

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

Corporations Dick 100 North Main St Providence, RJ 02903-1 401.222.3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January	I - March 1 🕝 🔹	NNUAL REPO	RT FOR THE YE	EAR20	05
1. Corporate ID No	2 Name of Corp. KAMCO SI	Certifion JPPLY CORP. OF NEW EI	NGLAND		
3 Sirvet Address Principal Bus 780 North Colon	tiness Office	/	City Wallingford	State CT	Ζ(p
4. Business Phone No. (203) 284-1968		5. State of Incorporate	on		06492 6. SIC Code
7. Brief Description of the Cha TO SELL BUILDING	ractor of Business Conduction	CONNECTICU ford in Rhode Island ON SUPPLIES	<u> </u>		4416
8. NAMES AND ADDRE President Name , Treas Jay Sheehy	SSES OF THE OFFIC	CERS: ("X" BOX FOR A	TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Paul Taylor		
190 Chapel Street			Striet Address 10 Middle Be	each Road West	
Stratford	State CT	7ip 06614	City Madison	State CT	2ip 06443
Allen Swerdlick			Ironsurer Name Vice Leon Slomkows	President Ki	1
Sinvi Address 535 East 86th S	treet		Street Address 4384 Whitney A	Avenue	· · · · · · · · · · · · · · · · · · ·
New York	State NY	2up 10028	<i>City</i> Hamden	State CT	21p 06518
Director Name Jay Sheehy Street Address	SSES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) [] FILL Director Name Paul Taylor	. IN SPACES BEFORE US	ING ATTACHMENTS
190 Chapel Stree	et :		Street Address 10 Middle Beac	ch Road West	•
Stratford	Stoic CT	<i>z_{ιρ}</i> 06614	City Madison	State CT	2tp 06443
Allen Swerdlick			Director Name Leon Slomkowsk	······································	•••••
535 East 86th St	reet		Siner Address 4384 Whitney A		· <u> </u>
New York	State NY	10028	City Hamden	State CT	Zip 0651.0
10. SHARES AUTHORIZ AUTHORIZED SHARES			:	("X" BOX FOR ATTAC	06518 HMENT) □
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM \$50.00 PA	R VALUE		1,000	Соптоп	50.00
This		.			
Turs report must	oc signed in ink by	either the President, Vice	President, Secretary, Assis Under penalty of p	stant Secretary, Treasurer, perjury, I declare and affirm t	
File Date	7-5-ur		including any according to the contained therein and the contained the c	impanying schedules and sta	thements, and that all state
Check No.	457,	_	Signwire of Officer	3 Sheeher	Date
Ву:	2	_	Print or Type Name		
FOR SECRETARY OF	F STATE USE ONLY	'	Title of Officer	wr1	



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

Matthew A. Brown. Secretary of State

Corporations Divi 100 North Main S.

