



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. 96450		2. Name of Corporation Classic Seal Corporation			
3. Street Address Principal Business Office 15 Industrial Lane			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 944-4487		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE HOME BUILDINGS IMPROVEMENTS BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph D. Parrillo			Vice President Name Joseph D. Parrillo		
Street Address 2 1/2 Earl Drive			Street Address 2 1/2 Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joseph D. Parrillo			Treasurer Name Joseph D. Parrillo		
Street Address 2 1/2 Earl Drive			Street Address 2 1/2 Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph D. Parrillo			Director Name None		
Street Address 2 1/2 Earl Drive			Street Address		
City Johnston	State RI	Zip 02919	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"/>			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
1,000	NO 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



96450

File Date 2-18-05
Check No. 1455
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] 2/15/05
Signature of Officer Date
JOSEPH D. PARRILLO
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. 96450		2. Name of Corporation Classic Seal Corporation			
3. Street Address Principal Business Office 15 Industrial Lane			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 944-4487		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE HOME BUILDINGS IMPROVEMENTS BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph D. Parrillo			Vice President Name Joseph D. Parrillo		
Street Address 2 1/2 Earl Drive			Street Address 2 1/2 Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joseph D. Parrillo			Treasurer Name Joseph D. Parrillo		
Street Address 2 1/2 Earl Drive			Street Address 2 1/2 Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph D. Parrillo			Director Name None		
Street Address 2 1/2 Earl Drive			Street Address		
City Johnston	State RI	Zip 02919	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"/>					
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
1,000	NO 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



* 9 6 4 5 0 *

File Date 2.4.04
Check No. 1067
By: JP
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 1/29/04
JOSEPH D. PARRILLO
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. **96450** 2. Name of Corporation **Classic Seal Corporation**
3. Street Address Principal Business Office **1200 HARTFORD AVENUE** City **JOHNSTON** State **RI** Zip **02919**
4. Business Phone No. **(401) 944-4487** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**
7. Brief Description of the Character of Business Conducted in Rhode Island
Construction

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

President Name JOSEPH D. PARRILLO	Vice President Name JOSEPH D. PARRILLO
Street Address 2½ EARL DRIVE	Street Address 2½ EARL DRIVE
City State Zip JOHNSTON RI 02919	City State Zip JOHNSTON RI 02919
Secretary Name JOSEPH D. PARRILLO	Treasurer Name JOSEPH D. PARRILLO
Street Address 2½ EARL DRIVE	Street Address 2½ EARL DRIVE
City State Zip JOHNSTON RI 02919	City State Zip JOHNSTON RI 02919

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

Director Name JOSEPH D. PARRILLO	Director Name NONE
Street Address 2½ EARL DRIVE	Street Address
City State Zip JOHNSTON RI 02919	City State Zip
Director Name NONE	Director Name
Street Address	Street Address
City State Zip	City State Zip

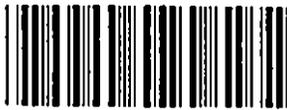
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED 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



* 9 6 4 5 0 *

File Date: 2-18-03
Check No.: 589
By: LUP

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 Joseph D. Parrillo Date 2-10-03
JOSEPH D. PARRILLO
Print or Type Name 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. **96450** 2. Name of Corporation **Classic Seal Corporation**
3. Street Address Principal Business Office **1200 Hartford Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 944-4487** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**
7. Brief Description of the Character of Business Conducted in Rhode Island
Construction

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

President Name Joseph D. Parrillo	Vice President Name Joseph D. Parrillo
Street Address 2 1/2 Earl Drive	Street Address 2 1/2 Earl Drive
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Joseph D. Parrillo	Treasurer Name Joseph D. Parrillo
Street Address 2 1/2 Earl Drive	Street Address 2 1/2 Earl Drive
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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

Director Name Joseph D. Parrillo	Director Name
Street Address 2 1/2 Earl Drive	Street Address
City Johnston State RI Zip 02919	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

