



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)

1. Corporate ID No. 102559		2. Name of Corporation Massey's Plate Glass & Aluminum, Inc.			
3. Street Address Principal Business Office 734 East Main Street		City Branford	State CT	Zip 06405	
4. Business Phone No. 203.488.2377		5. State of Incorporation CONNECTICUT		6. SIC Code 885	
7. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTING TO PERFORM GLASS FABRICATION.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Laura J. Massey			Vice President Name n/a		
Street Address 48 Quarry Dock Road			Street Address n/a		
City Branford	State CT	Zip 06405	City n/a	State n/a	Zip n/a
Secretary Name Shelley E. Massey			Treasurer Name Jean P. Massey		
Street Address 28 Beechwood Road			Street Address 5 Field Place		
City Branford	State CT	Zip 06405	City Branford	State CT	Zip 06405
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name n/a			Director Name n/a		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
Director Name n/a			Director Name n/a		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	1/18/05
Check No.	47041
By:	DA
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: Laura J. Massey Date: 1/6/05
Print or Type Name of Officer: Laura J. Massey
Title of Officer: President



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. 102559		2. Name of Corporation Massey's Plate Glass & Aluminum, Inc.		
3. Street Address, Principal Business Office 734 East Main Street		City Branford	State CT	Zip 06405
4. Business Phone No. 203-488-2377		5. State of Incorporation CONNECTICUT		6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTING TO PERFORM GLASS FABRICATION.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Laura J. Massey		Vice President Name N/A		
Street Address 48 Quarry Dock Road		Street Address N/A		
City Branford	State CT	Zip 06405	City N/A	State N/A
Secretary Name Shelley E. Massey		Treasurer Name Jean P. Massey		
Street Address 28 Beechwood Road		Street Address 5 Field Place		
City Branford	State CT	Zip 06405	City Branford	State CT
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City N/A	State N/A	Zip N/A	City N/A	State N/A
Director Name		Director Name		
Street Address		Street Address		
City N/A	State N/A	Zip N/A	City N/A	State N/A
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
500 COMM NO PAR VALUE			100	Common

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



FILED

File Date
JAN 05 2004
Check No.
By 45096 GAB

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
Date
Laura J. Massey 1/31/03
Print or Type Name of Officer
President
Title of Officer



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

102559

2. Name of Corporation

Massey's Plate Glass & Aluminum, Inc.

3. Street Address Principal Business Office

734 East Main Street

City

Branford

State

CT

Zip

06405-2918

4. Business Phone No.

203-488-2377

5. State of Incorporation

CONNECTICUT

6. SIC Code

885

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

aluminum, glass & glazing subcontractor

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Laura J. Massey

Vice President Name

N/A

Street Address

48 Quarry Dock Road

Street Address

N/A

City Branford State CT Zip 06405

City N/A State N/A Zip N/A

Secretary Name

Shelley E. Massey

Treasurer Name

Jean P. Massey

Street Address

28 Beechwood Road

Street Address

5 Field Place

City Branford State CT Zip 06405

City Branford State CT Zip 06405

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 N/A State N/A Zip N/A

City N/A State N/A Zip N/A

Director Name

Director Name

Street Address

Street Address

City N/A State N/A Zip N/A

City N/A State N/A Zip N/A

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

100 Common —

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: 1-13-03

Check No.: 042204

By: KML

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.

Laura J. Massey 01/09/03
Signature of Officer Date

Laura J. Massey
Print or Type Name of Officer

President
Title of Officer



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. 102559 2. Name of Corporation Massey's Plate Glass & Aluminum, Inc.
3. Street Address Principal Business Office 734 East Main Street City Branford State CT Zip 06405-2918
4. Business Phone No. 203-488-2377 5. State of Incorporation CONNECTICUT 6. SIC Code 885

7. Brief Description of the Character of Business Conducted in Rhode Island
Aluminum, glass & glazing subcontractor

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

President Name Laura J. Massey Vice President Name n/a
Street Address 48 Quarry Dock Road Street Address n/a
City Branford State CT Zip 06405 City n/a State n/a Zip n/a
Secretary Name Shelley E. Massey Treasurer Name Jean P. Massey
Street Address 28 Beechwood Road Street Address 5 Field Place
City Branford State CT Zip 06405 City Branford State CT Zip 06405

