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.	2. Name of Corporation		
116962	SOLARIS PAINTING COMPANY, INC.		
3. Street Address Principal Business Office	City	State	Zip
4 CEDAR POND DR. #10	WARWICK	R.I.	02886
4. Business Phone No.	5. State of Incorporation		6. SIC Code
1-401-524 0574	RHODE ISLAND		

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

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

President Name	Vice President Name
MARK MLYNAR	- NONE -
Street Address: 4 CEDAR POND DR. #10	Street Address:
City: WARWICK State: R.I. Zip: 02886	City: State: Zip:
Secretary Name: - NONE -	Treasurer Name: - NONE -
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
- NONE -	- 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)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100 NO PAR VALUE			- NONE		

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

[redacted] [redacted]

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*: 04-15-2005

MARK MLYNAR
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date 7-5-05
Check No. 1234
By:
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 2004

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			
116962	SOLARIS PAINTING COMPANY, INC.			
3. Street Address Principal Business Office		City	State	Zip
4 CEDAR POND DR. #10		WARWICK	RI	02886
4. Business Phone No	5. State of Incorporation			6. SIC Code
1 401 524 0574	R.I.			0257

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

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

President Name			Vice President Name		
MAREK MLYNAR			- NONE -		
Street Address			Street Address		
4 CEDAR POND DR. #10					
City	State	Zip	City	State	Zip
WARWICK	RI	02886			
Secretary Name			Treasurer Name		
- NONE -			- NONE -		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
- NONE -			- NONE -		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
- NONE -			- NONE -		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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	Number of Shares	Class/Series	Par Value
100		NO PAR			NO PAR

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

[redacted] [redacted]

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* 09-13-2004

MAREK MLYNAR
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date	9.30.04
Check No.	1225
By:	

FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 116962
2. Name of Corporation: ROLAND MAINTENANCE, INC
3. Street Address Principal Business Office: 1402 MAIN STREET — City: W. WARWICK — State: R.I. — Zip: 02893
4. Business Phone No.: 1-401 [redacted] 827 0675
5. State of Incorporation: R.I.
6. SIC Code: 0257
7. Brief Description of the Character of Business Conducted in Rhode Island: PAINTING

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

President Name: MARK MLYNAR
Street Address: 1402 MAIN STREET
City: W WARWICK — *State*: R.I. — *Zip*: 02893

Vice President Name: NONE
Street Address:
City / *State* / *Zip*:

Secretary Name:
Street Address:
City / *State* / *Zip*:

Treasurer Name:
Street Address:
City / *State* / *Zip*:

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: NONE

Number of Shares	*Class/Series*	*Par Value*
100	@	NO PAR

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

ISSUED SHARES: NONE

Number of Shares	*Class/Series*	*Par Value*

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

[redacted] [redacted]

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*: 09-01-2003

MARK MLYNAR
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: 9-22-03

Check No.: 1111

By: a.

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 12/02

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 116962

2. Name of Corporation: Roland Maintenance, Inc.

3. Street Address Principal Business Office: 1402 Main Street | City: West Warwick | State: RI | Zip: 02893 | 6. SIC Code:

4. Business Phone No.: (401) 524-0574

5. State of Incorporation: RHODE ISLAND

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

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

President Name: Marek Mlynar
Street Address: 1402 Main Street
City: West Warwick | State: RI | Zip: 02893

Vice President Name: Marek Mlynar
Street Address: 1402 Main Street
City: West Warwick | State: RI | Zip: 02893

Secretary Name: Marek Mlynar
Street Address: 1402 Main Street
City: West Warwick | State: RI | Zip: 02893

Treasurer Name: Marek Mlynar
Street Address: 1402 Main Street
City: West Warwick | State: RI | Zip: 02893

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

Director Name: Marek Mlynar
Street Address: 1402 Main Street
City: West Warwick | State: RI | Zip: 02893

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
100	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100		

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

* 1 1 6 9 6 2 *

FILED

File Date: JUN 27 2002

Check No.:

By:

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: 5-02-2002

Print or Type Name of Officer: MAREK MLYNAR

Title of Officer: PRESIDENT

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Form 630 12/01