Business entity organized under the laws of the State of: R.I.

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):

1093 Main Street
Coventry, RI 02816

Phone: (401) 821-0204

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:

Paul St. Amand, President
Paul St. Amand Designer and Builder, Inc.
1093 Main Street

Coventry, RI 02816

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

Construction, Renovation, Building and
designing.

Date of Organization: 3/17/89

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>Paul B. St. Amand</u>	<u>1093 Main Street Coventry, RI</u>	<u>02816</u>	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Susan M. St. Amand</u>	<u>"</u>	<u>"</u>	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Susan M. St. Amand</u>	<u>"</u>	<u>"</u>	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Paul B. St. Amand</u>	<u>"</u>	<u>"</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Paul B. St. Amand</u>	<u>"</u>	<u>"</u>	

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

By: X Paul B. St. Amand

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

BK B - 1170

Corporate ID 0054741 Annual Report for the year 1992

FIRST: The name of the corporation is PAUL ST. AMAND DESIGNER AND BUILDER, INC

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is construction, renovation, building and designing.

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

FIFTH: Business address in Rhode Island 1093 Main Street, Coventry, Rhode Island 02816

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

Name	Office	Address (including number, street, zip code)
Paul B. St. Amand	Director	1093 Main Street, Coventry, RI 02816
	Director	
	Director	
Paul B. St. Amand	President	1093 Main Street, Coventry, RI 02816
Susan M. St. Amand	Vice President	" "
Susan M. St. Amand	Secretary	" "
Paul B. St. Amand	Treasurer	" "

SEVENTH: Number of Shares authorized:

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

PAID

APR 06 1992

EIGHTH: Number of Shares issued:

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

SECY OF STATE

Dated February 27 19 92

PAUL ST. AMAND DESIGNER AND BUILDER
INC.

By Paul B. St. Amand
PAUL B. ST. AMAND
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

Corporate ID 0054743

Annual Report for the year 1991

FIRST: The name of the corporation is PAUL ST. AMAND DESIGNER AND BUILDER, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is construction, renovation, building and
--designing--

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1093 Main Street, Coventry, Rhode Island 02816

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

Name	Office	Address (including number, street, zip code)
Paul B. St. Amand	Director	1093 Main Street, Coventry, RI 02816
	Director	
	Director	
Paul B. St. Amand	President	1093 Main Street, Coventry, RI 02816
Susan M. St. Amand	Vice President	" "
Susan M. St. Amand	Secretary	" "
Paul B. St. Amand	Treasurer	" "

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID
MAR 13 1991
SECY OF STATE

Dated February 27, 19 91

PAUL ST. AMAND DESIGNER AND BUILDER, INC.
(Name of Corporation)

By Paul B. St. Amand
Paul B. St. Amand

Title President

(Report must be signed by an officer)

X

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 0054741

Annual Report for the year 1990

FIRST: The name of the corporation is PAUL ST. AMAND DESIGNER AND BUILDER, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1093 Main Street, Coventry, Rhode Island 02816

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

Name	Office	Address (including number, street, zip code)
Paul B. St. Amand	Director	1093 Main Street, Coventry, RI 02816
	Director	
	Director	
Paul B. St. Amand	President	1093 Main Street, Coventry, RI 02816
Susan M. St. Amand	Vice President	" "
Susan M. St. Amand	Secretary	" "
Paul B. St. Amand	Treasurer	" "

SEVENTH: Number of Shares authorized:

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

PAID

EIGHTH: Number of Shares issued:

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

APR 17 1990

SECRET OF STATE

Dated February 27, 19 90

PAUL ST. AMAND DESIGNER AND BUILDER, INC.
(Name of Corporation)

By Paul B. St. Amand
Paul B. St. Amand

Title President

(Report must be signed by an officer)