100	7117 Main 3.
ovidence.	RI 02903-1
	401.222.5

1. Corporate ID No	2 11 4 =	-				
87741	2 Name of Corp				-	
3. Street Address Principal Bu.	siness Office	IPPLY CORP. OF NEW E				
780 North Color	ny Road		Chy.	State	Zip	
4. Business Phone No		5. State of Incorporati	[Wallingford	CT	06492	
(203) 284-1968					6 SIC Code	
7 Brief Description of the Cha TO SELL BUILDING	racter of Business Conduct AND CONSTRUCTION	CONNECTICU Ted in Rhode Idand ON SUPPLIES				
		CERS: ("X" BOX FOR A	TT4 Class Company			
President Name, Treasi		reas (Y BOY FOR Y	ITACHMENT) FILL IN Vice President Name	SPACES BEFORE USIN	NG ATTACHMEN	
_ Jay Sheehy			•			
Street Address			Paul Taylor			
190 Chapel Stre	eet		10 Middle Beac	th Road West		
City	State	7.тр	: City	State	Zip	
Stratford	CT	06614	Madison	CT	06443	
^{Secretary Name} Allen Swerdlich			Treasurer Name Vice	President	·····I	
ATTEN SWEEDITCH	<u> </u>		Leon Slomkowski			
535 East 86th S	Street		Sinvi Address			
in Day Ooth L	State			4384 Whitney Avenue		
New York	NY NY	10028	Giy Hamden	State	Zip 06516	
NAMES AND ADDRE		CTORS: ("X" BOX FOR	•	CT	06518	
Director Name		TO THE TOTAL OF TH	Director Name	IN SPACES BEFORE US	ING ATTACHME	
Jay Sheehy			Paul Taylor			
Street Address			Street Address		· <u></u>	
190 Chapel Stre	et		10 Middle Beach Road West			
Stratford	State	Zφ	City	State	Zip	
SCLUCIOLO	J CT	06614	Madison	CT	06443	
Allen Swerdlick	,		Director Name	*****************************	•••••	
NITEH SWEIGHICK			Leon Slomkowski			
535 East 86th S	Street		Street Address	I		
in	State	Zip	4384 Whitney Av			
New York	NY	10028	Hamden	State CT	<i>Z.ιρ</i> Ω4.51.0	
0. SHARES AUTHORIZ			•	CT ("X" BOX FOR ATTACI	06518	
UTHORIZED SHARES		,	ISSUED SHARES	CA MAN FOR MITACI	<i>чикот)</i> []	
umber of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value	
5,000 COMM \$50.00 PAI	R VALUE	<u>-</u> -				
			1,000	Common	50.00	
	<u> </u>		[1		

	— * 8 7. 7 6 1 +
File Date	3/3/04
Check No.	3921
Ву:	<u> </u>
FOR SEC	RETARY OF STATE USE ONLY

Under penalty of perjury, I deglare and affirm that	t I have examined this re-
including any accompanying schedules and state	ments, and that all staten
contained herein are true and correct.	
Jan B Sleeky	3/1/04
Signyhure of Officer	1 Dute
Jan B. Theoly	
Print or Type Name of Officer President	
Title of Officer	Form 630 Rev. 12/03

Edward S. Inman, III. Secretary of St Corporations Divis

100 North Main Street, Providence, RI 02903-13

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

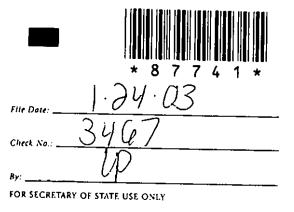
401-222-36

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corp.	pration			•
87741	KAMCO S	SUPPLY CORP. OF NEW ENC	21 AND		
3. Street Address Principal Business	Office	OF THE OWN	City:	State	
780 North Colony 4. Business Phone No.	Road	5. State of Incorporation	Wallingford	CT	06492
(203) 284–1968 7. Brief Description of the Character	of Business Conducted	CONNECTICUT			6. SIC Code 4416
Retail/wholesal 8. NAMES AND ADDRESS President Name, Treasurer Jay Sheehy	e building SES OF THE OF	material distribut	ion. EMENT) FILLIN SPACES Vice President Name Paul Taylor	BEFORE USING ATTA	CHMENTS
190 Chapel Stree	t		Street Address 10 Middle Beac	rh Road West	
City	State	Zip	City	State	-
Stratford Secretary Name	CT	06614	Madison	CT	^{zip} 06443
Allen Swerdlick			Trensurer Name Vice Pr Leon Slomkowsk Street Address	esident i	
535 East 86th St	reet		4384 Whitney A	venue	
New York	State NY	zip 10028	cin Hamden	State CT	_{гір} 06518
9. NAMES AND ADDRESS Director Name	SES OF THE DIF	ECTORS (*X* BOX FOR ATTA		ES BEFORE USING ATI	
Jay Sheehy Street Address 190 Chapal Street			Paul Taylor		
190 Chapel Street	L State		10 Middle Beach	Road West	
Stratford Director Name	CT	7.ip 06614	Madison	State CT	21p 06443
Allen Swerdlick			Director Name Leon Slomkowski		
535 East 86th Str		~.	Street Address 4384 Whitney Av	enue	
New York	State NY	zı, 10028	cuy Hamden	State CT	zip 06518
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATI	'ACHMENT')	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	ISSUED SHARPS Number of Shares	Class/Series	Par Value
5,000 COMM \$50.00 PAR V	'ALUE		1,000	Common	50.00

