



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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. 42748, Name of Corporation Allstate Sandblasting, Inc., Principal Business Office 135A LIBERTY ROAD, EXETER, RI 02822, Business Phone No. (401) 884-0692, State of Incorporation RHODE ISLAND, SIC Code 257, Officers: JOHN PAMULA (President), MARIO BARDALES (Secretary), JOHN PAMULA (Treasurer), Directors: JOHN PAMULA, Shares Authorized 2,000 NO PAR VALUE, Shares Issued 100.

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: JOHN PAMULA, Date: 3-11-05

Print or Type Name of Officer: JOHN PAMULA

Print or Type Name of Officer: PRESIDENT

FILED stamp: File Date MAR 16 2005, Check No., By: [Signature]

FOR SECRETARY OF STATE USE ONLY



**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. <b>42748</b>		2. Name of Corporation <b>Allstate Sandblasting, Inc.</b>			
3. Street Address Principal Business Office <b>135A LIBERTY ROAD</b>			City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
4. Business Phone No. <b>(401) 884-0692</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>257</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>SANDBLASTING AND PAINTING CONTRACTOR</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JOHN PAMULA</b>			Vice President Name <b>JOHN PAMULA</b>		
Street Address <b>135A LIBERTY ROAD</b>			Street Address <b>135A LIBERTY ROAD</b>		
City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name <b>JOHN PAMULA</b>			Treasurer Name <b>JOHN PAMULA</b>		
Street Address <b>135A LIBERTY ROAD</b>			Street Address <b>135A LIBERTY ROAD</b>		
City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			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
<b>2,000 NO PAR VALUE</b>			<b>100</b>		<b>NO PAR</b>

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



\* 4 2 7 4 8 \*

File Date 1-8-04  
Check No. 2294  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1-6-04  
Signature of Officer Date  
**JOHN PAMULA**  
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. **42748**  
2. Name of Corporation **Allstate Sandblasting, Inc.**  
3. Street Address Principal Business Office  
**135A LIBERTY ROAD**  
4. Business Phone No. **(401) 884-0692**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**SANDBLASTING & PAINTING**

City **EXETER** State **RI** Zip **02822**  
6. SIC Code **257**

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

President Name **JOHN PAMULA**  
Street Address  
**135A LIBERTY ROAD**  
City **EXETER** State **RI** Zip **02822**

Vice President Name **JOHN PAMULA**  
Street Address  
**135A LIBERTY ROAD**  
City **EXETER** State **RI** Zip **02822**

Secretary Name **MARIO BRADALES**  
Street Address  
**100 MINNESOTA AVENUE**  
City **WARWICK** State **RI** Zip **02886**

Treasurer Name **JOHN PAMULA**  
Street Address  
**135A LIBERTY ROAD**  
City **EXETER** State **RI** Zip **02822**

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

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**2,000 NO PAR VALUE**

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

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

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



\* 4 2 7 4 8 \*

File Date: 1.29.03  
Check No.: 1914  
By: LP

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

Signature of Officer [Signature] Date 1-25-03

Print or Type Name of Officer **JOHN PAMULA**

Title of Officer **PRESIDENT**



**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. **42748** 2. Name of Corporation **ALLSTATE SANDBLASTING INC.**  
3. Street Address Principal Business Office **135A LIBERTY ROAD** City **EXETER** State **RI** Zip **02822**  
4. Business Phone No. **(401) 884-0692** 5. State of Incorporation **RI** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SANDBLASTING & PAINTING CONTRACTOR**

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

President Name <b>JOHN PAMULA</b>	Vice President Name <b>JOHN PAMULA</b>
Street Address <b>135A LIBERTY ROAD</b>	Street Address <b>135A LIBERTY ROAD</b>
City <b>EXETER</b> State <b>RI</b> Zip <b>02822</b>	City <b>EXETER</b> State <b>RI</b> Zip <b>02822</b>
Secretary Name <b>MARIO BARDALES</b>	Treasurer Name <b>JOHN PAMULA</b>
Street Address <b>100 MINNESOTA AVENUE</b>	Street Address <b>135A LIBERTY ROAD</b>
City <b>WARWICK</b> State <b>RI</b> Zip <b>02886</b>	City <b>EXETER</b> State <b>RI</b> Zip <b>02822</b>

