



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. 82648		2. Name of Corporation Creative Home Improvements/Builder, Inc.			
3. Street Address Principal Business Office 181 Hope Furnace Road			City Scituate	State RI	Zip 02831
4. Business Phone No. 828-1678		5. State of Incorporation RHODE ISLAND			6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island BUILDING AND REMODELING OF NEW AND EXISTING HOMES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Larcher			Vice President Name Elaine Larcher		
Street Address 181 Hope Furnace Road			Street Address 181 Hope Furnace Road		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
Secretary Name Elaine Larcher			Treasurer Name Paul Larcher		
Street Address 181 Hope Furnace Road			Street Address 181 Hope Furnace Road		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul Larcher			Director Name Elaine Larcher		
Street Address 181 Hope Furnace Road			Street Address 181 Hope Furnace Road		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Scituate	RI	02831	Scituate	RI	02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Scituate	RI	02831	Scituate	RI	02831
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			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
100 NO 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



File Date: 2-4-05
Check No.: 4619
By: 2
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: Paul E Larcher
Date: 1-4-05
Print or Type Name of Officer: Paul E Larcher
Title of Officer: Pres



Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street
Providence, RI 02903-1335
401.222.3040**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. 82648		2. Name of Corporation Creative Home Improvements/Builder, Inc.			
3. Street Address Principal Business Office 181 Hope Furnace Road			City Scituate	State RI	Zip 02831
4. Business Phone No. (401) 828-1678		5. State of Incorporation RHODE ISLAND			6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island BUILDING AND REMODELING OF NEW AND EXISTING HOMES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Larcher			Vice President Name Elaine Larcher		
Street Address 181 Hope Furnace Road			Street Address 181 Hope Furnace Road		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
Secretary Name Elaine Larcher			Treasurer Name Paul Larcher		
Street Address 181 Hope Furnace Road			Street Address 181 Hope Furnace Road		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul Larcher			Director Name Elaine Larcher		
Street Address 181 Hope Furnace Road			Street Address 181 Hope Furnace Road		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
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					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	Common	none
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

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



* 8 2 6 4 8 *

File Date **2/24/04**
Check No. **4147**
By: **ls**

FOR SECRETARY OF STATE USE ONLY

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

Paul Larcher
Signature of Officer**1-29-04**
Date**Paul Larcher**
Print or Type Name of Officer**Pres**
Title of Officer



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 02903-1335
401-222-3040



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. 82648 2. Name of Corporation Creative Home Improvements/Builder, Inc.
3. Street Address Principal Business Office 81 Hope Furnace Road City Scituate State RI Zip 02831
4. Business Phone No. (401) 828-1678 5. State of Incorporation RHODE ISLAND 6. SIC Code 18

Building nad Remodeling of New and Existing Homes

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

President Name Paul Larcher Vice President Name Elaine Larcher
Street Address 181 Hope Furnace Road Street Address 181 Hope Furnace Road
City Scituate State RI Zip 02831 City Scituate State RI Zip 02831
Secretary Name Elaine Larcher Treasurer Name Paul Larcher
Street Address 181 Hope Furnace Road Street Address 181 Hope Furnace
City Scituate State RI Zip 02831 City Scituate State RI Zip 02831

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

Director Name Paul Larcher Director Name Elaine Larcher
Street Address 181 Hope Furnace Road Street Address 181 Hope Furnace Road
City Scituate State RI Zip 02831 City Scituate State RI Zip 02831
Director Name _____ Director Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common None

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



* 8 2 6 4 8 *

File Date: 2-18-03
Check No.: 3755
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 Paul Larcher Date 1-22-03
Print or Type Name of Officer Paul Larcher
Title of Officer Pres



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 02903-1335
401-222-3040



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.

2. Name of Corporation

82648

Creative Home Improvements/Builder, Inc.

3. Street Address Principal Business Office

181 HOPE FURNACE ROAD

City
SCITUATE

State
RI

Zip
02831

4. Business Phone No.

(401) 828-1678

5. State of Incorporation

RHODE ISLAND

6. SIC Code

18

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

Building and REmodeling of New and Wxisting Homes

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Paul Larcher

Vice President Name

Elaine Larcher

Street Address

181 Hope Furnace Road

Street Address

181 Hope Furnace Road

City
Scituate

State
RI

Zip
02831

City
Scituate

State
RI

Zip
02831

Secretary Name

Elaine Larcher

Treasurer Name

Paul Larcher

Street Address

181 Hope Furnace Road

Street Address

181 Hope Furnace Road

City
Scituate

State
RI

Zip
02831

City
Scituate

State
RI

Zip
02831

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Paul Larcher

Director Name

Elaine Larcher

Street Address

181 Hope Furnace Road

Street Address

181 Hope Furnace Road

City
Scituate

State
RI

Zip

City
Scituate

State
RI

Zip
02831

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

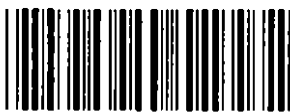
Par Value

100 Shars

Common

No Par

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



* 8 2 6 4 8 *

File Date: 3/15/02

Check No.: 5301

By: AB

FOR SECRETARY OF STATE USE ONLY

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

Paul Larcher 1-24-01
Signature of Officer Date

Paul Larcher
Print or Type Name of Officer

PROSS
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 82648 2. Name of Corporation Creative Home Improvements/Builder, Inc.