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

<200 5



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

Common

50.00

Form 630 12102

Edward S. Inman, III. Secretary of Si Corporations Divis 100 North Main Street, Providence, RJ 02903-13 401-222-36

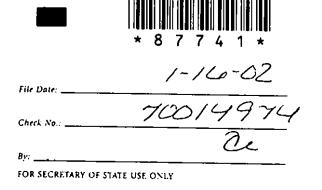
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 . Filing Fee: \$50.00

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(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corpo.				
87741	KAMCO SU	PPLY CORP. OF NEW ENGL	.AND		
3. Street Address Principal Busi			City	State	Zip
780 North Cold	ony Road		Wallingford	CT	06492
203-284-1968		S. State of Incorporation	•	- -	6. SIC Code
		CONNECTICUT			4416
•	Material Dis	tribution			
8. NAMES AND ADDI President Name	RESSES OF THE OFF	TICERS (*X* BOX FOR ATTACE	IMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Paul A. Taylor			Leon V. Slomkov	wski, Jr.	
10 Middle Beac	h Road West		4384 Whitney A	venue	
City	State	Zip	City	State	Zip
Madison	CT	06443	Hamden	CT	06518
Secretary Name	_	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	•	-
Allen B. Swerd	lick		Jay B. Sheehy		
	_		Street Address		
535 East 86th		•	190 Chapel Str	eet	
New York	State NY	7 <i>ip</i> 10028	City	State	ZIp
		ECTORS ("X" BOX FOR ATTA	Stratford	CT	06614
Director Name	ESSES OF THE DIR	ECTORS CALBOX FOR ALLY	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
Paul A. Taylor			•	raded To	
Street Address			Leon V. Slomkon	wski, Jr.	
10 Middle Beac	h Road West		4384 Whitney A	venue.	
City	State	Zip	City	State	Zip
Madison	CT	06443	Hamden	CT	06518
Director Name	•		Director Name		00320
Allen B. Swerd	lick		Jay B. Sheehy		
Sucer Address 535 East 86th	Chan a b		Street Address		
City			190 Chapel Str	eet	
New York	State NY	<i>λίρ</i> 1 00 2 0	City	State	ZIp
10. SHARES AUTHORIS		10028	Stratford	CT	06614
AUTHORIZED SHARES		ACHMENTI	11. SHARES ISSUED (*) ISSUED SHARES	N° BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM \$50.00 PA	R VALUE		1,000 Shares	Common	\$50.00
			1,000 Shares	COMMICH	\$70.00

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

Title of Officer



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

Rufuse A	Kar	1-9-2002
		Date
Pint or Type Name of O	A. Ross	

Form 630 12/0

Officers:

Jeffrey Kershaw 15 Meadowlark Lane Northford, CT 06472 Vice President of Finance

Richard A. Ross 499B Niantic Lane Stratford, CT 06614 Vice President, Controller **C.** ...