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
2000		no par

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

ISSUED SHARES	Class/Series	Par Value
100		no par

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

File Date: 2-25-02 FEB 27 2002  
Check No.: 1527  
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: 2-21-02  
**JOHN PAMULA**  
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. 42748		2. Name of Corporation ALLSTATE SANDBLASTING INC.			
3. Street Address Principal Business Office 135A LIBERTY ROAD			City EXETER	State RI	Zip 02822
4. Business Phone No. (401) 884-0692		5. State of Incorporation RI			6. SIC Code 0257
7. Brief Description of the Character of Business Conducted in Rhode Island SANDBLASTING & PAINTING CONTRACTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN PAMULA			Vice President Name JOHN PAMULA		
Street Address 135A LIBERTY ROAD			Street Address 135A LIBERTY ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name JOHN PAMULA			Treasurer Name JOHN PAMULA		
Street Address 135A LIBERTY ROAD			Street Address 135A LIBERTY ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			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
2000		no par	100		no par

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

File Date: **FILED**

Check No.: DEC 31 2001

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 the statements contained herein are true and correct.

*[Signature]* 11-26-01

Signature of Officer: JOHN PAMULA Date

Print or Type Name of Officer

**PRESIDENT**

Title of Officer

*[Circular Stamp]*



**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 42748		2 Name of Corporation ALLSTATE SANDBLASTING INC.			
3 Street Address Principal Business Office 135A LIBERTY ROAD			City EXETER	State RI	Zip 02822
4 Business Phone No. (401) 884-0692		5 State of Incorporation RI			6 SIC Code 0257
7 Brief Description of the Character of Business Conducted in Rhode Island SANDBLASTING & PAINTING CONTRACTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN PAMULA			Vice President Name JOHN PAMULA		
Street Address 135A LIBERTY ROAD			Street Address 135A LIBERTY ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name JOHN PAMULA			Treasurer Name JOHN PAMULA		
Street Address 135A LIBERTY ROAD			Street Address 135A LIBERTY ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			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"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000		no par	100		no par

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

**FILED**  
File Date: \_\_\_\_\_  
Check No: \_\_\_\_\_  
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: \_\_\_\_\_ Date: 11-26-01  
JOHN PAMULA  
Title 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. 42748		2. Name of Corporation ALLSTATE SANDBLASTING INC.			
3. Street Address Principal Business Office 135A LIBERTY ROAD			City EXETER	State RI	Zip 02822
4. Business Phone No. (401) 884-0692		5. State of Incorporation RI			6. SIC Code 0257
7. Brief Description of the Character of Business Conducted in Rhode Island SANDBLASTING & PAINTING CONTRACTOR					

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN PAMULA			Vice President Name JOHN PAMULA		
Street Address 135A LIBERTY ROAD			Street Address 135A LIBERTY ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name JOHN PAMULA			Treasurer Name JOHN PAMULA		
Street Address 135A LIBERTY ROAD			Street Address 135A LIBERTY ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			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
2000		no par	100		no par

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

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
DEC 31 2001  
101-897843

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: 11-26-01  
JOHN PAMULA  
Printed 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. **42748** 2. Name of Corporation **Allstate Sandblasting, Inc.**  
3. Street Address Principal Business Office **76 JERRY LANE** City **NO KINGSTOWN** State **RI** Zip **02852**  
4. Business Phone No. **(401) 884-0692** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0257**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**SANDBLASTING & PAINTING CONTRACTING**

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

President Name <b>JOHN PAMULA</b> Street Address <b>76 JERRY LANE</b> City <b>N KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b> Secretary Name <b>JOHN PAMULA</b> Street Address <b>76 JERRY LANE</b> City <b>N KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>	Vice President Name <b>JOHN PAMULA</b> Street Address <b>76 JERRY LANE</b> City <b>N KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b> Treasurer Name <b>JOHN PAMULA</b> Street Address <b>76 JERRY LANE</b> City <b>N KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>
--	---

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

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

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value

**2000 NO PAR**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value

**100 COMMON NO PAR**

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



\* 4 2 7 4 8 \*

File Date: 1-23-98  
Check No.: 3944  
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 of Officer: [Signature] Date: 1-22-98

**JOHN PAMULA**  
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. <b>42748</b>		2. Name of Corporation <b>Allstate Sandblasting, Inc.</b>			
3. Street Address Principal Business Office <b>76 Jerry Lane</b>		City <b>No Kingstown</b>	State <b>RI</b>		
4. Business Phone No. <b>(401) 884-0692</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sandblasting &amp; Painting Contracting</b>		6. SIC Code <b>0257</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>John Pamula</b>		Vice President Name <b>John Pamula</b>			
Street Address <b>76 Jerry Lane</b>		Street Address <b>same</b>			
City <b>No Kingstown</b>	State <b>RI</b>	City <b>same</b>	State <b>RI</b>		
Zip <b>02852</b>		Zip <b>02852</b>			
Secretary Name <b>John Pamula</b>		Treasurer Name <b>John Pamula</b>			
Street Address <b>same</b>		Street Address <b>same</b>			
City <b>same</b>	State <b>RI</b>	City <b>same</b>	State <b>RI</b>		
Zip <b>02852</b>		Zip <b>02852</b>			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>2000 NO PAR</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