3. Street Address Principal Business Office 181 HOPE FURNANCE ROAD City SCITUATE State RI Zip 02831
4. Business Phone No. (401) 828-1678 5. State of Incorporation RHODE ISLAND 6. SIC 98

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

Building and Remodeling of New and Existing Homes

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

President Name

PAUL LARCHER

Street Address

181 HOPE FURNACE ROAD

City SCITUATE State RI Zip 02831

Secretary Name

ELAINE LARCHER

Street Address

181 HOPE FURNACE ROAD

City SCITUATE State RI Zip 02831

Vice President Name

ELAINE LARFCHER

Street Address

181 HOPE FURNACE ROAD

City SCITUATE State RI Zip 02831

Treasurer Name

PAUL LARCHER

Street Address

181 HOPE FURNACE ROAD

City SCITUATE State RI Zip 02831

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

Director Name

PAUL LARCHER

Street Address

181 HOPE FURNACE ROAD

City SCITUATE State RI Zip 02831

Director Name

Director Name

ELAINE LARCHER

Street Address

181 HOPE FURNACE ROAD

City SCITUATE State RI Zip 02831

Director Name

Street Address

City SCITUATE State RI Zip 02831

Street Address

City SCITUATE State RI Zip 02831

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

AUTHORIZED SHARES

Number of Shares 100 SHS NO PAR VALUE Class/Series NO PAR VALUE Par Value NO PAR VALUE

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

ISSUED SHARES

Number of Shares 100 Class/Series Common Par Value NO PAR

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



* 8 2 6 4 8 *

File Date: 1/24

Check No.: 2843

By: cc

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 Paul Larcher Date 1-19-00

Print or Type Name of Officer Paul Larcher

Title of Officer PRESIDENT



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 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82648** 2. Name of Corporation **Creative Home Improvements/Builder, Inc.**
3. Street Address-Principal Business Office **181 Hope Furnace Road** City **Scituate** State **RI** Zip **02831**
4. Business Phone No. **(401) 828-1678** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **18**

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

Building and remodeling of new and existing homes

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

President's Name **Paul Larcher** Vice President Name **Elaine Larcher**
Street Address **181 Hope Furnace Road** Street Address **181 Hope Furnace Road**
City **Scituate** State **RI** Zip **02831** City **Scituate** State **RI** Zip **02831**
Secretary Name **Elaine Larcher** Treasurer Name **Paul Larcher**
Street Address **181 Hope Furnace Road** Street Address **181 Hope Furnace Road**
City **Scituate** State **RI** Zip **02831** City **Scituate** State **RI** Zip **02831**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **Paul Larcher** Director Name **Elaine Larcher**
Street Address **181 Hope Furnace Road** Street Address **181 Hope Furnace Road**
City **Scituate** State **RI** Zip **02831** City **Scituate** State **RI** Zip **02831**
Director Name **Scituate** Director Name **Scituate**

Street Address **Scituate** Street Address **Scituate**
City **Scituate** State **RI** Zip **02831** City **Scituate** State **RI** Zip **02831**

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
100 SHS NO PAR VALUE **100 SHS COMMON NO PAR**

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



* 8 2 6 4 8 *

File Date: 1/24/00

Check No.: 2579

By: CL

FOR SECRETARY OF STATE USE ONLY

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

Paul Larcher 1-13-00
Signature of Officer Date

Paul Larcher
Print or Type Name of Officer

President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

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. 82648		2. Name of Corporation Creative Home Improvements/Builder, Inc.	
3. Street Address Principal Business Office 181 HOPE FURNACE ROAD		City SCITUATE	State RI
4. Business Phone No. (401) 828-1678		5. State of Incorporation RHODE ISLAND	6. SIC Code 18
7. Brief Description of the Character of Business Conducted in Rhode Island Building and Remodeling of New and Existing Homes			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Paul Larcher		Vice President Name Elaine Larcher	
Street Address 181 Hope Furnace Road		Street Address 181 Hope Furnace Road	
City Scituate	State RI	City Scituate	State RI
Zip 02831		Zip 02831	
Secretary Name Elaine Larcher		Treasurer Name Paul Larcher	
Street Address 181 Hope Furnace Road		Street Address 181 Hope Furnace Road	
City Scituate	State RI	City Scituate	State RI
Zip 02831		Zip 02831	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Paul Larcher		Director Name Elaine Larcher	
Street Address 181 Hope Furnace Road		Street Address 181 Hope Furnace Road	
City Scituate	State RI	City Scituate	State RI
Zip 02831		Zip 02831	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
100 SHS NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100 SHS	COMMON	NO PAR	