Corporations Div. 100 North Main Street, Providence, RI 02903-. 401-222-

STO PLEASE REZ INSTRUCTIO

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. 87741	2. Name of Corpor	PPLY CORP. OF NEW	ENGLAND		
3. Street Address Principal Busin	ness Office		C(t) ^c	State	•:-
780 North Color 4. Business Phone No.	ny Road	5. State of Incorporation	Wallingford	CT	21p 06492
203-284-1968 7. Bilef Description of the Chard	acter of Business Conducted	CONNECTICUT In Rhode Island			6.516.78de
Wholesale/F 8. NAMES AND ADDR President Name	Retail Build ESSES OF THE OFF	ling Product Dis OCERS (*X* BOX FOR ATTACE	HMENT) X FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Paul A. Taylor			Vice President Name Leon V. Slomkor Street Address		
22 Johns Path	State		4384 Whitney A	venue	
Madison	CT	Zip	City	State	Zip
Secretary Name	CI	06443	Hamden	. CT	06518
Allen B. Swerdl	ick		Jay B. Sheehy Street Address	•	
535 East 86th S	treet		190 Chapel Stre	ant	
City	State	Zip	City	State	215
New York	NY	10028	Stratford	CT	гір 06614
9. NAMES AND ADDRI Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA		S BEFORE USING ATT	
Paul A. Taylor Street Address			Leon V. Slomkow	ski, Jr.	
22 Johns Path			4384 Whitney Av	enne	
Chy	State	Zip	Chy	State	Zip
Madison Director Name	CT	06443	Hamden Director Name	CT	06518
Allen B. Swerdl: Street Address			Jay B. Sheehy Street Address		
-535 East 86th Si	treet State	*1-	190 Chapel Stree	et	
New York	NY	<i>Zip</i>	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZZO SHARES		10028 achment)	Stratford 11. SHARES ISSUED (*) ISSUED SHARES	CT x* box for attachmen	06614
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 SHS COMM	\$50.00 PAR		1,000 Shares	Common	\$50.00

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

	Undersoon
* 8 7 7 4 1 *	Under pena
J. A.	this report.
File Date:	that all stat
Check No.: 1009386	Signatury of O
By:	Peint or Type 1
FOR SECRETARY OF STATE USE ONLY	
	Thie of Officer

Jinder penalty of perjury, I declare and affirm that I have examined his report, including any accompanying schedules and statements, a hat all statements contained herein are true and correct.

Jay B. July joy Date

Trint or Type Name of Officer

Jay B. Shooky

The of Officer

Officers:

Jeffrey Kershaw 15 Meadowlark Lane Northford, CT 06472 Vice President of Finance

Richard A. Ross 499B Niantic Lane Stratford, CT 06614 Vice President, Controller

James R. Langevin, Secretary of S Corporations Divi 100 North Main Street, Providence, RI 02903-1

e. RI 02903-1 401-222-3 STO

• • • •					
PROFIT COR	PORATION ry 1-March 1 •	ANNUAL RES	PORT FOR TH	E YEAR 200	
(FORM MUST BE TYPED IN B	LAÇK)				1771
1. Corporate ID No. 87741	2. Name of Corpor	eation PPLY CORP. OF NEW	ENGLAND		
3. Street Address Principal Busine			City	Cana.	
311 Indian River			Orange	State CT	^{zip} 06477
4. Business Phone No.		S. State of Incorporation	•		
203-795-6061		CONNECTICUT			6. SIC Code 4416
7. Brief Description of the Charac	ter of Business Conducted	in Rhode Island			
Building Materia	l Distributio	n			
8. NAMES AND ADDRE	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTACK	HMENT) FILL IN SPACES	BEFORE USING ATTA	CUMENTO
President Name			Vice President Name	DEFORE USING ATTA	CUMEN12
· Paul A. Taylor			Leon V. Slomko	owski, Jr.	
Street Address			Street Address		
22 Johns Path			4384 Whitney A	lvenue	
City	State	Zip	City	State	Zip
Madison Secretary Name	CT	06443	Hamden	CT	06518
Allen B. Swerdli	ole.		Treasurer Name		
Street Address	CK		Jay B. Sheehy		
535 East 86th St	root		Street Address		
City			190 Chapel Str	eet	
New York	State NY	10028	City Stratford	State	^{Zip} 06614
	- -			CT	
Director Name	22F2 OF THE DIK	ECTORS ("X" BOX FOR ATTA		ES BEFORE USING ATT	ACHMENTS
Paul A. Taylor			Leon V. Slomko	weki Ir	
Street Address				WORL, OI.	
22 Johns Path			Street Address 4384 Whitney A	wenue	
City	State	Zip	City		
Madison	CT	06443	Hamden	State CT	^{ZIp} 06518
Director Name			Director Name		
Allen B. Swerdlic	ck		Jay B. Sheehy		
Street Address			Street Address		
535 East 86th St	reet		190 Chapel Str	reet	
City	State	Zip	City	State	Zio
New York	72.	10028	Stratford	CI	ZIP 06514
10. SHARES AUTHORIZE	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	
AUTHORIZED SHARES			ESSUED SHARES	on minoringen	• •
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
5,000 SHS COMM S	50.00 PAR		1 000 1		