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



File Date: 1/16/97  
 Check No.: 108  
 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 of Officer: [Signature]  
 Date: 1 13 97  
 Print or Type Name of Officer: John Pamula  
 Title of Officer: President

# 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. 42748		2. NAME OF CORPORATION Allstate Sandblasting, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 76 Jerry Lane			CITY North Kingstown	STATE RI	ZIP CODE 02852
4. BUSINESS PHONE NO. (401) 884-0692		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 0257	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Sandblasting & Painting Contracting

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME John Pamula		VICE PRESIDENT NAME John Pamula
STREET ADDRESS 76 Jerry Lane		STREET ADDRESS 76 Jerry Lane
CITY N. Kingstown	STATE RI	ZIP CODE 02852
SECRETARY NAME John Pamula		TREASURER NAME John Pamula
STREET ADDRESS 76 Jerry Lane		STREET ADDRESS 76 Jerry Lane
CITY N. Kingstown	STATE RI	ZIP CODE 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME		DIRECTOR NAME
STREET ADDRESS		STREET ADDRESS
CITY	STATE	ZIP CODE
DIRECTOR NAME		DIRECTOR NAME
STREET ADDRESS		STREET ADDRESS
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
2000	NO PAR		100	Common	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.

File Date: 3/26/96

Check No: 3288

By: *[Signature]*

For Secretary of State Use Only

Signature of Officer

John Pamula

Print or Type Name of Officer

President

Title of Officer

Date

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

**ANNUAL REPORT**

Please Type or Print  
 File Annually -- Jan. 1 - March 1  
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID: 0042748 Annual Report for the year: 1995

Name of Corporation: Allstate Sandblasting, Inc.

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

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

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
76 JERRY LANE  
NORTH KINGSTOWN RI 02852  
 Phone: (401) 884-0692

Brief statement of the character of business conducted in Rhode Island:  
SANDBLASTING & PAINTING CONTRACTOR

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
JOHN PAMULA	76 JERRY LANE NORTH KINGSTOWN RI	02852	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
JOHN PAMULA	76 JERRY LANE NORTH KINGSTOWN RI	02852	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
JOHN PAMULA	76 JERRY LANE NORTH KINGSTOWN RI	02852	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
JOHN PAMULA	76 JERRY LANE NORTH KINGSTOWN RI	02852	

**THE NAMES OF THE DIRECTORS ARE:**

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
<del>2000</del> 2000	<del> </del> Shares no par value	100	COMMON NO PAR

Date: 5-12-1995 By: [Signature]

JOHN PAMULA  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
PRESIDENT  
 TITLE OF OFFICER SIGNING

**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.

JOHN PAMULA  
 76 JERRY LANE  
 NORTH KINGSTOWN RI 02852

**PAID**  
 MAY 13 1995  
 TP 2007  
 SECRETARY OF STATE

Filing Fee \$50.00  
Payable to:  
Secretary 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

PLP CK #2421  
\$50.00

0042748

1994

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_  
Allstate Sandblasting, Inc.

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of RI  
Federal Taxpayer Identification Number: \_\_\_\_\_  
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)  
76 JERRY LANE  
NORTH KINGSTOWN RI 02852  
Phone ( 401 ) 884-0692

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: \_\_\_\_\_  
Brief statement of the character of business conducted in Rhode Island  
SANDBLASTING & PAINTING CONTRACTOR  
Date of Organization: 3/27/87 4/30/87 ME  
Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (See One)	JOHN PAMULA	76 JERRY LANE NORTH KINGSTOWN RI 02852		
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (See One)	JOHN PAMULA	76 JERRY LANE NORTH KINGSTOWN RI 02852		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (See One)	JOHN PAMULA	76 JERRY LANE NORTH KINGSTOWN RI 02852		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (See One)	JOHN PAMULA	76 JERRY LANE NORTH KINGSTOWN RI 02852		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)  
NUMBER 2000  
CLASS  
SERIES  
PAR VALUE OR WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)  
NUMBER 100  
CLASS COMMON  
SERIES  
PAR VALUE OR WITHOUT PAR NO PAR

Date 3 14 1994 By [Signature]  
JOHN PAMULA  
PRINT OR TYPE NAME OF OFFICER SIGNING  
PRESIDENT  
TITLE OF OFFICER SIGNING

