



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

Corporations Div.  
100 North Main St.  
Providence, RI 02903-1  
401.222.3

# 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. 87741		2. Name of Corporation KAMCO SUPPLY CORP. OF NEW ENGLAND			
3. Street Address Principal Business Office 780 North Colony Road			City Wallingford	State CT	Zip 06492
4. Business Phone No. (203) 284-1968		5. State of Incorporation CONNECTICUT			6. SIC Code 4416
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL BUILDING AND CONSTRUCTION SUPPLIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name, Treasurer Jay Sheehy			Vice President Name Paul Taylor		
Street Address 190 Chapel Street			Street Address 10 Middle Beach Road West		
City Stratford	State CT	Zip 06614	City Madison	State CT	Zip 06443
Secretary Name Allen Swerdlick			Treasurer Name Vice President Leon Slomkowski		
Street Address 535 East 86th Street			Street Address 4384 Whitney Avenue		
City New York	State NY	Zip 10028	City Hamden	State CT	Zip 06518
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jay Sheehy			Director Name Paul Taylor		
Street Address 190 Chapel Street			Street Address 10 Middle Beach Road West		
City Stratford	State CT	Zip 06614	City Madison	State CT	Zip 06443
Director Name Allen Swerdlick			Director Name Leon Slomkowski		
Street Address 535 East 86th Street			Street Address 4384 Whitney Avenue		
City New York	State NY	Zip 10028	City Hamden	State CT	Zip 06518
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
5,000 COMM \$50.00 PAR VALUE			1,000	Common	50.00

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



File Date	7-5-05
Check No.	4571
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  
Jay B. Sheehy  
Print or Type Name of Officer  
President  
Title of Officer  
7/1/05  
Date



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

Corporations Div  
100 North Main St.  
Providence, RI 02903-1  
401.222.1

# 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 87741		2. Name of Corporation KAMCO SUPPLY CORP. OF NEW ENGLAND			
3. Street Address Principal Business Office 780 North Colony Road			City Wallingford	State CT	Zip 06492
4. Business Phone No (203) 284-1968		5. State of Incorporation CONNECTICUT			6. SIC Code 4416
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL BUILDING AND CONSTRUCTION SUPPLIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jay Sheehy			Vice President Name Paul Taylor		
Street Address 190 Chapel Street			Street Address 10 Middle Beach Road West		
City Stratford	State CT	Zip 06614	City Madison	State CT	Zip 06443
Secretary Name Allen Swardlick			Treasurer Name Vice President Leon Slomkowski		
Street Address 535 East 86th Street			Street Address 4384 Whitney Avenue		
City New York	State NY	Zip 10028	City Hamden	State CT	Zip 06518
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jay Sheehy			Director Name Paul Taylor		
Street Address 190 Chapel Street			Street Address 10 Middle Beach Road West		
City Stratford	State CT	Zip 06614	City Madison	State CT	Zip 06443
Director Name Allen Swardlick			Director Name Leon Slomkowski		
Street Address 535 East 86th Street			Street Address 4384 Whitney Avenue		
City New York	State NY	Zip 10028	City Hamden	State CT	Zip 06518
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
5,000 COMM \$50.00 PAR VALUE			1,000	Common	50.00

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



\* 8 7 7 4 1 \*

File Date 3/3/04

Check No. 3921

By: EC

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 Jay B. Sheehy Date 3/1/04

Print or Type Name of Officer Jay B. Sheehy

Title of Officer President



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-13  
401-222-36



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. **87741**  
2. Name of Corporation **KAMCO SUPPLY CORP. OF NEW ENGLAND**  
3. Street Address Principal Business Office  
**780 North Colony Road**  
4. Business Phone No. **(203) 284-1968**  
5. State of Incorporation **CONNECTICUT**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Wallingford** State **CT** Zip **06492**  
6. SIC Code **4416**

Retail/wholesale building material distribution.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Jay Sheehy**

