



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|--------------|---|---|--------------|--------------|
| 1. Corporate ID No. 119452 | | 2. Name of Corporation M/C Renovations, Inc. | | | |
| 3. Street Address Principal Business Office 41 Brandon Street | | | City Warwick | State RI | Zip 02888 |
| 4. Business Phone No. 785-0580 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island General contracting, building construction, renovation and related services. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael Penta | | Vice President Name Michael Penta | | | |
| Street Address 41 Brandon Street | | Street Address 41 Brandon Street | | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02888 |
| Secretary Name Michael Penta | | Treasurer Name Michael Penta | | | |
| Street Address 41 Brandon Street | | Street Address 41 Brandon Street | | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02888 |
| 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 | | | |
| 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 |
| 1,000 | | | 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

06 JAN 26 PM 3:38

FILED

JAN 26 2006

AmF

88175

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.

Michael Penta
Signature of Officer

12/7/05
Date

Michael Penta
Print or Type Name of Officer

President
Title of Officer

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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| 4. Business Phone No. 785-0580 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island General contracting, building construction, renovation and related services. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael Penta | | | Vice President Name Michael Penta | | |
| Street Address 41 Brandon Street | | | Street Address 41 Brandon Street | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02888 |
| Secretary Name Michael Penta | | | Treasurer Name Michael Penta | | |
| Street Address 41 Brandon Street | | | Street Address 41 Brandon Street | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02888 |
| 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 | | |
| 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 |
| 1,000 | | | 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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

Jan 29 2006
AMF
88175

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.

Michael Penta 12/7/05
Signature of Officer Date
Michael Penta
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 IN BLACK)

1. Corporate ID No. **119452** 2. Name of Corporation **M/C Renovations, Inc.**
3. Street Address Principal Business Office **41 Brandon Street** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. **785-0580** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
General contracting, building construction, renovation and related services.

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

| | |
|--|---|
| President Name Michael Penta | Vice President Name Michael Penta |
| Street Address 41 Brandon Street | Street Address 41 Brandon Street |
| City State Zip Warwick RI 02888 | City State Zip Warwick RI 02888 |
| Secretary Name Michael Penta | Treasurer Name Michael Penta |
| Street Address 41 Brandon Street | Street Address 41 Brandon Street |
| City State Zip Warwick RI 02888 | City State Zip Warwick RI 02888 |

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

| | |
|-------------------------------|----------------|
| Director Name None. | 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)

| 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 | 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: 5-8-03
Check No.: 3681
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: Michael Penta Date: 4-25-03
Print or Type Name of Officer: Michael Penta
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. **119452** 2. Name of Corporation **M/C Renovations, Inc.**
3. Street Address Principal Business Office **41 Brandon Street** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. **785-0580** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
General contracting, building construction, renovation and related services.

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

| | |
|--|---|
| President Name Michael Penta Street Address 41 Brandon Street City Warwick State RI Zip 02888 | Vice President Name Michael Penta Street Address 41 Brandon Street City Warwick State RI Zip 02888 |
| Secretary Name Michael Penta Street Address 41 Brandon Street City Warwick State RI Zip 02888 | Treasurer Name Michael Penta Street Address 41 Brandon Street City Warwick State RI Zip 02888 |

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

| | |
|---|---|
| Director Name None. Street Address City State Zip | Director Name Street Address City State Zip |
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |

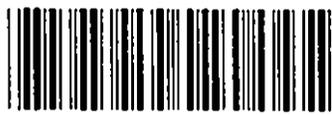
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Number of Shares | Class/Series | Par Value |
|-------------------|---------------------------|--------------|-----------|
| | 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



* 1 1 9 4 5 2 *

File Date: 7.20.02
Check No.: 494
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] 2/28/02
Signature of Officer Date

Michael Penta
Print or Type Name of Officer

President
Title of Officer