

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

Corporations Dunsion 100 North Main Street

131452	1	2. Name of Corporation Construction Proformance Inc.					
treet Address Principal Bu		n Protomance inc.	City	State	Zip		
41 Home Street			West Warnick	<i>RT</i>	02893		
(401) 826-5511			5 State of Incorporation		6. SIC Code i		
rief Description of the Chi SUBCONTRACTO	racter of Business Conducted R SPECIALIZING IN CO	MMERCIAL AND RESIDE	NTIAL, WOOD FRAME, METAL				
CHICAGO CEILINGS, ETC. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT SIDENT Name Maria Rodriquez			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Enesto Estrada				
Maria Rodriguez vo Address 41 Home Sticet			Sirect Address 41 Hame St.				
West Warwic	State	02893	W- Warwick	Siate R1	02893		
retary Name			Street Address				
	State	Zip	City	State	Ζφ		
NAMES AND ADDR	ESSES OF THE DIRECT	TORS: ("X" BOX FOR A	TTACHMENT) [FILL IN Director Name	SPACES BEFORE USI	NG ATTACHMENTS		
ector Name	ESSES OF THE DIREC	TORS: ("X" BOX FOR A	· · ·	SPACES BEFORE USI	NG ATTACHMENTS		
et Address	ESSES OF THE DIRECT	TORS: ("X" BOX FOR A	Director Name	SPACES BEFORE USI	NG ATTACHMENTS		
			Director Name Street Address		-		
ed Address			Director Name Street Address City		-		
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et Address et Address et Address et Address SHARES AUTHOR	State	Zip Zip	Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (**	State	Zip Zip		
et Address et Address et Address et Address . SHARES AUTHOR	State State ZED ("X" BOX FOR A	Zip Zip ATTACHMENT)	Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (**	State State X" BOX FOR ATTACE	Zip Zip		

8/22/05 FOR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare and affirm th neluding any accompanying schedules and state	
ontained herein are true and correct.	
Maria Roduguez	· · · · · · · · · · · · · · · · · · ·
ignature of Officer	Dute :
Maria Rodriguez Prini or Type Name of Officer	<u></u>
President	
Tille of Officer	Form 630 Rev. 12/03



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

Corpu 100 North Main Street

Matthew A. Brown, Secretary of State

Providence,	KI 02903-13,
	401.222.30

PROFIT CORPO Filing Period: January 1 - , FORM MUST BE TYPED OR PR.	March 1 • I	NNUAL REPOR	T FOR THE YEA	AR200	<u>)4 </u>	
1 Corporate ID No.	2. Name of Corpor	ralion				
131452		on Proformance Inc.				
3. Street Address Principal Business			West Warning	k State	^{Z4} 02893	
1. Business Phone No		. 5. State of Incorporation			6. SIC Code	
(401) 826-551 RHODE ISLAN Brief Description of the Character of Business Conducted in Rhode Island)			
SUBCONTRACTOR SE	PECIALIZING IN CO	DMMERCIAL AND RESIDE	NTIAL, WOOD FRAME, META FACHMENT) FILL IN Vice President Name			
Maria Rodrinues			Ernesto Estrada			
Sireci Address	Cl. /		Stroet Address //			
41 Home	Street	1-:	41 Home	Hyper		
City W. Warwick Secretary Name	RL	02893	City Warwie Treasurer Name	K State RI	24 02893	
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City	State	2ip	City	State	Zíp	
•	1.			<u> </u>		
Director Name	ES OF THE DIREC	TORS: ("X" BOX FOR A	Director Name	IN SPACES BEFORE US	ING ATTACHMENTS	
Street Address			Sirvet Address	Street Address		
City	State	Zip	City	State	Z(p	
Director Name	•••••••••	••••••••••••	Director Name	•••••		
Street Address			Street Address			
City·	State	Zφ	City	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
10 \$1.00 PAR VALUE						
10 \$1.00 PAR VALUE						
This report must b	e signed in ink by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Trustee	
	1 3 1 4 5		including any acco		that I have examined this rep tatements, and that all stateme	
File Date	7	<u> </u>	1931 Marie	Roduance	2-18.04	
1005	•		Signature of Officer		Date	
Check No. 1000			Morio Print or Type Name	Kodriguez		
FOR SECRETARY OF	STATE LISE ONLY	_	Presid	ent		
. OR SECRETARY OF	U.M.D. OUL QIVE!		Title of Officer			