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

1,000 shares



File Date: 1-10-00

Check No.: 7003537

By: AMF

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare ar this report, including any accompany	nd affirm that I have examined in the schedules and statements a
ret all statement sontained herein	are true and correct. $1/3/o_0$
Jay B. Sheeky	Doc
Vini or Typh Name of Officer Vere President	

Common

\$50.00

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-13 401-277-3(

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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	poly Corp. of M			
	ppry corp. or w	ew England		
ffice		City	State	Zip
Road		Orange	CT	06477
	5. State of Incorporatio	я		6. SIC Code
		ut		4416
f Business Conducted (n Rhode Island			
. Distributi	on			
ES OF THE OFF	CERS ("X" BOX FOR ATT	achment)	•	
		Vice President Name		
		Leon V. Slomkow	ski, Jr.	
		· Street Address		•
		4384 Whitney Av	renue	
State	Zip	City	State	Zip
CT	06443	Hamden	CT	06518
		Treasurer Name		
:k		Jay B. Sheehy		
		Street Address		
eet		190 Chapel Stre	et	
State	Zip	City	State	Zip
NY	10028	Stratford	\mathtt{CT}	06614
ES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT)		
		Director Name		
		Leon V. Slomkov	vski, Jr.	
		Street Address		
		4384 Whitney Av	venue	
State	Zip	City	State	Zip
CT	06443	Hamden	CT	06518
		Director Name		
:k		Jay B. Sheehy		
		Street Address		
reet		190 Chapel Stre	eet	
State	Zip	City	State	Zip
NY	10028	Stratford	\mathtt{CT}	06614
("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMENT)	
		ISSUED SHARES		•
Class/Series	Por Volue	Number of Shares	Class/Series	Par Value
Common	\$50.00	1,000shares	Common	\$50.00
	State CT State NY State CT CK CT CK CT CK CT CK CT CK CT CCT C	S. State of incorporation Connectic f Business Conducted in Rhode Island Distribution ES OF THE OFFICERS (*X* BOX FOR ATT. State Zip CT 06443 EK State Zip NY 10028 ES OF THE DIRECTORS (*X* BOX FOR A State Zip CT 06443 State Zip NY 10028 State Zip CT 06443 CK State Zip CT 06443 CK State Zip CT 06443 CK State Zip NY 10028 CK State Zip NY 10028 CR State Zip NY 10028	S. State of Incorporation Connecticut (Business Conducted in Rhode Island Distribution ES OF THE OFFICERS (*X* ROX FOR ATTACHMENT) Vice President Name Leon V. Slomkov Street Address 4384 Whitney Av State Zip CI CT 06443 Hamden Treasurer Name Jay B. Sheehy Street Address 190 Chapel Street State Zip NY 10028 Stratford ES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Leon V. Slomkov Street Address 4384 Whitney Av State Zip City CT 06443 Hamden Director Name Leon V. Slomkov Street Address 4384 Whitney Av State Zip City CT 06443 Hamden Director Name Jay B. Sheehy Street Address 4384 Whitney Av State Zip City CT 06443 Hamden Director Name Jay B. Sheehy Street Address 190 Chapel Street State Zip NY 10028 Stratford 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*XXDD SHARES) Class/Series Por Value Number of Shares	S. State of Incorporation Connecticut (Fausiness Conducted in Rhode Island Distribution ES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Vice President Name Leon V. Slomkowski, Jr. Sitet Address 4384 Whitney Avenue State CT 06443 Hamden CT Teasurer Name Jay B. Sheehy Sitet Address 190 Chapel Street State NY 10028 Stratford CT ES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Leon V. Slomkowski, Jr. Sitet Address 4384 Whitney Avenue Cty State CT 06443 Hamden CT Director Name Leon V. Slomkowski, Jr. Sitet Address 4384 Whitney Avenue Cty State CT 06443 Hamden CT Director Name Leon V. Slomkowski, Jr. Sitet Address Jay B. Sheehy Sitet Address 190 Chapel Street State 190 Chapel Street Sitet Zip Cty State 190 Chapel Street Sitet Zip Cty State NY 10028 Stratford CT 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) INNIEDS SHARES Class/Series For Value Number of Shares Class/Series