Vice President Name

**Paul Taylor**

Street Address

**10 Middle Beach Road West**

City

**Madison**

State

**CT**

Zip

**06443**

Treasurer Name **Vice President**

**Leon Slomkowski**

Street Address

**4384 Whitney Avenue**

City

**Hamden**

State

**CT**

Zip

**06518**

City **Stratford** State **CT** Zip **06614**

Secretary Name

**Allen Swerdlick**

Street Address

**535 East 86th Street**

City

**New York**

State

**NY**

Zip

**10028**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

**Jay Sheehy**

Street Address

**190 Chapel Street**

City

**Stratford**

State

**CT**

Zip

**06614**

Director Name

**Allen Swerdlick**

Street Address

**535 East 86th Street**

City

**New York**

State

**NY**

Zip

**10028**

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**5,000 COMM \$50.00 PAR VALUE**

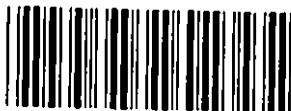
11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

**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



\* 8 7 7 4 1 \*

File Date: **1-24-03**

Check No.: **3467**

By: **UP**

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 **Jay B. Sheehy** Date **1/21/03**

Print or Type Name of Officer **Jay B. Sheehy**

Title of Officer **President**



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-13  
401-222-3600

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.

87741

2. Name of Corporation

KAMCO SUPPLY CORP. OF NEW ENGLAND

3. Street Address Principal Business Office

780 North Colony Road

City

Wallingford

State

CT

Zip

06492

4. Business Phone No.

203-284-1968

5. State of Incorporation

CONNECTICUT

6. SIC Code

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Paul A. Taylor

Vice President Name

Leon V. Slomkowski, Jr.

Street Address

10 Middle Beach Road West

Street Address

4384 Whitney Avenue

City

Madison

State

CT

Zip

06443

City

Hamden

State

CT

Zip

06518

Secretary Name

Allen B. Swerdlick

Treasurer Name

Jay B. Sheehy

Street Address

535 East 86th Street

Street Address

190 Chapel Street

City

New York

State

NY

Zip

10028

City

Stratford

State

CT

Zip

06614

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Paul A. Taylor

Director Name

Leon V. Slomkowski, Jr.

Street Address

10 Middle Beach Road West

Street Address

4384 Whitney Avenue

City

Madison

State

CT

Zip

06443

City

Hamden

State

CT

Zip

06518

Director Name

Allen B. Swerdlick

Director Name

Jay B. Sheehy

Street Address

535 East 86th Street

Street Address

190 Chapel Street

City

New York

State

NY

Zip

10028

City

Stratford

State

CT

Zip

06614

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

5,000 COMM \$50.00 PAR VALUE

Number of Shares

Class/Series

Par Value

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 Trust



\* 8 7 7 4 1 \*

1-16-02

File Date: \_\_\_\_\_

Check No.: 70014974

By: ce

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.

Richard A. Ross 1-9-2002  
Signature of Officer Date

Richard A. Ross  
Print or Type Name of Officer

V.P. Finance Controller  
Title 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



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

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

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 Corporation **KAMCO SUPPLY CORP. OF NEW ENGLAND**

3. Street Address Principal Business Office **780 North Colony Road** City **Wallingford** State **CT** Zip **06492**  
4. Business Phone No. **203-284-1968** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **4418**

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

**Wholesale/Retail Building Product Distribution**

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

President Name <b>Paul A. Taylor</b> Street Address <b>22 Johns Path</b> City <b>Madison</b> State <b>CT</b> Zip <b>06443</b> Secretary Name <b>Allen B. Swerdlick</b> Street Address <b>535 East 86th Street</b> City <b>New York</b> State <b>NY</b> Zip <b>10028</b>	Vice President Name <b>Leon V. Slomkowski, Jr.</b> Street Address <b>4384 Whitney Avenue</b> City <b>Hamden</b> State <b>CT</b> Zip <b>06518</b> Treasurer Name <b>Jay B. Sheehy</b> Street Address <b>190 Chapel Street</b> City <b>Stratford</b> State <b>CT</b> Zip <b>06614</b>
--	--

