

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 - (FORM MUST BE TYPED OR P.		g Fee: \$50.00					
1 Corporate ID No. 102559	· · ·	2. Name of Corporation Massey's Plate Glass & Aluminum, Inc.					
	ss Office		B Ranfold	State	^{zup} 06405		
4. Business Phone No. 203.488.23	77	5. State of Incorporation CONNECTICUT			6. SIC Code 885		
7. Brief Description of the Charac CONTRACTING TO P 8. NAMES AND ADDRESS President Name	ERFORM GLASS FABR	ICATION.	CHMENT) ☐ FILL IN S Vice President Name	SPACES BEFORE USING AT	ITACHMENTS		
Sirver Address 48 QUALTY DO	ch Road		Sirect Address N/A				
Branfold	State CT	06405	City N/A	State n/A	Zip n/A		
Shelly E. Sirect Address 28 Beechus	Massey		Jean P 1 Street Address 5 Field	<u>Massey</u> Place			
9. NAMES AND ADDRESS Director Name	State State T ES OF THE DIRECTOR	S: ("X" BOX FOR ATT	Brandord	State LT I SPACES BEFORE USING	D6405 ATTACHMENTS		
Street Address City	State	Zip	Street Address Gity	State	Zip		
Street Address		1	Director Name Street Address				
City	State	Zip	City	State	Z(p		
10. SHARES AUTHORIZE) D ("X" BOX FOR ATT.	 ACHMENT) [11. SHARES ISSUED ("X" BOX FOR ATTACHME	 (זא		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
500 COMM NO PAR VAL	UE		100	common			
This report must be seen to be se	05 2041	er the President, Vice Pr	Under penalty of perjincluding any accomponing any accomponing the second contained herein are signature of Officer Signature of Officer Print or Type Name of Second Contained herein are signature.	Massey	have examined this report		
<u> </u>		J	Title of Officer		Form 630 Rev. 12/03		



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2004
Filing Period: January 1 - March 1	Filing Fee: \$50.00	

(FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1 Corporate ID No	2. Name of Corporation				
102559		Blass & Aluminum, Inc.	_		<u> </u>
3. Street Address Principal Business O 734 East Mw			Branjero	State T	^{Zip} 06405
4. Business Phone No. 303-488-2377		5. State of Incorporation CONNECTICUT			6. SIC Gode 885
7. Brief Description of the Character of CONTRACTING TO PERF	Business Conducted in F	thode Island			
8. NAMES AND ADDRESSES			CHMENT) ☐ FILL IN SP	ACES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
	ssey	<u> </u>	nIA	·	
48 Quarry J	DUL Roa	4	Street Address P/A		
Branford	State CT	2ip 06405	city n/A	State N/A	zip n/A
Shelley E-1	Jassey		Treasurer Name Jean P.	Massey	
Street Address Rechwa	red Roa	<u>, </u>	Street Address 5 Feld	Place	· - -
Branfelo	State T	Zip (X0405	cin Branford	State	21906405
9. NAMES AND ADDRESSES	OF THE DIRECTOR	, – –	ACHMENT) FILL IN :	SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address	\bigcap	
City	Strie	Ζφ	City	Jiaic /	Zip
Director Name) / / / /	<i>}</i>	Director Name		
Street Address	1 t 1 3		Street Address	<u></u>	
City	State	Zíp	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	I ("X" BOX FOR ATT.	ACHMENT) [: 11. SHARES ISSUED (*2 ISSUED SHARES	\" BOX FOR ATTACHM.	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			100	Common	
This report must be s	igned in ink by cith	er the President, Vice P	resident, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee
		.			
			Under penalty of perio	rry, I declare and affirm that	1 have examined this report
+ .1	. <u>0. 2 5 5 0</u>	f ¬★		anying schedules and staten	
FIL	ED		contained herein are tr	ue and correct.	1. 1.2
File Date	7 2001		Laura	markey	1/3//05
Check No JAN 0	5 2004	j	Signature of Officer	T WARRE	Date
Bv 45	CAM GAM	1	LAUra	1. 1-145521	/
By:	- POND	_	Print or Type Name of the	Officer /	
FOR SECRETARY OF ST	ATE USE ONLY		Title of Officer	NI	
		_	nite of Officer		Form 630 Rev. 12/03



