



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 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 108366		2. Name of Corporation Great Point, Inc.			
3. Street Address Principal Business Office P.O. Box 857			City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 884-8858		5. State of Incorporation Rhode Island			6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert L. Hanks			Vice President Name Lee B. Hanks		
Street Address P.O. Box 857			Street Address P.O. Box 857		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 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	Zip 02818	City East Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert L. Hanks			Director Name Lee B. Hanks		
Street Address P.O. Box 857			Street Address P.O. Box 857		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	No 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



1 0 8 3 6 6

File Date	2/18/05
Check No.	126405
By:	W.
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 Robert L. Hanks Date 2/9/05  
Robert L. Hanks  
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 02903-1331  
401.222.3041

**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. 108366		2. Name of Corporation Great Point Inc.			
3. Street Address Principal Business Office P.O. Box 857			City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 884-8858		5. State of Incorporation RHODE ISLAND			6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert L. Hanks			Vice President Name Lee B. Hanks		
Street Address P.O. Box 857			Street Address P.O. Box 857		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 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	Zip 02818	City East Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert L. Hanks			Director Name Lee B. Hanks		
Street Address P.O. Box 857			Street Address P.O. Box 857		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name ----			Director Name -----		
Street Address -----			Street Address -----		
City -----	State -----	Zip -----	City -----	State -----	Zip -----
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	No 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

File Date: **FILED**  
Check No. **JUN 11 2004**  
By: **m34265**  
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.

Lee B. Hanks 6/4/04  
Signature of Officer Date  
LEE B. HANKS  
Print or Type Name of Officer  
VP TREASURER  
Title of Officer

FEB-24-2003 20:29

PARTRIDGE SNOW HAHN

401 861 8210

P.02

## AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

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

401-222-3060

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

108366

2. Name of Corporation

GREAT POINT INC.

3. Street Address Principal Business Office

P.O. Box 857

4. Business Phone No.

(401) 884-8858

5. State of Incorporation

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 (SEE BOX FOR ATTACHMENT)

President Name

Robert L. Hanks

Street Address

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

Secretary Name

Robert L. Hanks

Street Address

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT)

Director Name

Robert L. Hanks

Street Address

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

Director Name

Robert L. Hanks

Street Address

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

## 10. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 COMM NO PAR VALUE

## 11. SHARES ISSUED (SEE 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



\* 1 0 8 3 6 6 \*

File Date:

3-4-03

Check No.:

0141

km

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:

LEE B. HANKS

Date

2/24/03

VICE PRESIDENT



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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.

108366

2. Name of Corporation

GREAT POINT INC.

3. Street Address Principal Business Office

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

4. Business Phone No.

(401) 884-8858

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

Robert L. Hanks

Vice President Name

Lee B. Hanks

Street Address

P.O. Box 857

Street Address

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

City

East Greenwich

State

RI

Zip

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

Zip

02818

City

East Greenwich

State

RI

Zip

02818

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

Director Name

Robert L. Hanks

Director Name

Lee B. Hanks

Street Address

P.O. Box 857

Street Address

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

City

East Greenwich

State

RI

Zip

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

Class/Series

Par Value

8,000 COMM NO 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



\* 1 0 8 3 6 6 \*

File Date:

1/23/2002  
1723

Check No.:

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.

*Lee Hanks* 1/15/02  
Signature of Officer Date

LEE HANKS  
Print or Type Name of Officer

VP TREASURER  
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 02903-1335  
401-222-3040



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. **108366** 2. Name of Corporation **GREAT POINT INC.**

3. Street Address Principal Business Office

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

4. Business Phone No.

(401) 884-8858

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **8**

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

Robert L. Hanks

Vice President Name

Lee B. Hanks

Street Address

P.O. Box 857

Street Address

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

City

East Greenwich

State

RI

Zip

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

Zip

02818

City

East Greenwich

State

RI

Zip

02818

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

Director Name

Robert L. Hanks

Director Name

Lee B. Hanks

Street Address

P.O. Box 857

Street Address

P.O. Box 857

City

East Greenwich

State

RI

Zip

02818

City

East Greenwich

State

RI

Zip

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

Class/Series

Par Value

8,000 COMM NO 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



\* 1 0 8 3 6 6 \*

File Date: 2/20/2001

Check No.: 101616

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.

Lee B. Hanks 2/16/01  
Signature of Officer Date

LEE B. HANKS  
Print or Type Name of Officer

VICE 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 02903-1339  
401-222-3046

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.  
**108366**

2. Name of Corporation  
**GREAT POINT INC.**

3. Street Address Principal Business Office  
P.O. Box 857

City  
East Greenwich

State  
RI

Zip  
02818

4. Business Phone No.  
(401) 884-8858

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code

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  
Robert L. Hanks

Vice President Name  
Lee B. Hanks

Street Address  
P.O. Box 857

Street Address  
P.O. Box 857

City  
East Greenwich

State  
RI

Zip  
02818

City  
East Greenwich

State  
RI

Zip  
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

Zip  
02818

City  
East Greenwich

State  
RI

Zip  
02818

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

Director Name  
Robert L. Hanks

Director Name  
Lee B. Hanks

Street Address  
P.O. Box 857

Street Address  
P.O. Box 857

City  
East Greenwich

State  
RI

Zip  
02818

City  
East Greenwich

State  
RI

Zip  
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 Class/Series Par Value

8,000 COMM NO PAR VALUE

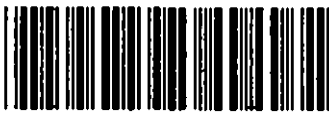
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

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



\* 1 0 8 3 6 6 \*

File Date: 1/20/00

Check No.: FEB 01 2000

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] 1/20/00  
Signature of Officer Date

ROBERT L. HANKS  
Print or Type Name of Officer

PRESIDENT  
Title of Officer