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

Director Name <b>Paul A. Taylor</b> Street Address <b>22 Johns Path</b> City <b>Madison</b> State <b>CT</b> Zip <b>06443</b> Director Name <b>Allen B. Swerdlick</b> Street Address <b>535 East 86th Street</b> City <b>New York</b> State <b>NY</b> Zip <b>10028</b>	Director Name <b>Leon V. Slomkowski, Jr.</b> Street Address <b>4384 Whitney Avenue</b> City <b>Hamden</b> State <b>CT</b> Zip <b>06518</b> Director Name <b>Jay B. Sheehy</b> Street Address <b>190 Chapel Street</b> City <b>Stratford</b> State <b>CT</b> Zip <b>06614</b>
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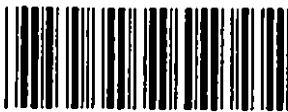
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares **5,000 SHS COMM \$50.00 PAR** Class/Series Par Value

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

ISSUED SHARES  
Number of Shares **1,000 Shares** Class/Series **Common** Par Value **\$50.00**

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 \*

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 **Jay B. Sheehy** Date **1/25/01**

Print or Type Name of Officer **Jay B. Sheehy**

Title of Officer **Vice President**

File Date: **1/25/01**

Check No.: **7009386**

By: **ECR**

FOR SECRETARY OF STATE USE ONLY

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



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 02903-1401-222-3

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. **87741** 2. Name of Corporation **KAMCO SUPPLY CORP. OF NEW ENGLAND**

3. Street Address Principal Business Office **311 Indian River Road** City **Orange** State **CT** Zip **06477**

4. Business Phone No. **203-795-6061** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Paul A. Taylor</b> Street Address <b>22 Johns Path</b> City <b>Madison</b> State <b>CT</b> Zip <b>06443</b>	Vice President Name <b>Leon V. Slomkowski, Jr.</b> Street Address <b>4384 Whitney Avenue</b> City <b>Hamden</b> State <b>CT</b> Zip <b>06518</b>
Secretary Name <b>Allen B. Swerdlick</b> Street Address <b>535 East 86th Street</b> City <b>New York</b> State <b>NY</b> Zip <b>10028</b>	Treasurer Name <b>Jay B. Sheehy</b> Street Address <b>190 Chapel Street</b> City <b>Stratford</b> State <b>CT</b> Zip <b>06614</b>

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

Director Name <b>Paul A. Taylor</b> Street Address <b>22 Johns Path</b> City <b>Madison</b> State <b>CT</b> Zip <b>06443</b>	Director Name <b>Leon V. Slomkowski, Jr.</b> Street Address <b>4384 Whitney Avenue</b> City <b>Hamden</b> State <b>CT</b> Zip <b>06518</b>
Director Name <b>Allen B. Swerdlick</b> Street Address <b>535 East 86th Street</b> City <b>New York</b> State <b>NY</b> Zip <b>10028</b>	Director Name <b>Jay B. Sheehy</b> Street Address <b>190 Chapel Street</b> City <b>Stratford</b> State <b>CT</b> Zip <b>06614</b>

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

AUTHORIZED SHARES  
Number of Shares **5,000 SHS COMM \$50.00 PAR** Class/Series Par Value

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

ISSUED SHARES  
Number of Shares **1,000 shares** Class/Series **Common** Par Value **\$50.00**

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



\* 8 7 7 4 1 \*

File Date: 1-10-00

Check No.: 7002537

By: AMF

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.

