

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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 IN BLACK) 1. Corporate ID No. 2. Name of Corporation 108366 Great Point, Inc. 3. Street Address Principal Business Office State Cirv Zip P.O. Box 857 RI East Greenwich 02818 4. Business Phone No 5. State of Incorporation 6. SIC Code (401) 884-8858 Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF BUILDING SUPPLY PRODUCTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Robert L. Hanks Lee B. Hanks Street Address Sirect Address P.O. Box 857 P.O. Box 857 City State Zip City State Zip East Greenwich RI East Greenwich RI 02818 02818 Secretary Name Treasurer Name Robert L. Hanks Lee B. Hanks Street Address Street Address P.O. Box 857 P.O. Box 857 Cin State Zip City State Zip East Greenwich RΙ 02818 East Greenwich RI 02818 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Robert L. Hanks Lee B. Hanks Street Address Street Address P.O. Box 857 P.O. Box 857 Cin State Zip State ·Cin Zip East Greenwich RI 02818 East Greenwich RΙ 02818 Director Name Director Name Street Address Street Address City State Zip City Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares

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

200

Number of Shares

Par Value

No Par Value

Class/Series

Common

1 -1 -1	
File Date 2 18 05	
Check No. 126405	
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FOR SECRETARY OF STATE LISE ONLY	

8.000

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. ROBERT L. HANKS

Class/Series

Common

12000 Print or Type Name of Officer

Form 630 12/01

Par Value

No Par Value



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

Corporations Division 100 North Main Stree Providence, RI 02903-133; 401.222.304

2004

1. Corporate ID No	2 Name of Corpo	ration			<u> </u>	
108366	Great Po	int Inc.				
3. Street Address Principal Business	Office		City	State	Zip	
P.O. Box 857			East Greenwich	RI	02818	
4. Business Phone No.		5. State of Incorporation	<del></del>		G. SIC Cude	
(401) 884-8858 RHODE ISLAND					ĺ	
7. Brief Description of the Character Sale of buildin	rof Business Conducto g supply pr	ed in Rhode Island oducts			•	
8. NAMES AND ADDRESSE	S OF THE OFFIC	ERS: ("X" BOX FOR ATTA	CHMENT)           FILL IN SPA	ACES BEFORE USI	NG ATTACHMENTS	
President Name			Vice President Name			
Robert L. Hanks			Lee B. Hanks			
Street Address			Street Address	<u></u>	<u>.</u>	
P.O. Box 857			P.O. Box 857			
Cuy	State	Zip	Cuy	State	Zip	
East Greenwich	RI	02818	East Greenwich	RI	02818	
Secretary Name		·········	; Treasurer Name			
Robert L. Hanks			Lee B. Hanks			
Street Address			Street Address			
P.O. Box 857		P.O. Box 857				
City	State	Zip	: City	State	Zip	
East Greenwich	RI	02818	East Greenwich	RI	02818	
9. NAMES AND ADDRESSE	S OF THE DIREC	CTORS: ("X" BOX FOR ATT	: FACHMENT) □ FILL IN S		SING ATTACHMENTS	
Director Name		•	Director Name			
Robert L. Hanks			Lee B. Hanks			
Street Address			Street Address	·		
P.O. Box 857			P.O. Box 857			
City	State	Zip	City	State	Zφ	
East Greenwich	RI	02818	<u>:</u> '		1	
Director Name	J <del></del>	) 02010	East Greenwich RI 02818			
			Director Name			
Street Address	<u> </u>	<del></del>	Court Address			
Sirect Address			Sireet Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED	("X" BOX FOR	 ATTACHMENT) □ '∰	11. SHARES ISSUED ("X	 " BOX FOR ATTAC	 CHMENT) □	
AUTHORIZED SHARES	•	. — ••	ISSUED SHARES		_	
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value	
0.000	Common	No par value	200	Common	No par valu	
8,000				1 .	- F · - # -	
<del></del>		<del></del>	<del></del>			

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and statem	•
contained herein are true and cortect.	. / /
sel D. Harles	6/4/04
Signature of Officer	Date
LEE B-HANKS	
Print or Type Name of Officer	
UP TREASURER	
Tille of Officer	Form 630 Rev. 12/03

