



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3640

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *121942* 2. Name of Corporation Top of the Line Fabricators, Inc.

3. Street Address Principal Business Office 417 Brown Street #50 City South Attleboro State MA Zip 02703

4. Business Phone No. (508) 761 8860 5. State of Incorporation RHODE ISLAND 6. SIC Code 0885

7. Brief Description of the Character of Business Conducted in Rhode Island
OWNERSHIP AND OPERATION OF A COUNTERTOP FABRICATION AND INSTALLATION BUSINESS

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

President Name Timothy O'Neill	Vice President Name Timothy O'Neill
Street Address 417 Brown Street #50 City South Attleboro State MA Zip 02703	Street Address 417 Brown Street #50 City South Attleboro State MA Zip 02703
Secretary Name Timothy O'Neill	Treasurer Name Timothy O'Neill
Street Address 417 Brown Street #50 City South Attleboro State MA Zip 02703	Street Address 417 Brown Street #50 City South Attleboro State MA Zip 02703

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

Director Name None	Director Name None
Street Address None	Street Address None
City State Zip	City State Zip
Director Name None	Director Name None
Street Address None	Street Address None
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"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE		50	Common	No Par Val.

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



*121942 DBC1/3 FILED MAR 03 2005 1993
File Date
Check No. 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] 2.25.05
Signature of Officer Date
Timothy O'Neill
Print or Type Name of Officer
President
Title of Officer



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3640

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *121942*		2. Name of Corporation Top of the Line Fabricators, Inc.	
3. Street Address Principal Business Office 417 Brown Street #50		City South Attleboro	State MA
4. Business Phone No. (508) 761-8860		5. State of Incorporation RHODE ISLAND	6. SIC Code 0885
7. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND OPERATION OF A COUNTERTOP FABRICATION AND INSTALLATION BUSINESS			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Timothy O'Neill		Vice President Name Timothy O'Neill	
Street Address 417 Brown Street #50		Street Address 417 Brown Street #50	
City South Attleboro	State MA	Zip 02703	City South Attleboro
Secretary Name Timothy O'Neill		Treasurer Name Timothy O'Neill	
Street Address 417 Brown Street #50		Street Address 417 Brown Street #50	
City South Attleboro	State MA	Zip 02703	City South Attleboro
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 COMM NO PAR VALUE			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
50	Common	No Par Val.	

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



121942 DBC1/30/033:32:14 PM

Filing Date 1/14/04

Check No 1479

By OE

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.

Timothy O'Neill 1.4.04

Signature of Officer Date

Timothy O'Neill

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 IN BLACK)

1. Corporate ID No. *121942*		2. Name of Corporation Top of the Line Fabricators, Inc.			
3. Street Address Principal Business Office 417 Brown Street #50			City South Attleboro	State MA	Zip 02703
4. Business Phone No. (508) 761-8860		5. State of Incorporation RHODE ISLAND			6. SIC Code 0885
7. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND OPERATION OF A COUNTERTOP FABRICATION AND INSTALLATION BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy O'Neill		Vice President Name Timothy O'Neill			
Street Address 417 Brown Street #50		Street Address 417 Brown Street #50			
City South Attleboro	State MA	Zip 02703	City South Attleboro	State MA	Zip 02703
Secretary Name Timothy O'Neill		Treasurer Name Timothy O'Neill			
Street Address 417 Brown Street #50		Street Address 417 Brown Street #50			
City South Attleboro	State MA	Zip 02703	City South Attleboro	State MA	Zip 02703
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
1,000 COMM NO PAR VALUE			Common		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series		Par Value	
50		Common		No Par Val.	

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



121942 DBC1/30/033:32:14 PM

File Date 3-19-03

Check No. 1154

By: IUP

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] 3-12-03

Signature of Officer Date

Timothy O'Neill

Print or Type Name of Officer

President

Title of Officer