Jay B. Sheehy 1/3/00  
Signature of Officer Date

Jay B. Sheehy  
Print or Type Name of Officer

Vice 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 02903-1131  
401-277-3100



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. <del>06-0995732</del> <b>87741</b>			2. Name of Corporation <b>Kamco Supply Corp. of New England</b>		
3. Street Address Principal Business Office <b>311 Indian River Road</b>			City <b>Orange</b>	State <b>CT</b>	Zip <b>06477</b>
4. Business Phone No. <b>203-795-6061</b>			5. State of Incorporation <b>Connecticut</b>		
6. SIC Code <b>4416</b>					
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Building Material Distribution</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name <b>Paul A. Taylor</b>			Vice President Name <b>Leon V. Slomkowski, Jr.</b>		
Street Address <b>22 Johns Path</b>			Street Address <b>4384 Whitney Avenue</b>		
City <b>Madison</b>	State <b>CT</b>	Zip <b>06443</b>	City <b>Hamden</b>	State <b>CT</b>	Zip <b>06518</b>
Secretary Name <b>Allen B. Swerdlick</b>			Treasurer Name <b>Jay B. Sheehy</b>		
Street Address <b>535 East 86th Street</b>			Street Address <b>190 Chapel Street</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10028</b>	City <b>Stratford</b>	State <b>CT</b>	Zip <b>06614</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name <b>Paul A. Taylor</b>			Director Name <b>Leon V. Slomkowski, Jr.</b>		
Street Address <b>22 Johns Path</b>			Street Address <b>4384 Whitney Avenue</b>		
City <b>Madison</b>	State <b>CT</b>	Zip <b>06443</b>	City <b>Hamden</b>	State <b>CT</b>	Zip <b>06518</b>
Director Name <b>Allen B. Swerdlick</b>			Director Name <b>Jay B. Sheehy</b>		
Street Address <b>535 East 86th Street</b>			Street Address <b>190 Chapel Street</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10028</b>	City <b>Stratford</b>	State <b>CT</b>	Zip <b>06614</b>
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>5,000 shares</b>	<b>Common</b>	<b>\$50.00</b>	<b>1,000 shares</b>	<b>Common</b>	<b>\$50.00</b>

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

File Date: 7-26-99

Check No.: 1668

By: AMF

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: Jay B. Sheehy Date: 7-27-99

Print or Type Name of Officer: Jay B. Sheehy

Title of Officer: Vice President



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

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

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. 81741 2. Name of Corporation

3. Street Address Principal Business Office

311 Indian River Road

City

Orange

State

CT

Zip

06477

4. Business Phone No.

203-796-6061

5. State of Incorporation

Connecticut

6. SIC Code

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

Paul A. Taylor

Vice President Name

Leon V. Slomkowski, Jr.

Street Address

22 Johns Path

Street Address

4384 Whitney Avenue

City

Madison

State

CT

Zip

06443

City

Hamden

State

CT

Zip

06518

Secretary Name

Allen B. Swerdlick

Treasurer Name

Jay B. Sheehy

Street Address

535 East 86th Street

Street Address

190 Chapel Street

City

New York

State

NY

Zip

10028

City

Stratford

State

CT

Zip

06614

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

Director Name

Paul A. Taylor

Director Name

Leon V. Slomkowski, Jr.

Street Address

22 Johns Path

Street Address

4384 Whitney Avenue

City

Madison

State

CT

Zip

06443

City

Hamden,

State

CT

Zip

06518

Director Name

Allen B. Swerdlick

Director Name

Jay B. Sheehy

Street Address

535 East 86th Street

Street Address

190 Chapel Street

City

New York

State

NY

Zip

10028

City

Stratford,

State

CT

Zip

06614

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

5,000 shares Common

\$50.00

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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 Trustee.

File Date

Feb 4, 99

Check No.

51918

By

AS.

JC

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

Jay B. Sheehy

Print or Type Name of Officer

Vice President

Date

2/2/99



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 02903-13  
401-277-3600

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 98

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \_\_\_\_\_ 2. Name of Corporation Kamco Supply Corp. Of New England  
3. Street Address Principal Business Office 311 Indian River Road City Orange State CT Zip 06477  
4. Business Phone No. 203-795-6061 5. State of Incorporation Connecticut 6. SIC Code 4416

7. Brief Description of the Character of Business Conducted in Rhode Island  
Distribution and Resale of building materials and supplies.

