

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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

dence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

| 1. Corporate ID No. 116962 | SOLARIS PAIN | 2. Name of Corporation SOLARIS PAINTING COMPANY, INC. | | | | |
|---|--|---|---------------------------------|--|------------------------|--|
| 3. Street Address Principal Busi 4 CEDAR | Street Address Principal Business Office 4 CEDAR POND DR. # 10 | | WARWICK | State R · 1 . | 02886 | |
| Business Phone No. 1-401 - 524 0574 RHODE ISLAND | | | | | | |
| PAINTING of the Char | ractor of Business Conducted in | Rhode Island | | | - | |
| B. NAMES AND ADDRE | SSES OF THE OFFICERS | : ("X" BOX FOR AT | TACHMENT) FULL IN S | PACES BEFORE USIN | G ATTACHMENTS | |
| MARK MLYNAR | | - NONE - | | | | |
| Since Address 4 CEDAI | R POND DR | # 10 | Street Address | | | |
| WARWICK | State Q . 1 · | 02886 | Gly: | State | ZŲ | |
| Secretary Name — A | VONE - | | Treasurer Name | V0 <i>N€</i> - | ., | |
| Street Address | | Street Address | <u> </u> | | | |
| City | | 1976 | | I com | | |
| City | State | Ztp | City | State | Zip | |
| Mrector Name | SSES OF THE DIRECTOR $ \mathcal{O}_{N}\mathcal{E}_{-} $ | RS: ("X" BOX FOR A | Director Name | SPACES BEFORE US NONE – | <u>ing</u> attachments | |
| Street Address | | : | Street Address | | | |
| City | State | Zip | Cuy | State . | Zip | |
| Director Name - \$/6 | I | | Director Name | | | |
| Street Address | | | Street Address | VONE - | . . | |
| City | State | Z(p | City | State | Zip | |
| 0. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Scries | Par Value | |
| 100 NO PAR VALUE | | | - NONE | | | |
| | | | | | | |
| This report must | t be signed in ink by cith | or the President. Vice | President, Secretary, Assistant | Secretary, Treasurer | . Receiver or Trustee | |
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| | | | | | | |
| ı | | 84118 7161 1881 | | ry, I declare and affirm anying schedules and st | | |
| | | 7 | | | | |
| File Date 7 - 9 | 5-01- |] | contained bentin and | | 04-15 | |

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

Matthew A. Brown, Secretary of State

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

Form 630 Rev. 12/03

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 BIACK)

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|--|--------------------------|---------------------------|--------------------------------|------------------------------|--|--|--|
| Corporate ID No. | 2. Name of Corpor | TUTON DAINTING CO | OMPANY, INC. | | | | |
| 116962 Sireet Address Principal Husin | | FAINTING CO | | State | Zip | | |
| 4 CEDAR POP | | | WARWICK | R. 1: | 02886 | | |
| 1 Business Phone No | | ou | | 6. SIC Code 02 5 7 | | | |
| Brief Description of the Charac | | d in Rhode Island | | | | | |
| PAINTIN | | | | | | | |
| NAMES AND ADDRESS | SES OF THE OFFIC | ERS: ("X" BOX FOR AT | Vice President Name | SPACES BEFORE USIN | NG ATTACHMENTS | | |
| • | MLYNA | R | - NONE | · _ | | | |
| rcci Address 4 CEDAR | POND D | R. #10 | Street Address | | | | |
| WARWICK | State P. 1 | zip 02886 | City | State | Zip | | |
| cretary Name | ····· | | Treasurer Name | | | | |
| | NONE . | | - NONE - | - NONE - | | | |
| vet Address | | | Street Address | - - | | | |
| ty | State | Zip | City | State | Zip | | |
| NAMES AND ADDRESS | SES OF THE DIREC | TORS "("X" ROX FOR | ATTACHMENT) FILL | IN SPACES BEFORE US | SING ATTACHMENTS | | |
| rector Name - NON | - ^ | () 2000 1000 | Director Name - NON | | | | |
| reet Address | <u>-</u> | | Street Address | | | | |
| | | | | | | | |
| įv. | State | Zip | Clty | State | Zip | | |
| irector Name | . J | J | Director Name | | | | |
| - NONE | ; - | | - NON | <i>E</i> | | | |
| rret Address | | | Street Address | | | | |
| ty | State | Zip | City | State | Zip | | |
| • | | | | | | | |
| . SHARES AUTHORIZE | D ("X" BOX FOR | ATTACHMENT) | | ("X" BOX FOR ATTAC | HMENT) | | |
| THORIZED SHARES | | | ISSUED SHARES | | | | |
| imber of Shures | Class/So ries | Par Value | Number of Shares | Cluss/Series | Par Value | | |
| 100 | | NO PAR | | | NO PAR | | |
| | | | | | | | |
| 71 . | | | 1 | | | | |
| inis report must | be signed in link by | either the President, Vic | e President, Secretary, Assist | iant Secretary, Treasure | r, Receiver of Trusice | | |
| | | | | | | | |
| | | | | • | | | |
| | | | 1 ladaa aasaliii - C - | acium I dealare d Ar | that I have avanised this | | |
| | | | including any acco | erjury, i occiare and/ariirm | n that I have examined this statements, and that all state | | |
| | - | | contained herein as | True and correct | the state of the state of state | | |
| C). | 30-04 25 | | m | 4 1 | 09-13-2 | | |
| File Date | | | Signature of Office | | Date | | |
| Check No | 25 | | • • • • • • | MLYNAR | 1,000 | | |
| | 7 . | _ | MAREK | | <u> </u> | | |
| (| ب | 1 | Print or Type Name | of Officer | | | |



