



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 02903-13
401.222.30

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. 93962		2. Name of Corporation Reid's Remodeling, Inc.			
3. Street Address Principal Business Office 73 Howland Avenue			City Jamestown	State RI	Zip 02835
4. Business Phone No. (401) 423-2819		5. State of Incorporation RHODE ISLAND			6. SIC Code 0034 X
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUILD, RENOVATE, REPAIR, REMODEL AND HOLD REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian S. Reid			Vice President Name Brian S. Reid		
Street Address 73 Howland Avenue			Street Address 73 Howland Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Brian S. Reid			Treasurer Name Brian S. Reid		
Street Address 73 Howland Avenue			Street Address 73 Howland Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
400 NO PAR VALUE			100	Common	None

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



File Date	1/27/05
Check No.	7686
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.

✓ Brian S. Reid 1/24/05
Signature of Officer Date
✓ Brian S. Reid
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

Corporations Division
100 North Main Street
Providence, RI 02903-13
401.222.30

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. 93962		2. Name of Corporation Reid's Remodeling, Inc.			
3. Street Address Principal Business Office 73 Howland Avenue			City Jamestown	State RI	Zip 02835
4. Business Phone No. (401) 423-2819		5. State of Incorporation RHODE ISLAND			6. SIC Code 0034 X
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUILD, RENOVATE, REPAIR, REMODEL AND HOLD REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian S. Reid			Vice President Name Brian S. Reid		
Street Address 73 Howland Avenue			Street Address 73 Howland Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Brian S. Reid			Treasurer Name Brian S. Reid		
Street Address 73 Howland Avenue			Street Address 73 Howland Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
400 NO PAR VALUE			100	Common	None

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



* 9 3 9 6 2 *

File Date	3/5/04
Check No.	6783
By:	SC
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.

✓ **Brian S. Reid** 01/23/04
Signature of Officer Date
✓ **BRIAN S. REID**
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
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 IN BLACK)

1 Corporate ID No. *93962* 2 Name of Corporation Reid's Remodeling, Inc.
3 Street Address Principal Business Office 73 HOWLAND AVENUE City JAMESTOWN State RI Zip 02835
4 Business Phone No. 4014232819 5 State of Incorporation RHODE ISLAND 6 SIC Code 0034
7 Brief Description of the Character of Business Conducted in Rhode Island
TO BUILD, RENOVATE, REPAIR, REMODEL AND HOLD REAL ESTATE.

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

President Name Brian S. Reid Street Address 73 Howland Avenue City Jamestown State RI Zip 02835	Vice President Name Brian S. Reid Street Address 73 Howland Avenue City Jamestown State RI Zip 02835
Secretary Name Brian S. Reid Street Address 73 Howland Avenue City Jamestown State RI Zip 02835	Treasurer Name Brian S. Reid Street Address 73 Howland Avenue City Jamestown State RI Zip 02835

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 None Street Address City State Zip
Director Name None Street Address City State Zip 	Director Name None Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

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

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no

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



* 9 3 9 6 2 *

93962 DBC2/20/033:29.53 PM
File Date 2-28-03
Check No. 6108
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] 3-1-03
Signature of Officer Date
✓ Brian S. Reid
Print or Type Name of Officer
✓ PRESIDENT
Title of Officer



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.

93962

2. Name of Corporation

Reid's Remodeling, Inc.

3. Street Address Principal Business Office

73 HOWLAND AVENUE

City

JAMESTOWN

State

RI

Zip

02835

4. Business Phone No.

401-423-2819

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

REMODELING

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

President Name

BRIAN S. REID

Vice President Name

SAME

Street Address

73 HOWLAND AVENUE

Street Address

City

JAMESTOWN RI

Zip

02835

City

State

Zip

Secretary Name

SAME

Treasurer Name

SAME

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

SAME

Director Name

SAME

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 (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

400 NO PAR VALUE

COMMON STOCK

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON
STOCK

NO PAR
VALUE

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



* 9 3 9 6 2 *

File Date:

2-22-02

Check No.:

5411

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]
Signature of Officer

02/20/02
Date

BRIAN S. REID

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 630 12/01



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

Corporations Division
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
93962

2. Name of Corporation
Reid's Remodeling, Inc.

3. Street Address Principal Business Office

41 Narragansett Ave.

City

Jamestown

State

RI

Zip

02835

4. Business Phone No

401-423-2819

5. State of Incorporation
RHODE ISLAND

6. SIC Code

0

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

Residential Remodeling

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Brian S. Reid

Vice President Name

Same

Street Address

73 Howland Ave.

Street Address

City

Jamestown

State

RI

Zip

02835

City

State

Zip

Secretary Name

Same

Treasurer Name

Same

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

Same

Director Name

Same

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 ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

400 NO PAR VALUE

Common Stock

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common Stock

No Par Value

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



* 9 3 9 6 2 *

File Date: **FILED**

Check No.: **FEB 05 2001**

By: **By 004525**

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.

Brian S. Reid **1/31/01**
Signature of Officer Date

Brian S. Reid
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 02903-1
401-222-3100



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.

93962

2. Name of Corporation

Reid's Remodeling, Inc.

3. Street Address Principal Business Office

41 Narragansett Ave.

City

Jamestown

State

RI

Zip

02835

4. Business Phone No.

401-423-2819

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Residential Remodeling

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Brian S. Reid

Vice President Name

Same

Street Address

73 Howland Ave.

Street Address

City

Jamestown

State

RI

Zip

02835

City

State

Zip

Secretary Name

Treasurer Name

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

Same

Director Name

Same

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 ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

400 NO PAR VALUE

Common Stock

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common Stock

No par value

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 *

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.

Brian S. Reid
Signature of Officer Date

Brian S. Reid
Print or Type Name of Officer

President
Title of Officer

File Date: 2/7/00

Check No.: 3402

By: CR

FOR SECRETARY OF STATE USE ONLY



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 02903-13
401-222-30

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. 93962		2. Name of Corporation Reid's Remodeling, Inc.	
3. Street Address Principal Business Office 41 NARRAGANSETT AVE.		City JAMESTOWN	State RI
4. Business Phone No. (401) 423-2819		5. State of Incorporation RHODE ISLAND	
6. Zip 02835		7. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL REMODELING			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name BRIAN J. REID		Vice President Name SAME	
Street Address 73 HOWLAND AVE.		Street Address	
City JAMESTOWN	State RI	City	State
Zip 02835		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name SAME		Director Name SAME	
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
400 NO PAR VALUE	Common Stock	100	Common Stock
Par Value		Par Value	
		No par value	

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



File Date: **Feb 24, 1999**

Check No.: **2909**

By: **JD**

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: **Brian Reid** Date: **2/1/99**

Print or Type Name of Officer: **Brian S. Reid**

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 02903-13
401-277-30



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

93982

Reid's Remodelling, Inc.

3. Street Address Principal Business Office

41 NARRAGANSETT AVENUE

City

JAMESTOWN

State

RI

Zip

02835

4. Business Phone No.

401-423-2819

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

BRIAN S. REID

Vice President Name

SAME

Street Address

73 HOWLAND AVENUE

Street Address

City

JAMESTOWN

State

RI

Zip

02835

City

State

Zip

Secretary Name

SAME

Treasurer Name

SAME

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

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 (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

400 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

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



* 9 3 9 6 2 *

File Date:

1/20/98

Check No.:

1361

By:

16P

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.

Brian S. Reid
Signature of Officer

1/23/98
Date

BRIAN S. REID

Print or Type Name of Officer

OWNER / PRESIDENT

Title of Officer