



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 108364		2. Name of Corporation Creative Office Environments, Inc.		
3. Street Address Principal Business Office 41 Commercial Way		City East Providence	State RI	Zip 02914
4. Business Phone No. 401) 435-4141		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Selling of Office Furniture				

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

President Name Edward F. Gillheeny			Vice President Name		
Street Address 41 Commercial Way			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Edward F. Gillheeny			Treasurer Name Edward F. Gillheeny		
Street Address Same as Above			Street Address Same as above		
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 Edward F. Gillheeny			Director Name		
Street Address Same as above			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)

Number of Shares	Class/Series	Par Value
4,000	Comm No Par Value	

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

Number of Shares	Class/Series	Par Value
100	Common	No Par

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



1 0 8 3 6 4

File Date	FILED
Check No.	FEB 8 9 2005 1665
By	By KB-
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.

Edward F. Gillheeny
 Signature of Officer _____ Date 2/15/05
 Edward F. Gillheeny
 Print or Type Name of Officer
 President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No 108364
2 Name of Corporation Creative Office Environments, Inc.
3 Street Address Principal Business Office 41 Commercial Way
City East Providence State RI Zip 02914
Business Phone No (401) 435-4141
5 State of Incorporation RHODE ISLAND
6 SIC Code
7 Brief Description of the Character of Business Conducted in Rhode Island
Selling of Office Furniture

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

President Name Edward F. Gillheaney	Vice President Name
Street Address 41 Commercial Way	Street Address
City East Providence State RI Zip 02914	City State Zip
Secretary Name Edward F. Gillheaney	Treasurer Name Edward F. Gillheaney
Street Address Same as above	Street Address 41 Commercial Way
City State Zip	City State Zip East Providence RI 02914

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

Director Name Edward F. Gillheaney	Director Name
Street Address Same as above	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)

Number of Shares	Class/Series	Par Value
4,000	Comm	No Par Value

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

Number of Shares	Class/Series	Par Value
100	Common	No Par

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



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RECEIVED
File Date
AUG 18 2004
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.

Edward F. Gillheaney 3/31/04
Signature of Officer Date
Edward F. Gillheaney
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 3646

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. *108364* 2. Name of Corporation Creative Office Environments, Inc.

3. Street Address Principal Business Office
41 COMMERCIAL WAY City EAST PROVIDENCE State RI Zip 02914-

4. Business Phone No. 4014354141 5. State of Incorporation RHODE ISLAND 6. SIC Code C

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING OF OFFICE FURNITURE.

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

President Name Edward F. Gillheeny	Vice President Name
Street Address 41 Commercial Way	Street Address
City East Providence State RI Zip 02914	City State Zip
Secretary Name Edward F. Gillheeny	Treasurer Name Edward F. Gillheeny
Street Address 41 Commercial Way	Street Address 41 Commercial Way
City East Providence State RI Zip 02914	City East Providence State RI Zip 02914

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

Director Name Edward F. Gillheeny	Director Name
Street Address Same as above	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	Class/Series	Par Value
4,000 COMM NO PAR VALUE		

11. SHARES ISSUED (X BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	No par

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



108364 DBC2/1/0311:03:52 AM

File Date 2/14/03

Check No. 2915

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] Date 2/6/03

Edward F. Gillheeny

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. 108364 2. Name of Corporation Creative Office Environments, Inc.
3. Street Address Principal Business Office 41 Commercial Way City East Providence State RI Zip 02914
4. Business Phone No. (401) 435-4141 5. State of Incorporation RHODE ISLAND 6. SIC Code 0

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

Sale of office furniture

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

President Name <u>Edward F. Gillheeny</u>	Vice President Name
Street Address <u>41 Commercial Way</u>	Street Address
City State Zip <u>East Providence RI 02914</u>	City State Zip
Secretary Name <u>Edward F. Gillheeny</u>	Treasurer Name <u>Edward F. Gillheeny</u>
Street Address <u>41 Commercial Way</u>	Street Address <u>41 Commercial Way</u>
City State Zip <u>East Providence RI 02914</u>	City State Zip <u>East Providence RI 02914</u>

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

Director Name <u>Edward F. Gillheeny</u>	Director Name
Street Address <u>41 Commercial Way</u>	Street Address
City State Zip <u>East Providence RI 02914</u>	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	Class/Series	Par Value
4,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

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



* 1 0 8 3 6 4 *

File Date: 5-7-02
Check No.: 2338
By: [Signature]

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] 4/29/02
Signature of Officer Date
Edward F. Gillheeny
Print or Type Name of Officer
President
Title of Officer



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. 108364 2. Name of Corporation Creative Office Environments, Inc.

3. Street Address Principal Business Office
41 Commercial Way City East Providence State RI Zip 02914

4. Business Phone No. (401) 435-4141 5. State of Incorporation RHODE ISLAND 6. SIC Code

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

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

President Name <u>Edward F. Gillheeny</u>	Vice President Name
Street Address <u>41 Commercial Way</u>	Street Address
City State Zip <u>East Providence RI 02914</u>	City State Zip
Secretary Name <u>Edward F. Gillheeny</u>	Treasurer Name <u>Edward F. Gillheeny</u>
Street Address <u>same as above</u>	Street Address <u>same as above</u>
City State Zip <u>East Providence RI 02914</u>	City State Zip

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

Director Name <u>Edward F. Gillheeny</u>	Director Name
Street Address <u>41 Commercial Way</u>	Street Address
City State Zip <u>East Providence RI 02914</u>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

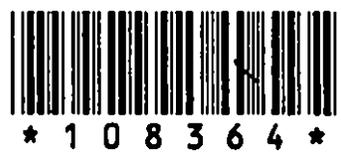
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
<u>4,000 COMM NO PAR VALUE</u>			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
<u>100</u>	<u>100</u>	<u>common</u>	<u>no par</u>

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



File Date: 7/30/01

Check No.: 1876

By: GMA

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.

Edward F. Gillheeny 11/1/01
Signature of Officer Date

Edward F. Gillheeny
Print or Type Name of Officer

President
Title of Officer



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. **108364** 2. Name of Corporation **Creative Office Environments, Inc.**

3. Street Address Principal Business Office
41 Commercial Way City **East Providence** State **RI** Zip **02914**

4. Business Phone No. **(401) 435-4141** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

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

President Name Edward F. Gillheeny	Vice President Name
Street Address 41 Commercial Way	Street Address
City State Zip East Providence RI 02914	City State Zip
Secretary Name Edward F. Gillheeny	Treasurer Name Edward F. Gillheeny
Street Address 41 Commercial Way	Street Address 41 Commercial Way
City State Zip East Providence RI 02914	City State Zip East Providence RI 02914

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

Director Name Edward F. Gillheeny	Director Name
Street Address 41 Commercial Way	Street Address
City State Zip East Providence RI 02914	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
4,000 COMM NO PAR VALUE	100 Common No Par

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



* 1 0 8 3 6 4 *

File Date: 2/11/00

Check No.: 902

By: DJM

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.

Edward F. Gillheeny Date _____
Signature of Officer

Edward F. Gillheeny
Print or Type Name of Officer

President
Title of Officer