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. 2. Name of Corporation MAINTENANCE, INC ROLAND 116962 3. Street Address Principal Business Office W WARWICK State 02893 R. I. STREET 1402 MAIN 4. Rusiness Phone No. 5. State of Incorporation 6. SIC Code 067*5* 1 - 401 $R \cdot I$ 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 MLYNAR MARK NONE Street Address Street Address STREET MAIN Zip W WARWICK Secretary Name Street Address Street Address Cltv City State Zip State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE Street Address Street Address City State City State Zip Director Name Director Name Street Address Street Address City Zip City State ZIpState 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT) * * NONE NONE AUTITIORIZZZO SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value 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

| File Date: | 9.22-03 | • |
|------------------|----------------|---|
| Check No.: | 1/1/ | |
| Ву: | 2. | |
| 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.

OP - 01 - 2003

Signature of Officer

MARK MLYNAR

Print or Type Name of Officer

PRESIDENT

Form 630 12/02

Title of Officer

-€} 5

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. 2 | . Name of Corporation | | | | |
|--|--|--|--|--|-----------------------------|
| 116962 | Roland Maintena | ince, Inc. | City | State | Zip |
| 3. Street Address Principal Business Office 1402 Main Street 4. Business Phone No. 1 (401) 524-0574 | | 5. State of Incorporation RHODE ISLAND | West Warwick | RI | 92893 _{de} |
| 7, Brief Description of the Character of Be Commercial Cleani | nq | . ' | • | | |
| 8. NAMES AND ADDRESSES | OF THE OFFICER | S ('X' BOX FOR ATTACH | MEND OF THELEIN SPACES BEF | ORE USING ATTACHM | ENTS NO. |
| President Name Marek Miynar | | | Vice President Name | | . • |
| 1402 Main Street | | | Street Address 1402 Main Street | , | • |
| ^{city} West Warwick | ⁵ RT | ď2893 | Nëst Warwick | State RI | 02893 |
| Marek Mlynar Street Address 1402 Main Street | | n | Marek Mlynar Street Address 1402 Main Street | | 71a |
| West Warwick | R I | 02893 | West Warwick | State RI | 21p '02893 |
| 9. NAMES AND ADDRESSES | OF THE DIRECTO | RS (X BOX YORATTA | CHMENT)? FILLUIN SPACES B | EFORE USING ATTACH | MENTS THE |
| * Marek Mlynar Street Address 1402 Main Street City West Warwick | State RI | `z _{ip} '02893 | Director Name Street Address City | State | Zip |
| Director Name | | | Director Name | | |
| Street Addiess | | | Street Address | | |
| City | State | Zip | Clly | State | Zip |
| 10. SHARES AUTHORIZED (* | X" BOX FOR ATTACHN | IENT) CURT TO GO | 11. SHARES ISSUED (5X' I | OX FOR ATTACHMENT) | of the second second second |
| Number of Shares 100 NO PAR VALUE | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| This report must be signed | in ink by either t | he President, Vice P | | , nt Secret ary , Treasure | r, Receiver or Trustee |
|) | 1 6/9/6 2 | | this report, including a | y declare and affirm the becompanying schedulahed herein are true an | les and statements, and |
| File Date: | 7 20m | | Synature of Officer | | 5-02-2005 |
| Check No.: By | 7 2002 | in the second second | HAFEL ML Print or Type Name of Officer | YNAR | |
| By:FOR SECRETARY OF STATE USE ONL | Y Control of the Cont | 7 1 | PRESIDENT Title of Officer | | Form 630 12/01 |