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

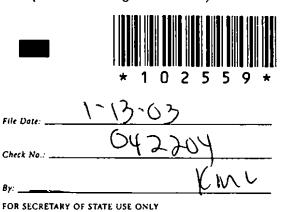
2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 102559 Massey's Plate Glass & Aluminum, Inc. 3. Street Address Principal Business Office 734 East Main 06405.2918 4. Business Phone No. S. State of Incorporation 6. SIC Code 203-488-2377 CONNECTICUT 885 7. Brief Description of the Character of Business Conducted in Rhoge Island aluminum, dues 45 8. NAMES AND ADDRESSES OF THE OFFICERS (*) BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City City Zip Director Name Director Name Street Address Street Address City State Złp City ZIp 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZZ SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value **500 COMM NO PAR VALUE** (om mm) 100

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

€> 5



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

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Law	avna	rhey	01/09/03	ı I
Signature of Of	ficei /	1	Date	
Print or Type N	J-MAS	s <u>ey</u>		
Pres	ident			

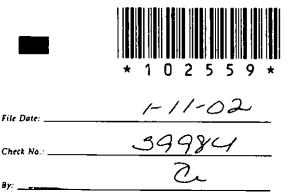
Title of Officer Form 630 12/02

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Carporate ID No. 2. Name of Corporation 102559 Massey's Plate Glass & Aluminum, Inc. 3. Street Address Principal Business Office Branford 734 East Main Street 06405-2918 4. Business Phone No. 5. State of Incorporation 6. SIC Code 203.488.2377 885 CONNECTICUT 7. Brief Description of the Character of Business Conducted in Rhode Island Aluminum, glass & algzing subcontractor 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name laura J. Massey 48 auarry Noch Road · Treasurer Nam E. Massey Shelley wood Road 06405 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City Director Name Director Name Street Address City State 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARÉS ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value **500 COMM NO PAR VALUE** 100 Commun

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

◆ 5



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	0,/08/02
Signathre of Officer	Date /
Laury J. Massey	
Print or Type Name of Officer President	
Title of Officer	

Ferm 630 12/01



Corporations Options 100 North Main Street, Providence, RI 02903-133 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ

(FORM MUST BE TYPED IN B	BLACK)				
1. Corporate ID No. 10 2 559	Massey's F	late Glass &	Aluminum, gno		
7 34 East Ma	on Street		Branford	State CT	06405-2918
7. Business Phone No. 203 - 488 - 23	77	5 State of Incorporation	cut		6. SIC Code 0885
2. Brief Description of the Charme all minum,	cter of Business Conducted in R	ligite Island	wentaction .		
8. NAMES AND ADDRI	/}	-		FORE USING ATTACHMI	TAPPE
President Name	ESSES OF THE OFFICE	ERS (*X* BOX FOR ATTACH	Vice President Name	FORE USING ATTACHME	3/413
Laura J. Mr	25SEY		nla		
Street Address 48 QUAVYY	DockRoa	2	Street Address A		
Branford	State C. J	04105	City NA	State n P	Zip N/A
Shelley E.	Massey		Tean P	Massey	
38 Reech	wood Ro	ad	Succe Address 5 Field P	lace	
Brantor	State C.T	06405	Branfer d	State	06405
9. NAMES AND ADDRI	ESSES OF THE DIREC	TORS ("X" BOX FOR ATTA	· · · · · · · · · · · · · · · · · · ·	BEFORE USING ATTACH	MENTS
Director Name /			Director Name N/A		
Street Address			Street Address	: <u></u> -	<u>,</u>
n/A	State N/A	right /A	n/A	State N/A	zip n/A
Director Name N M			Director Name	, 	
Street Address			Street Address		
r/A	State N/A	MA	in/A	State N./A	2ip / A
10. SHARES AUTHORIZ	LED ("X" BOX FOR ATTACE	IMENT) 🔘	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	<u> </u>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	comm	nu par value	100	common	
			<u></u>		
This report must be sig	gned in ink by either	the President, Vice P	resident, Secretary, Assista	int 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.