FEB-24-2003 20:29

PARTRIDGE SNOW HAHN

AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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(FORM MUST BE TYPED OR PRINT	TED IN BLACK)				
J. Corporate ID No.	2. Name of Corpora	Alion	· ····· · · · · · · · · · · · · · · ·	<del></del>	
108366	GREAT POI	NT INC.			
3. Street Address Principal Business	Office	·	City	Starte	Z
P.O. Box 857  4. Business Phone No.			East Greenwich	RI	02818
		5. State of Incorporati			6. SIC Code
(401) 884-0858 7. Brief Description of the Character Sale of builds	of Business Conducted	RHODE ISLA in Rhode Island oducts	ND		<u> </u>
8. NAMES AND ADDRES	SES OF THE OFF	ICERS (xx eqx eqx or	TACHARATI PROPERTY VICE President Name		acompany (c. )
Robert L. Hank Summaddmu	S		Lee B. Hanks		*
P.O. Box 857			P.O. Box 857		
City	State	Zip	. City	State	(Zip
East Greenwich	RJ.	02818	East Greenwich	RI	02818
Scortary Name Robert L. Hank	_		Treasurer Maine		
Street Address	3		Lee B. Hanks		
P.O. Box 857			P.O. Box 857		
City East Greenwich	State RI	Zip	City	State	Zip
AND ADDRES	SEZ OÈ THE DIR	02818 ECTORS (considerate	East Greenwich	RI	02919
Director Name Robert L. Hank:	e		Director Name	O TAX SECTION OF THE STATE	
Street Address	3		Lee B. Hanks		
P.O. Box 857			Street Address		
Chy	State	Žip	P.O. Box 857	State	
East Greenwich	RI	02818	East Greenwich	i RT	02818
Ducctor Name		• • • •	Director Name		
Street Address		•	Street Address	•	· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City.		
			City	State .	Zip
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AUTHORIZED SHARES		•	SZUED SHARES	er and all construction of the construction of	37
Number of Shares	Class/Series	Par Value	Humber of Shares	Class/Series	Par Value
8,000 COMM NO PAR VAL	.UE	<del>-</del> · ·	200	Common	No par value
	·				
			ce President, Secretary, Assista		

\* 1 0 8 3 6 6 \*

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.

3. Street Address Principal Business Office

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## 401-222-3040

PROFIT CO: Filing Period: Janu	RPORATION ANNUAL REPORT FOR THE YEAR 2002  10 April - March 1 • Filing Fee: \$50.00	
(FORM MUST BE TYPED II	V BLACK)	
I. Corporate ID No.	2. Name of Corporation	
108366	GREAT POINT INC.	

3. Street Address Principal Business P.O. Box 857	Office	·	City East Greenwich	State RI	z.p 02818
4. Business Phone No. (401) 884-8858		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Characte Sale of building	of Business Conductor supply pre	ted in Rhode Island Oducts			
8. NAMES AND ADDRES President Name Robert L. Hanks	SES OF THE O	FFICERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name Lee B. Hanks	FORE USING ATT	FACHMENTS
Street Address P.O. Box 857			Street Address P.O. Box 857		
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>z</sup> ig 02818
Secretary Name Robert L. Hanks			Treasurer Name Lee B. Hanks		
Street Address P.O. Box 857		•	Street Address P.O. Box 857		
City East Greenwich	State RI	<sup>2</sup> 19 02818	City East Greenwich	Siale RI	<sup>z</sup> ig 02818
	SES OF THE D	IRECTORS ("x" BOX FOR ATTAC	•	BEFORE USING A	
Street Address P.O. Box 857			Street Address P.O. Box 857		
East Greenwich	State RI	. 02818	City East Greenwich	State RI	<sup>Zip</sup> 02818
Director Name		•	Director Name		
Street Address			Street Address	,	
City	State	Zip	City	State	Zip
IO. SHARES AUTHORIZE	D (*x* box for a	ATTACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHM	ENT)

