

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 Math. Str. Providence, RI 02903-13; 401.222.30

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<u></u>	***	Jamestown	RI	02835	
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		Vice President Name Brian S. Reid	SPACES BEFORE USIN	NG ATTACHMENTS	
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		Brian S. Reid			
		Street Address			
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State	Zip	City	State	Zip	
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J	. J	Director Name			
<u> </u>		Street Address	- ·		
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 "X" BOX FOR ATTA	ICHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTAC	 HMENT) [
Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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President

Title of Officer



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

Corporations Divisit 100 North Main Str. Providence, RI 02903-13: 401.222.30

Matthew A. Brown, Secretary of State

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1. Business Phone No. 1. 401) 423-2819 2. Brief Description of the Character TO BUILD, RENOVATE 3. NAMES AND ADDRESSES President Name 3. Reid 3. Howland Avenu	of Business Conduc , REPAIR, REM OF THE OFFI	RHODE ISLAND HOLD REAL E	STATE. ITTACHMENT) FILL IN	SPACES BEFORE USIN	0034 X	
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ireei Address 3 Howland Avenu			•			
ireei Address 3 Howland Avenu			: Brian S. Reid	Brian S. Reid		
			Street Address			
	ie		73 Howland Av	venue		
•	State	Zip	City	State	Zip	
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ecreary Name Brian S. Reid			Treasurer Name Brian S. Reid	đ		
inet Address	-		Street Address			
3 Howland Avenu	ie		73 Howland Av	venue		
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amestown	RI	02835	Jamestown	RI	02835	
treel Address			Director Name Street Address			
îty	State	Zip	City	State	2.ip	
	.J	. 				
Oirector Name			Director Name			
Director Name			Director Name Street Address		_	
itroci Address	State	Zip		State	Zip	
			Street Address City	State ("X" BOX FOR ATTAC		
City O. SHARES AUTHORIZED			Sircei Address City 11. SHARES ISSUED			

File Date	2501
Check No.	<u>6783</u>
Ву:	FOR SECRETARY OF STATE USE ONLY
·	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and s	
contained herein are true and corred.	ec 0/23/04
Signature of Officer	Date
BRIAN SIZETD	
Print or Type Name of Officer	
, PRESIDENT	
Title of Officer	Form 630 Rev. 12/03



Mutthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Filing Period: Januar	y I - March I	N ANNUAL REPO Filing Fee: \$50.00	KI FOR THE	YEAR <u>2003</u>	
(FORM MUST BE TYPED 1 Corporate ID No *93962*	2 Name of Co	rporation emodeling, Inc.			
3 Street Address Principal 73 HOWLAND AVE	Business Office	.	City JAMESTOWN	· <i>State</i> RI	<i>Zıp</i> 1 02835
4 Business Phone No. 4014232819		3. State of Incorporation RHODE ISLAND			16. SIC Code 0034
7 Brief Description of the TO BUILD, RENOVA	Character of Business TE, REPAIR, RE	Conducted in Rhode Island	STATE.		
President Name	RESSES OF THE C	OFFICERS ("X" BOX FOR ATT	Vice President Name	PACES BEFORE USING	GATTACHMENTS
Brian S. Reid			Brian S. Reid		
Street Address 73 Howland Aver	1116		Street Address 73 Howland Ave	ກາເວ	
	sue State	Zip	City	State	Ζιp
City Jamestown	RI	02835	Jamestown	RI	02835
Secretary Name		0003	Treasurer Name		
Brian S. Reid			Brian S. Reid		
Street Address			Street Address		
73 Howland Aver	nue		73 Howland Aver	nue	
City	State	Zip	City	State	Zip
Jamestown	RI	02835	Jamestown	·RI	02835
9. NAMES AND ADDI	RESSES OF THE D	DIRECTORS ("X" BOX FOR AT	TACHMENT) FILL IN Director Name	SPACES BEFORE USI	NG ATTACHMENTS
None			None		
Street Address	-		Street Address		
City	State	Zφ	City	State	Zıp
Director Name	•		Director Name		
None			None		
Street Address			Street Address		
City	State	Zφ	City	State	Zıp
10. SHARES AUTHOR AUTHORIZED SHARES	RIZED ("X" BOX F	OR ATTACHMENT)	11. SHARES ISSUED (*) ISSUED SHARES	X" BOX FOR ATTACHM	(ENT)

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

Number of Shares

100

Par Value

*93962 DBC2	/20/033:29,53 PM:	
File Date		
Check No	C0108	
B _Y	21	
FOR SECRETARY	OF STATE USE ONLY	

Class/Series

Number of Shares

400 NO PAR VALUE

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.
and that an statements comained better are the und correct.
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Muan Stew 3-1-03
Signature of Officer Date
Devel Com
U JAMA 1210
Print or Type Name of Officer
L DECLINATE
V 1 = 0100.101
Title of Officer Form 630 12/01