| The Date: | JUL 25 2001 | File Date | July 25 2001 | July 25

Laura J. Massly

President

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

O North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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405-2918

(FORM MUST BE TYPED IN BLACK)

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2. Name of Corporation

1. Corporate ID No.	2. Name of Corporation	1			
102559	Massey's Pl	ate Glass & Alu	minum, Inc.		
3. Street Address Principal Business O		- L	City_	State	Zip
734 East 1 2	ain Stres	UT .	Brantend	CT	06405-27
4. Business Phone No.		5. State of Incorporation	_ ,		6. SIC Code
203.488.237	'ヲ	CONNECTICUT			885
7. Brief Description of the Character of		hode Island		, 0	
aluminum,	glass & g	xazing pu	wee start	2/	
8. NAMES AND ADDRESS	ES OF THE OFFICI	ERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES BE	FORE USING ATTACHM	IENTS
President Name			Vice President Name		
Laura J Ma	155eV		nIA		
Street Address	~ ^ ^	1	Street Address		
48 Quarry	1)OUL KU	rad	nIA		
City	Sixte	Zip	City	State	Zip , A
Brantond	CT	06405	nir	nIA	zip //A
Secretary Name	,	,00	Treasurer Name		•
Shelley E	. Mass	ey .	Jean P. Mo	255EU	
Street Address	()	• •	Street Address		
28 Reech	wood K	oad	5 HEZD P	114Ce	
City	State	Zip	City	State	Zip
Prantond	CI	06405	Branken	CT	0640
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I	BEFORE USING ATTACH	IMENTS
Director Name			Director Name		
NA			nIA		
Street Address	•		Street Address		
NIA			7/1		
City	State 11	Zip	City	State	Zip
DIA	NA	NIA	NA		
Director Name	•		Director Name		
NA			nIA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		•			
10. SHARES AUTHORIZED	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Por Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR V	ALUE		100	common	
			(00	001111111111111111111111111111111111111	

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

* 1 0 2 5 5 9 *	
File Date:	_
Check No.: 35430	_
BY:	_

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.
Stratury of Officer Date
Yaurat Massey
Print for Type Name of Offices
President '
Title of Officer



James R. Langevin, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

THORM MOST BE TYPED IN BLAC	K)				
1. Corporate ID No. 102559	2. Name of Corporation Massey's Pla	te Glass & Aluminun	n, Inc.		
3. Street Address Principal Business O. 734 East Ma	in stree:	<i>+</i>	Branford	l State CT	06405-2918
4. Business Phone No. L203)488-237		5. State of Incorporation CONNECTICUT		. 1	6. SIC Code
7. Brief Description of the Character of 1964	f Business Conducted in R	hode Island	Kaetes	•	.1 .117 0
8. NAMES AND ADDRESS	ES OF THE OFFICE	ERS (*X* BOX FOR ATTACHA	MENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
President Name Lawa J. Ma:			Vice President Name		· —
Street Address 48 Quarry	DOCK ROC	ıd	Street Address	• . •	
BransoRd	State CT	06405	City	State	Zip
Shelley B.	Massey		Teasurer Name Tean P. M	lassey	
38 Beechwo	_ /	d	Street Address 5 Field F	•	
Branford	State CT	06405	Branford	State CT	06405
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR ATTAC	·	ES BEFORE USING ATT	ACHMENTS .
			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 AUTHORIZED SHARES	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T) (, i
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
500 COMM NO PAR \	/ALUE		100	Common	γ
		-	· · · · · · · · · · · · · · · · · · ·		
This report must be signed	d in ink by either	the President, Vice Pr	esident, Secretary, As:	sistant Secretary, Treas	urer, Receiver or Trustee
! CC(1)	IIIII EENE NEEN ENER EN	IE IEIL 1881			

* 1 0 2 5 5 9 *	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.
File Date: 11 51 99	1 - 60
Check No 033013	Significant Collicer Date Date
NO / 2	iaura J. Massel
B):	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
	Title of Officer