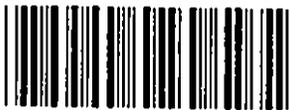
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



* 9 6 4 5 0 *

File Date: 3.29.02
Check No.: 253
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: 3.27.02
Print of Type Name of Officer: **Joseph D. Parrillo**
Title of Officer: **President**



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. **96450** 2. Name of Corporation **Classic Seal Corporation**

3. Street Address Principal Business Office
1200 Hartford Avenue City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401 944-4487)** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**

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

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

President Name Joseph D. Parrillo	Vice President Name Joseph D. Parrillo
Street Address 2 1/2 Earl Drive	Street Address 2 1/2 Earl Drive
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Joseph D. Parrillo	Treasurer Name Joseph D. Parrillo
Street Address 2 1/2 Earl Drive	Street Address 2 1/2 Earl Drive
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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

Director Name Joseph D. Parrillo	Director Name
Street Address 2 1/2 Earl Drive	Street Address
City Johnston State RI Zip 02919	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

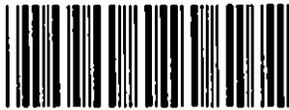
Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 9 6 4 5 0 *

File Date: 3/5
Check No.: 1356
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: _____
Print or Type Name of Officer: **Joseph D. Parrillo**
Title of Officer: **President**



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. 96450		2. Name of Corporation Classic Seal Corporation			
3. Street Address Principal Business Office 1200 Hartford Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 944-4487		5. State of Incorporation RHODE ISLAND		6. SIC Code 0885	
7. Brief Description of the Character of Business Conducted in Rhode Island Construction					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph D. Parrillo			Vice President Name Joseph D. Parrillo		
Street Address 2 1/2 Earl Drive			Street Address 2 1/2 Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joseph D. Parrillo			Treasurer Name Joseph D. Parrillo		
Street Address 2 1/2 Earl Drive			Street Address 2 1/2 Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph D. Parrillo			Director Name		
Street Address 2 1/2 Earl Drive			Street Address		
City Johnston	State RI	Zip 02919	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
1,000 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



* 9 6 4 5 0 *

File Date: 3/27/00

Check No.: 1172

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: 3/22/00

Print or Type Name of Officer: Joseph D. Parrillo

Title of Officer: President

Title of Officer

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. 96450		2. Name of Corporation Classic Seal Corporation			
3. Street Address Principal Business Office 1200 Hartford Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401/944-4487		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Construction					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [X] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph D. Parrillo			Vice President Name Joseph D. Parrillo		
Street Address 2½ Earl Drive			Street Address 2½ Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joseph D. Parrillo			Treasurer Name Joseph D. Parrillo		
Street Address 2½ Earl Drive			Street Address 2½ Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [X] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph D. Parrillo			Director Name		
Street Address 2½ Earl Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [X]					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	common	no par value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [X]					

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



File Date: Feb 22, 1999
Check No.: 1076
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: 2-19-99
Print or Type Name of Officer: Joseph D. Parrillo
Title of Officer: President

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. 96450		2. Name of Corporation Classic Seal Corporation			
3. Street Address Principal Business Office 1200 Hartford Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401/944-4487		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Construction					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Joseph D. Parrillo			Vice President Name Joseph D. Parrillo		
Street Address 2 1/2 Earl Drive			Street Address 2 1/2 Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joseph D. Parrillo			Treasurer Name Joseph D. Parrillo		
Street Address 2 1/2 Earl Drive			Street Address 2 1/2 Earl Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Joseph D. Parrillo			Director Name		
Street Address 2 1/2 Earl Drive			Street Address		
City Johnston	State RI	Zip 02919	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 checked="" type="checkbox"/>					
11. SHARES 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
1,000 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



File Date: 2/27
Check No.: 1050
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: 2/25/98
Joseph D. Parrillo
Print or Type Name of Officer
President
Title of Officer