



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

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)

Form with sections for: 1. Corporate ID No. (115053), 2. Name of Corporation (Quality Roofing Systems, Inc.), 3. Street Address (599 Island Lane), 4. Business Phone No. (203-931-7663), 5. State of Incorporation (CONNECTICUT), 6. SIC Code (430), 7. Brief Description of the Character of Business Conducted in Rhode Island (ENGAGE IN ROOFING INSTALLATION AND REPAIR), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Danny R. Young, Vice President: None, Secretary: Debra White, Treasurer: Danny R. Young), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: Danny R. Young), 10. SHARES AUTHORIZED (5,000 NO PAR VALUE), 11. SHARES ISSUED (1,000 common, no par value).

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



115053

File Date: 1-13-05
Check No.: 2584
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] 1-3-05
Signature of Officer Date

Danny R. Young
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. 115053		2. Name of Corporation Quality Roofing Systems, Inc.			
3. Street Address Principal Business Office 599 Island Lane			City West Haven	State CT	Zip 06516
4. Business Phone No 203-931-7663		5. State of Incorporation CONNECTICUT		6. SIC Code 430	
7. Brief Description of the Character of Business Conducted in Rhode Island ENGAGE IN ROOFING INSTALLATION AND REPAIR.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Danny R. Young			Vice President Name None		
Street Address 599 Island Lane			Street Address		
City West Haven	State CT	Zip 06516	City	State	Zip
Secretary Name Debra White			Treasurer Name Danny R. Young		
Street Address 599 Island Lane			Street Address 599 Island Lane		
City West Haven	State CT	Zip 06516	City West Haven	State CT	Zip 06516
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Danny R. Young			Director Name		
Street Address 599 Island Lane			Street Address		
City West Haven	State CT	Zip 06516	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
5,000 NO PAR VALUE			1,000	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 5 0 5 3 *

File Date 2-5-04
Check No. 1862
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.

X [Signature] 2/4/2004
Signature of Officer Date

Danny R. Young
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. **115053** 2. Name of Corporation **Quality Roofing Systems, Inc.**
3. Street Address Principal Business Office **599 Island Lane** City **West Haven** State **CT** Zip **06516**
4. Business Phone No. **203-931-7663** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **430**
7. Brief Description of the Character of Business Conducted in Rhode Island
Roofing contractor

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

President Name Danny R. Young	Vice President Name None
Street Address 599 Island Lane	Street Address
City West Haven State CT Zip 06516	City State Zip
Secretary Name Debra White	Treasurer Name Danny R. Young
Street Address 599 Island Lane	Street Address 599 Island Lane
City West Haven State CT Zip 06516	City West Haven State CT Zip 06516

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

Director Name Danny R. Young	Director Name
Street Address 599 Island Lane	Street Address
City West Haven State CT Zip 06516	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
5,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
1,000	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 5 0 5 3 *

File Date: 2-21-03
Check No.: 1089
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] 2-18-03
Signature of Officer Date
Danny R. Young
Print or Type Name of Officer
President



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. 115053		2. Name of Corporation Quality Roofing Systems, Inc			
3. Street Address Principal Business Office 599 ISLAND LANE, P.O. BOX 30			City WEST HAVEN	State CT	Zip 06516-
4. Business Phone No. 2039317663		5. State of Incorporation			6. SIC Code 430
7. Brief Description of the Character of Business Conducted in Rhode Island ENGAGE IN ROOFING INSTALLATION AND REPAIR.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Danny R. Young			Vice President Name Toni M. Young		
Street Address 18 Kimberly Lane			Street Address 18 Kimberly lane		
City Madison	State Ct	Zip 06443	City Madison	State Ct	Zip 06443
Secretary Name Debra White			Treasurer Name Danny R. Young		
Street Address 1368 Little Meadow Road			Street Address 18 Kimberly Lane		
City Guilford,	State Ct	Zip 06437	City Madison	State Ct	Zip 06443
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	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
5,000 NO PAR VALUE NONE			NONE		

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



File Date 9-25-02
Check No. 4762
By: Kmc
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.

Danny Young 8/29/02
Signature of Officer Date
Danny R Young
Print or Type Name of Officer
President
Title of Officer

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. **115053** 2. Name of Corporation **Quality Roofing Systems, Inc.**
3. Street Address Principal Business Office **599 Island Lane** City **West Haven** State **CT** Zip **06516**
4. Business Phone No. **203-931-7663** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **0430**
7. Brief Description of the Character of Business Conducted in Rhode Island
Roofing contractor

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

President Name Danny R. Young Street Address 599 Island Lane City State Zip West Haven CT 06516	Vice President Name None Street Address City State Zip
Secretary Name Debra White Street Address 599 Island Lane City State Zip West Haven CT 06516	Treasurer Name Danny R. Young Street Address 599 Island Lane City State Zip West Haven CT 06516

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

Director Name Danny R. Young Street Address 599 Island Lane City State Zip West Haven CT 06516	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
5,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 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 5 0 5 3 *

File Date: 1/31

Check No.: 3386

By: De

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.

Danny R. Young 1-15-01
Signature of Officer Date

Danny R. Young
Print or Type Name of Officer

President
Title of Officer