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

•	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements,
File Date: 7-26-99	that all statements contained her On are true and correct.
1/2/28	July 5 Sheeky 7-27-99
Check No.:	Significant Date
AMZ'	Print of Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Vice Resident
	Tite of Officer

James R. Langevin, Secretary of S.
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-277-3-

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Form 31 12

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BL	ACK)					
1. Corporate ID No 87741	2. Name of Co	rporation				
	Kamo	o Supply Corp.	of New England			
3. Street Address Principal Busines			City	State	Zip	
311 Indian River 4 Business Phone No.	Road	5 State of Inco	Orange	CT	6. SIC 0	06477
902 700 0001			•		0. 310	
203-796-6061 7 Brief Description of the Charact	er of Business Condu	cted in Rhode Island	Connecticut			4416
Building Materia	l Distributio	n				
8. NAMES AND ADDRE President Name	SSES OF THE O	OFFICERS (*X* BOX F	OR ATTACHMENT) Vice President Name			
Paul A. Taylor			Leon V. Slom	kowski In		
Street Address			Street Address	NOWSKI, OF.		
22 Johns Path			4384 Whitney	Avenue		
City	State	Zip	City	State	Zip	
Madison	Cl	Γ 0644	3 Hamden	CT		06518
Secretary Name			Treasurer Name	.		40014
Allen B. Swerdlid	ck		Jay B. Sheehy	7		
535 East 86th Sti	reet		190 Chapel St	treet		
City	State	Zip	City	State	Zip	
New York	N			CT		06614
9. NAMES AND ADDRE	SSES OF THE I	DIRECTORS (*x* box	FOR ATTACHMENT)			
Director Name			Director Name			
Paul A. Taylor			Leon V. Slomk	owski, Jr.		
22 Johns Path			4384 Whitney	Avenue		
City	State	Zip	City	State	Zip	
Madison	C	T 064	43 Hamden.	CT	•	06518
Director Name			Director Name	•		
Allen B. Swerdlid	ek		Jay B. Sheehy	1		
Street Address			Street Address			
535 East 86th Sti	reet		190 Chapel St	troot		
čią	State	Zip	City	State	Z:p	
New York	N.	Y 100	28 Stratford,	СТ	·	06614
10. SHARES AUTHORIZI	• •			(*X* BOX FOR ATTACHMENT)		00014
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Vali	ur
5,000 shares Con	nmon	\$50,00	1,000 shares	Common	¢	50.00
,		400.00	rinares	Common		., () . () ()

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

	Under penalty of perjury, I declare and affirm that I have examined
(v_1, \dots, v_n)	this report, including any accompanying schedules and statements, that all statements dontained herein are true and correct.
File Date: # Ob 4 99	suy & Muchy 2/2/99
Check No.: 5. 1918	Significate of Office
SA. /n/	Jay b. Shephy
B)	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Vice troi, very
	Title of Officer