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

Director Name n/a Director Name n/a
Street Address n/a Street Address n/a
City n/a State n/a Zip n/a City n/a State n/a Zip n/a
Director Name n/a Director Name n/a
Street Address n/a Street Address n/a
City n/a State n/a Zip n/a City n/a State n/a Zip n/a

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	—

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: 1-11-02

Check No.: 39984

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] 01/08/02
Signature of Officer Date

Laura J. Massey
Print or Type Name of Officer

President
Title of Officer





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

Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-304



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. 102559		2. Name of Corporation Massey's Plate Glass & Aluminum, Inc.			
3. Street Address Principal Business Office 734 East Main Street			City Branford	State CT	Zip 06405-2918
4. Business Phone No. 203-488-2377		5. State of Incorporation Connecticut			6. SIC Code 0885
7. Brief Description of the Character of Business Conducted in Rhode Island aluminum, glass & glazing subcontractor					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Laura J. Massey			Vice President Name n/a		
Street Address 48 Quarry Dock Road			Street Address n/a		
City Branford	State CT	Zip 06405	City n/a	State n/a	Zip n/a
Secretary Name Shelley E. Massey			Treasurer Name Jean P. Massey		
Street Address 28 Beechwood Road			Street Address 5 Field Place		
City Branford	State CT	Zip 06405	City Branford	State CT	Zip 06405
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name n/a			Director Name n/a		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
Director Name n/a			Director Name n/a		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
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
500	Comm	no par value	100	common	—

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

FILED

File Date: JUL 25 2001
Check No.:
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] 7/23/01
Signature of Officer Date
Laura J. Massey
Print or Type Name of Officer
President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-3046



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. 102559 2. Name of Corporation Massey's Plate Glass & Aluminum, Inc.
3. Street Address Principal Business Office 734 East Main Street City Branford State CT Zip 06405-2718
4. Business Phone No. 203-488-2377 5. State of Incorporation CONNECTICUT 6. SIC Code 885

7. Brief Description of the Character of Business Conducted in Rhode Island
aluminum, glass & glazing subcontractor

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

President Name Laura J. Massey Vice President Name n/a
Street Address 48 Quarry Dock Road Street Address n/a
City Branford State CT Zip 06405 City n/a State n/a Zip n/a
Secretary Name Shelley E. Massey Treasurer Name Jean P. Massey
Street Address 28 Beechwood Road Street Address 5 Field Place
City Branford State CT Zip 06405 City Branford State CT Zip 06405

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

Director Name n/a Director Name n/a
Street Address n/a Street Address n/a
City n/a State n/a Zip n/a City n/a State n/a Zip n/a
Director Name n/a Director Name n/a
Street Address n/a Street Address n/a
City n/a State n/a Zip n/a City n/a State n/a Zip n/a

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common —

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: 1/14/00

Check No.: 35430

By: GAB

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 Laura J. Massey Date 01/11/00
Print or Type Name of Officer Laura J. Massey
Title of Officer President



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 102559		2. Name of Corporation Massey's Plate Glass & Aluminum, Inc.	
3. Street Address Principal Business Office 734 East Main Street		City Branford	State CT
4. Business Phone No. (203)488-2377		5. State of Incorporation CONNECTICUT	
6. SIC Code 0885		Zip 06405-2918	
7. Brief Description of the Character of Business Conducted in Rhode Island Aluminum, glass & glazing subcontractor			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Laura J. Massey		Vice President Name _____	
Street Address 48 Quarry Dock Road		Street Address _____	
City Branford	State CT	City _____	State _____
Zip 06405		Zip _____	
Secretary Name Shelley E. Massey		Treasurer Name Jean P. Massey	
Street Address 28 Beechwood Road		Street Address 5 Field Place	
City Branford	State CT	City Branford	State CT
Zip 06405		Zip 06405	
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 _____	State _____	City _____	State _____
Zip _____		Zip _____	
Director Name _____		Director Name _____	
Street Address _____		Street Address _____	
City _____	State _____	City _____	State _____
Zip _____		Zip _____	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
500 COMM NO PAR VALUE		100	Common
Par Value		Par Value	

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: **Feb 5, 1999**

Check No.: **033013**

By: **JR. / a**

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: **Laura J. Massey** Date: **02/03/99**

Print or Type Name of Officer: **Laura J. Massey**

Title of Officer: **President**