Class/Series

common

Par Value

no

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(FORM MUST BE TYPED IN I 1. Corporate ID No.	BLACK) 2. Name of Corpora				
93962	Reid's Rem				
3. Street Address Principal Busin 73 HOWLA		•	JAMES TO UN	State R 1	2182835
1. Business Phone No. 401- 423-	2819	5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Chara REMODEUN		in Rhode Island			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTACH	IMENTS
President Name BRIAN	S. REID		Vice President Name		
Street Address			SAME Street Address		
73 HOWL	AND AVEN	UE	Sirett Amures,		
JAMEST		282835	City	State	Zip
SAME			SAME		· · · ·
itreet Address			Street Address		
City	State	Zip	City	State	Zip
	ESSES OF THE DIRI	ECTORS (*x* box for attac	CHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
SAME			SAMÉ		
STITE	•		Street Address		
Sity	State	Zip	City	State	Zip
Hrector Kame		• . • •	Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ED ("x" BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	•
lumber of Shares	Closs/Series	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE	cinmon st	nr.	167)	tommun Stucic	NU PAC

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File Date:	2-22-02
Check No.:	5411
Ву:	2.
	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.

0420/07 Date Signature of Officer

BRIAN S. REID.

PRESIDENT.

Title of Officer

Form 630 12/01

Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

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. 2. Name of Corporation 93962 Reid's Remodeling, Inc. 3. Street Address Prifcipal Business Office 5. State of Incorporation RHODE ISLAND Remodeling 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Brian . State City Zip City City State Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ame ame Street Address Street Address Zip City State Director Name Director Name Street Address Street Address City Zip City Zip State State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares 400 NO PAR VALUE

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, ani

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-3

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. 2. Name of Corporation Reid's Remodeling, Inc. 3. Street Address Principal Business Office 5. State of Incorporation 6. SIC Code 401-423-2819 RHODE ISLAND residential Remodelina 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS City State Zıp 02835 Street Address Street Address State Zip City State Zip 9. NAMES: AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Jame Street Address City City Zip State Director Name Director Name Street Address Street Address City 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 Number of Shares Common Common Stock 100

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

	* 9 3 9 6 2 *
File Date:	2/7/00
Check No	3402
Ву:	٥
FOR SECRETARY	OF STATE LIST ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, ar
that all statements contained herein are true and correct.
Drean Skeed
Signature of Officer Date
Brian S. Reid
Print or Type Name of Officer
President
Title of Officer



James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 19

1999

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1. Corporate ID No. 93962	2. Name of Corporal Reld's Rem	tion	-	· · · · · · · · · · · · · · · · · · ·	
		ouemy, mc.			
3. Street Address Principal Business Off 41 NARRAGANSETT			CITY JAMESTOWN	(State	02835°
- MI IV ПККПО ПП JOIT 4. Business Phone No.	AVE.	5. State of Incorporation		'	6. SIC Code
(401) 423-2819		5 HHODE ISLAND)		1 0.000 000.
7. Brief Description of the Character of		n Rhode Island			
RESIDENTIAL REM			140 T 0040 H = 4		
8. NAMES AND ADDRESSE President Name	S OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) . FILL IN SPACES Vice President Name	BEFORE USING ATTACE	HMENTS
BRIAN J. REID			SAME		
Street Address			Street Address		
13 HOWLAND					
City JAMESTO WN	State R1	zip 02835	City	ı State	Žip
Secretary Name		• • • •	Treasurer Name	• • • •	
, · · · ·					
Street Address			Street Address	•	
Class	****	- 4.	-		
Sity	State	Zip	City	' State	Z.ip
9. NAMES AND ADDRESSE	S OF THE DIRE	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Director Name	•	•	Director Name	آفست ہے۔ م	~
SAME			SAME		_
Street Address			Street Address		
City	State	Zip	City	State	; Zip -
Director Name		• • • •	Director Name		
Street Address			Street Address		
City	State	Zip	City	' State .	Z(p
IO. SHARES AUTHORIZED	(*X* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	,
AUTHORIZED SHARES		•	IZZUAD SHANIZ		
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his report must be signed	In lak by eiti	ier the President, vice P	resident, secretary, Ass	istant secretary, freasu	ier, keceiver or i
* 9	3 9 6 2	! ★	Under penalty of po	erjury, I declare and affirm	that I have examin
	1	_	this report, includi	ng any accompanying sche	dules and statement

James R. Langevin, Secretary of Sto Corporations Divisi 100 North Main Street Providence, RI 02903-13 401-277-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILAM, RIAD INSTRUCTION

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Reid's Remodeling, Inc. 3. Street Address Principal Business Offic NARRAGANSETT AVENUE 4. Business Phone No. S. State of Incorporation 401-423-2819 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island REMODELING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name BRIAN S. SAME Street Address State Zip Treasurer Name SAME SAME Street Address Street Address City State City State ZIP 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City City State ZIP Director Name Director Name 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 **400 NO PAR VALUE**

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

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File Date:	000	98	
Check No.:	130	OX JA	
By:	RY OF STATE USE ON	TA A	

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

Date

Print or Type Name of Officer

OWNER / PRESIDENT
Title of Officer