STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

"AMENDED"

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			
3666	Carolynn Construction, Inc.			
3. Street Address Principal Business Office: 33 Wood Cove Drive		City: Coventry	State: RI	Zip: 02816
4. Business Phone No: 401-822-1469	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 34

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

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

President Name	Street Address	City	State	Zip
Carol A. Bamford	33 Wood Cove Drive	Coventry	RI	02816

Vice President Name	Street Address	City	State	Zip
Nicholas Bamford	33 Wood Cove Drive	Coventry	RI	02816

Secretary Name	Street Address	City	State	Zip
Travis Bamford	33 Wood Cove Drive	Coventry	RI	02816

Treasurer Name	Street Address	City	State	Zip
Scott Bamford	33 Wood Cove Drive	Coventry	RI	02816

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

Director Name	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		
Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No par value

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

[redacted] [redacted]

File Date: 9/1/05
Check No.: [illegible]
By: [illegible]

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Carol A. Bamford, President
Signature of Officer *Date*

Carol A. Bamford
Print or Type Name of Officer

President