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, Ri 02903-15

401-277-30 A R 98 STOI

PRO Filing	FIT CORP Period: January	ORATIO	N ANNUAL R Filing Fec: \$50.0	EPORT FOR TH	HE YEAR 98	- (
	UST BE TYPED IN BLA		v			٧. ١
1. Corporal	te ID No.	2. Name of Carp	oration	ے کے انہوں باشدہ کا ماہ	برسيد بدشدادا المخد	
3. Street Ac	ddrass Principal Business	Kamco		Of New England	State	Zip
4. Business	Phone No.	an River	Road 5. State of Incorpora	Orange	СT	06477 08477
7. Brief De	203-795-6	5061 of Business Conducte	Connect	icut		4416
8. NAM President N		tion and SES OF THE OF	Resale of bui FICERS (*X* BOX FOR AT	lding materials TACHMENT) Vice President Name	and supplies.	
Street Addr	Paul Tayl	or		Jay Sheehy		
City	22 John's	s Path State	Zip	190 Chapel	Street.	Zip
Secretary N		CT	06433	Stratford Treasurer Name	CT	06477
Street Addre	Allen B.	Swerdlic	ζ	Jay Sheeh Street Address	У	
City	535 East	86th Stre	et Zip	City 190 Chape	l Street	Zip
9. NAMI	New York ES AND ADDRESS	New Yo	rk 10028 RECTORS (*X* BOX FOR	Stratford ATTACHMENT)	СT	06477
Street Addre	Paul Taylo	or		Director Name Jay Sheehy Street Address	Jan 13	
City	22 John's	Path State	Zip		Street _	
Director Na		СТ	06433	Stratford Director Name	CT 😜	06437
Street Addre	Allen B. S	Swerdlick		Street Address		NI A
City	535 East 8	86th Stree	et Zip	City	State	Zip
10. SHAF	New York RES AUTHORIZED STARRS	New Yor ("X" BOX FOR AT	rk 10028 TACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
Number of S	hares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value
	5000	Common	50	1000	Common	50

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

	Under penalty of perjury, I declare and aff	
File Date: PAID((1))	this report, including any accompanying s S. Hole of Z fither all statements contained herein are to S. M. B. Merchy	ue and correct. 12 /8 /6 V'
Check No.: JAN 1 3 1999 21 530 1	Stangfurt of Officer	Date (
FOR SECRETARY OF STATE USE ONLY	OFAIRDER Print or Type Name of Officer NE Prosident	
	····· vi officei	Form 31 12

James R. Langevin, Secretary of Sta Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-277-304

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. 2. Name of Corporation 87741 KAMCO SUPPLY CORP. OF NEW ENGLAND 3. Street Address Principal Business Office Zip 311 Indian River Road 06477 4. Business Phone No. 6. SIC Code 203-795-6061 CONNECTICUT 4416 7. Brief Description of the Character of Business Conducted in Rhode Island Building Material Distribution 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name , Tracourte PAUL A Joy B. Shuhy TAYLOR Street Address 21 Jun's Pats State 06197 Madison Stratfill Secretary Name Allen B. Swerdhick Street Address 535 8 86th JTIME 06797 STANTEDIE 61 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Jun B. Shee hy Street Address 190 Chapel Stree City Mad,,0. CT STRATFORA 06497 Director Name Director Name Allen B. Sweedlick Street Address City State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 5,000 SHS COMM \$50.00 PAR 50.00 1.000. COMMON

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

	* 8 7 7 4 1 *
File Date:	1/10/97
Check No :	17224
By:	F STATE USE ONLY

Under penalty of perjury I decla	re and affirm that I have examined
this report, including any accome that all statements considered he	panying schedules and statements, a run are true and correct.
Jan B March	7 14/47
Signapline of Officer /	Date
JAY SHEEN	7
Print or Type Name of Officer	
Vice President -	Tresuper
Title of Officer	

Form 31 12.5