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



* 8 2 6 4 8 *

File Date: May 31, 99

Check No.: 2236

By: JD

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: Paul Larcher Date: 1-12-99

Print or Type Name of Officer: Paul Larcher

Title of Officer: Treas



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 02903-1335
401-277-3040



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. **82648** 2. Name of Corporation **Creative Home Improvements/Bulder, Inc.**

3. Street Address Principal Business Office **181 HOPE FURNACE ROAD** City **SCITUATE** State **RI** Zip **02831**
4. Business Phone No. **(401) 828-1678** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0018**

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

Building and REmodeling of New and Existing Homes

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

President Name

Paul Larcher

Street Address

181 Hope Furnace Road

City **Scituate** State **RI** Zip **02831**

Secretary Name

Elaine Larcher

Street Address

181 Hope Furnace Road

City **Scituate** State **RI** Zip **02831**

Vice President Name

Elaine Larcher

Street Address

181 Hope Furnace Road

City **Scituate** State **RI** Zip **02831**

Treasurer Name

Paul Larcher

Street Address

181 Hope Furnace Road

City **Scituate** State **RI** Zip **02831**

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

Director Name

Paul Larcher

Street Address

181 Hope Furnace Road

City **Scituate** State **RI** Zip **02831**

Director Name

Director Name

Elaine Larcher

Street Address

181 Hope Furnace Road

City **Scituate** State **RI** Zip **02831**

Director Name

Street Address

Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

100 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 SHS Common None

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



* 8 2 6 4 8 *

File Date: **2.20.98**

Check No.: **1888**

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.

Paul Larcher **1-9-98**
Signature of Officer Date

Paul Larcher
Print or Type Name of Officer

Pres
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 02903-1335
401-277-3040



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. 82648		2. Name of Corporation Creative Home Improvements/Builder, Inc.	
3. Street Address Principal Business Office 181 Hope Road		City Scituate	State RI
4. Business Phone No. (401) 828-1678		Zip 02831	
5. State of Incorporation RHODE ISLAND		6. SIC Code 0018	
7. Brief Description of the Character of Business Conducted in Rhode Island Building and Remodeling of New and Existing Homes			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name Paul Larcher		Vice President Name Elaine Larcher	
Street Address 181 Hope Furnace Road		Street Address 181 Hope Furnace Road	
City Scituate	State RI	City Scituate	State RI
Zip 02831		Zip 02831	
Secretary Name Elaine Larcher		Treasurer Name Paul Larcher	
Street Address 181 Hope Furnace Road		Street Address 181 Hope Furnace Road	
City Scituate	State RI	City Scituate	State RI
Zip 02831		Zip 02831	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
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)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
100 SHS NO PAR VALUE		100 SHS NO PAR VALUE	

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



File Date: **3.7.97**
Check No.: **1448**
By: **PLP**
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: **Paul Larcher** Date: **2-14-97**
Print or Type Name of Officer: **Paul Larcher**
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. 82648		2. NAME OF CORPORATION Creative Home Improvements/Builder, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 181 Hope Furnace Road		CITY Scituate	STATE RI
4. BUSINESS PHONE NO. (401) 828-1678		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 0018
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND building and remodeling of new and existing homes			

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME Paul Larcher		
VICE PRESIDENT NAME Elaine Larcher		
STREET ADDRESS 181 Hope Furnace Road		
CITY Scituate	STATE RI	ZIP CODE 02831
SECRETARY NAME Elaine Larcher		
STREET ADDRESS 181 Hope Furnace Road		
CITY Scituate	STATE RI	ZIP CODE 02831
TREASURER NAME Paul Larcher		
STREET ADDRESS 181 Hope Furnace Road		
CITY Scituate	STATE RI	ZIP CODE 02831

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME Paul Larcher		
STREET ADDRESS 181 Hope Furnace Road		
CITY Scituate	STATE RI	ZIP CODE 02831
DIRECTOR NAME Elaine Larcher		
STREET ADDRESS 181 Hope Furnace Road		
CITY Scituate	STATE RI	ZIP CODE 02831
DIRECTOR NAME		
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
100 SHS NO PAR VALUE			100	Common	no par value

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: 2/21/96
Check No: 0894
By: CP

Signature of Officer
Paul Larcher
Print or Type Name of Officer
President
Title of Officer
Date 2/16/96

For Secretary of State Use Only