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

President Name	Vice President Name
<u>Paul Taylor</u>	<u>Jay Sheehy</u>
Street Address	Street Address
<u>22 John's Path</u>	<u>190 Chapel Street</u>
City <u>Madison</u> State <u>CT</u> Zip <u>06433</u>	City <u>Stratford</u> State <u>CT</u> Zip <u>06477</u>
Secretary Name <u>Allen B. Swerdlick</u>	Treasurer Name <u>Jay Sheehy</u>
Street Address	Street Address
<u>535 East 86th Street</u>	<u>190 Chapel Street</u>
City <u>New York</u> State <u>New York</u> Zip <u>10028</u>	City <u>Stratford</u> State <u>CT</u> Zip <u>06477</u>

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

Director Name	Director Name
<u>Paul Taylor</u>	<u>Jay Sheehy</u>
Street Address	Street Address
<u>22 John's Path</u>	<u>190 Chapel Street</u>
City <u>Madison</u> State <u>CT</u> Zip <u>06433</u>	City <u>Stratford</u> State <u>CT</u> Zip <u>06477</u>
Director Name <u>Allen B. Swerdlick</u>	Director Name
Street Address	Street Address
<u>535 East 86th Street</u>	
City <u>New York</u> State <u>New York</u> Zip <u>10028</u>	

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

Number of Shares	Class/Series	Par Value
<u>5000</u>	<u>Common</u>	<u>50</u>

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

Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Common</u>	<u>50</u>

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

File Date:

PAID

Check No.:

JAN 13 1999

By:

SECRETARY OF STATE

FOR SECRETARY OF STATE USE ONLY



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  
401-277-304



# 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. **87741** 2. Name of Corporation **KAMCO SUPPLY CORP. OF NEW ENGLAND**  
3. Street Address Principal Business Office **311 Indian River Road** City **Orange** State **CT** Zip **06477**  
4. Business Phone No. **203-795-6061** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **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 <b>PAUL A TAYLOR</b>	Vice President Name <b>Treasurer</b>
Street Address <b>22 John's Path</b>	Street Address <b>Jay B. Sheehy</b>
City <b>Madison</b> State <b>CT</b> Zip <b>06443</b>	City <b>190 Chapel Street</b> State <b>CT</b> Zip <b>06497</b>
Secretary Name <b>Allen B. Swedlick</b>	Treasurer Name <b>U.P.</b>
Street Address <b>535 E 86th Street</b>	Street Address <b>Richard A. Ross</b>
City <b>New York</b> State <b>N.Y.</b> Zip <b>10028</b>	City <b>578B North Trail</b> State <b>CT</b> Zip <b>06497</b>

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

Director Name <b>Paul A. Taylor</b>	Director Name <b>Jay B. Sheehy</b>
Street Address <b>22 John's Path</b>	Street Address <b>190 Chapel Street</b>
City <b>Madison</b> State <b>CT</b> Zip <b>06443</b>	City <b>STANFORD</b> State <b>CT</b> Zip <b>06497</b>
Director Name <b>Allen B. Swedlick</b>	Director Name <b>NONE</b>
Street Address <b>535 E 86th Street</b>	Street Address <b>NONE</b>
City <b>New York</b> State <b>NY</b> Zip <b>10028</b>	City <b></b> State <b></b> Zip <b></b>

## 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
<b>6,000 SHS COMM</b>	<b>\$50.00 PAR</b>		<b>1,000.</b>	<b>COMMON</b>	<b>50.00</b>

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



File Date: **1/10/97**

Check No.: **17224**

By: **WLC**

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 **Jay B. Sheehy** Date **1/14/97**

Print or Type Name of Officer **JAY SHEEHY**

Title of Officer **Vice President, Treasurer**