Form 3: 1994  
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

JOHN PAMULA  
76 JERRY LANE  
N. KINGSTOWN RI 02852

FILED  
MAR 18 1994

By \_\_\_\_\_

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

DM  
202

Corporate ID 0042748 Annual Report for the year 1993

FIRST: The name of the corporation is Allstate Sandblasting, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Painting & Sandblasting

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

FIFTH: Business address in Rhode Island 76 Jerry Lane  
No KINGSTOWN RI 02852

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>John Pamula</u>	President	<u>76 Jerry Lane No KINGSTOWN RI</u>
<u>John Pamula</u>	Vice President	<u>same</u>
<u>John Pamula</u>	Secretary	<u>same</u>
<u>John Pamula</u>	Treasurer	<u>same</u>

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

**PAID**  
**APR 12 1993**  
**SECY OF STATE**

Dated ..... 19 .....

(Name of Corporation) .....  
By [Signature] .....  
Title .....

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

VP 1710

Corporate ID 0042749 Annual Report for the year 1992

FIRST: The name of the corporation is Allstate Sandblasting, Inc.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Sandblasting

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 76 Jerry Lane

No KINGSTOWN RI 02852

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

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

..... Director .....

..... Director .....

..... Director .....

John Pamula President 76 Jerry Lane No Kingstown Ri

John Pamula Vice President same

John Pamula Secretary same

John Pamula Treasurer same

SEVENTH: Number of Shares authorized:

No. of Shares Class Series

100 Common

Par Value or statement that shares are without par value

no par

PAID

EIGHTH: Number of Shares issued:

No. of Shares Class Series

100 Common

Par Value or statement that shares are without par value

no par

APR 11 1992

SECY OF STATE

Dated 19

(Name of Corporation)

By John Pamula

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 0042748 Annual Report for the year 1991

FIRST: The name of the corporation is Allstate Sandblasting, Inc.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Sandblasting

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

FIFTH: Business address in Rhode Island 76 Jerry Lane  
North Kingstown RI 02852

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>John Pamula</u>	President	<u>76 Jerry Lane North Kingstown RI</u>
<u>same</u>	Vice President	<u>same</u>
<u>same</u>	Secretary	<u>same</u>
<u>same</u>	Treasurer	<u>same</u>

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID  
APR 08 1991  
SECRETARY OF STATE

Dated 4-4 19 91 Allstate Sandblasting Inc  
(Name of Corporation)

By [Signature]

(Report must be signed by an officer)

Title President

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

AT

Corporate ID 0042748

Annual Report for the year 1990

FIRST: The name of the corporation is Allstate Sandblasting, Inc.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Sandblasting

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 591 Old Baptist Rd  
No Kingstown RI 02852

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>John Pamula</u>	President	<u>591 Old Baptist Rd No Kingstown RI 02852</u>
<u>same</u>	Vice President	<u>same</u>
<u>same</u>	Secretary	<u>same</u>
<u>same</u>	Treasurer	<u>same</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>COMMON</u>		<u>10 PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>COMMON</u>	<u>PAID MAR 26 1990</u>	<u>10 PAR</u>

Dated 3-20 1990

Allstate Sandblasting Inc  
(Name of Corporation)

By [Signature]  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0042748 Annual Report for the year 1989

FIRST: The name of the corporation is Allstate Sandblasting, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sand blasting company

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 76 Jerry Lane North Kingstown  
RI 02852

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>John Pamukha</u>	President	<u>76 Jerry Lane No. Kingstown RI</u>
<u>SAME</u>	Vice President	<u>same</u>
<u>SAME</u>	Secretary	<u>same</u>
<u>same</u>	Treasurer	<u>same</u>

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID  
MAR 8 1989  
OFFICE OF STATE

Dated 3/1 19 89

Allstate SANDBLASTING INC.  
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 42748 Annual Report for the year 1988

FIRST: The name of the corporation is Allstate Sandblasting, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sandblasting

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

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

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

Name	Office	Address (including number, street, zip code)
<u>John Pamula</u>	Director	
	Director	
	Director	
<u>John Pamula</u>	President	<u>76 Terry Lane, North Kingstown 02852</u>
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares 100 Class NO PAR VALUE Series a

ENTERED AUG 12 1988

Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares 100 Class

PAID

MADE 27 1988

Par Value or statement that shares are without par value

SEC'Y. OF STATE

Dated 3/11 19 88

Allstate Sandblasting Inc  
(Name of Corporation)

By John Pamula  
President  
Title John Pamula

(Report must be signed by an officer)