City

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

ISSUEI) SHARES

200

Number of Shares

→ 3

	* 1 0 8 3 6 6 *
File Date:	1/33/3003
Check No.:	1743
By:	E STATE LISE ONLY

Class/Series

Par Value

AUTHORIZED SHARES

8,000 COMM NO PAR VALUE

Number of Shares

Under penalty of perjury, I declare and affirm that I have examined	
AND THE RESERVE OF THE PARTY OF	
this report, including any accompanying schedules and statements, a	ını
that all statements contained herein are true and correct.	
_ Lee Hanks 1/15/02	
Signature of Officer Date	

Print or Type Name of Officer

Class/Series

Common

Form 630 12/01

Par Value

No par value

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

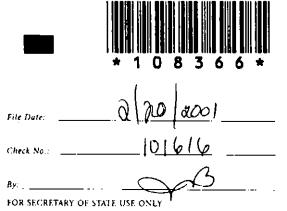
1 Corporat 4/08366

GREAT FOUNT INC.

P.O. Box 857			East Greenwich	RI	02818
4 Business Phone No. (401) 884-8858		<sup>s</sup> rhode <sup>nc</sup> island			6 SIC Ciple
7. Brief Description of the Character Sale of building	of Business Conducted : supply prod	in Rhode Island ucts			
8. NAMES AND ADDRES. President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTA	CHMENTS
Robert L. Hanks			Lee B. Hanks		
Street Address			Street Address		
P.O. Box 857			P.O. Box 857		
City	State	Zip	City	State	Zip
East Greenwich Secretary Name	RI	02818	East Greenwich Treusurer Name	RI	02818
Robert L. Hanks Street Address			Lee B. Hanks Street Address		
P.O. Box 857			P.O. Box 857		
City	State	Zip	Crity	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES   Director Name	BEFORE USING AT	<b>FACHMENTS</b>
Robert L. Hanks Street Address			Lee B. Hanks Street Address		
P.O. Box 857			P.O. Box 857		
City	State	Zip	City	State	Zip
East Greenwich Director Name	RI	02818	East Greenwich Director Name	RI	02818
Street Address			Street Address		
City	State	<b>7</b> 1p	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	₹T)
AUTHORIZED SHARES	Z:1	<b>.</b>	ISSUELD SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Pur Value

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

200



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.

LUB HANNE 2/16/0/

Common

Signature of Officer

LEE B. HANKS

Date

VICE PRESIDENT

No par value

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

### 2000 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate JD No. 366

GREAT POINT INC.

3. Street	Address i	Principal	Business	Office
P.O.	Всх	857	Business	-,

Cm East Greenwich

Zig C2818

State of Incorporation

6. SIC Code

7. Brief Descripti	on of the Characte building	r of Business (	Conducted in Rhod	le Island
Sale of	bullding	vlagus	products	

Sale of building	supply pro	ducts			
Robert L. Hanks	SSES OF THE O	FFICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES BI Vice President Name Lee B. Hanks	EFORE USING AT	TACHMENTS
Street Address P.O. Box 857			Street Address P.C. Box 857		
on East Greenwich	State RI	zip 02818	cny East Greenwich	State RI	<i>Zip</i> 02818
Robert L. Hanks			Treasurer Name Lee B. Hanks		:
P.C. Box 857			Street Address P.O. Box 857		
Dity Hast Greenwich	State RI	<i>zip</i> 02818	chy East Greenwich	State RJ	<i>Zip</i> 02818
P. NAMES AND ADDRES Director Name Robert L. Hanks	SSES OF THE D	IRECTORS ("x" BOX FOR	RATTACHMENT) FILL IN SPACES  Director Name Lee B. Sanks	BEFORE USING A	ATTACHMENTS
treet Address P.O. Box 857			Street Address P.O. Box 857		
Thy East Greenwich	State RI	<i>Zip</i> 02818	<i>chy</i> East Greenwich	State R I	<i>Zip</i> 02818
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 8,000 COMM NO PAR VALUE

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No par value

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



FOR SECRETARY OF

TE 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.

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ROBERT	۷.	HANK
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