



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. 132550		2. Name of Corporation Arnold Haley Remodeling, Inc.		
3. Street Address Principal Business Office 378 Armistice Blvd.		City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-724-6271		5. State of Incorporation RHODE ISLAND		6. SIC Code 238350
7. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL AND COMMERCIAL REMODELING AND CONSTRUCTION				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Arnold R. Haley, Jr.		Vice President Name Lisa A. Haley		
Street Address 378 Armistice Blvd.		Street Address 378 Armistice Blvd.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI
Secretary Name Lisa A. Haley		Treasurer Name Arnold R. Haley, Jr.		
Street Address 378 Armistice Blvd.		Street Address 378 Armistice Blvd.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI
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
Director Name none		Director Name none		
Street Address		Street Address		
City	State	Zip	City	State
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
100	NO PAR VALUE		50	

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.

Arnold R. Haley, Jr. 1/3/05
 Signature of Officer Date

Arnold R. Haley, Jr.
 Print or Type Name of Officer

President
 Title of Officer

File Date 1/5/05
 Check No. 683
 By: VJ
 FOR SECRETARY OF STATE USE ONLY



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (132550), 2. Name of Corporation (Arnold Haley Remodeling, Inc.), 3. Street Address (378 Armistice Blvd, Pawtucket, RI 02861), 4. Business Phone No. (401-724-6271), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (238350), 7. Brief Description of the Character of Business (RESIDENTIAL AND COMMERCIAL REMODELING AND CONSTRUCTION), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Arnold R. Haley, Jr.; Vice President: Lisa A. Haley), 9. NAMES AND ADDRESSES OF THE DIRECTORS (none), 10. SHARES AUTHORIZED (100 NO PAR VALUE), 11. SHARES ISSUED (50).

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



* 1 3 2 5 5 0 *

File Date: 3/24/04
Check No.: 494
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 of Arnold R. Haley, Jr.] Date: 3-22-2004
Print or Type Name of Officer: Arnold R. Haley, Jr.
Title of Officer: President