

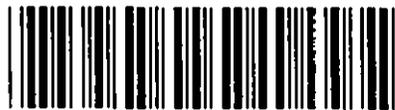


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate D.S. No. 104069		2. Name of Corporation East Bay Window & Remodeling Co, Inc.			
3. Street Address, Principal Business Office 15 Gooding Avenue Unit-16		City Bristol	State RI	Zip 02809	
4. Business Phone No. 401-253-1888		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island BUILDING, REMODELING AND CONSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Karouz SR.			Vice President Name Joseph Karouz JR.		
Street Address 15 Gooding Ave			Street Address 8 Nathaniel Street		
City Bristol	State RI	Zip 02809	City Riverside	State RI	Zip 02915
Secretary Name Richard Hartmann			Treasurer Name		
Street Address 5 LARK Street			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
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"/>			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
100 NO PAR VALUE	NONE				

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



FILED
File Date: APR 21 2005
Check No.: 2049
By: [Signature] UB
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: [Signature] Joseph Karouz SR.
Date: 2/12/05
Print of Type Name of Officer: president
Title of Officer: president



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. 104069		2. Name of Corporation East Bay Window & Remodeling Co, Inc.			
3. Street Address Principal Business Office 47 Cedar Drive			City Bristol	State R.I	Zip 02809
4. Business Phone No. 401-253-1888		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island BUILDING, REMODELING AND CONSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Karouz SR.			Vice President Name Joseph A. Karouz JR.		
Street Address 47 Cedar Drive			Street Address 36 Willow Street.		
City Bristol	State RI	Zip 02809	City Riverside	State RI	Zip 02915
Secretary Name Richard Hartmann			Treasurer Name		
Street Address 5 LARK Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address None			Street Address None		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address None			Street Address None		
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
100 NO PAR VALUE			None		

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



* 1 0 4 0 6 9 *

File Date 1-27-04
Check No 1519
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 of Officer

Joseph A. Karouz SR.

Print or Type Name of Officer

President

Date

1/29/04



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. **104069** 2. Name of Corporation **East Bay Window & Remodeling Co, Inc.**
 3. Street Address Principal Business Office **47 Cedar Drive** City **Bristol** State **RI** Zip **02809**
 4. Business Phone No. **401-253-1888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
 7. Brief Description of the Character of Business Conducted in Rhode Island **Construction**

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

President Name **Joseph A Karouz SR.** Vice President Name **Joseph A Karouz JR.**
 Street Address **47 Cedar Drive** Street Address **36 Willow Street**
 City **Bristol** State **RI** Zip **02809** City **Riverside** State **RI** Zip **02915**
 Secretary Name **Richard Hartmann** Treasurer Name
 Street Address **5 Lark Drive** Street Address
 City **Cranston** State **RI** Zip **02920** City State Zip

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

Director Name **NONE** Director Name **NONE**
 Street Address Street Address
 City State Zip City State Zip
 Director Name **NONE** Director Name **NONE**
 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
100 NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
NONE

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



* 1 0 4 0 6 9 *

File Date 2/25/03
 Check No. 3874
 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.

Joseph Karouz SR. 2/21/03
 Signature of Officer Date
Joseph Karouz SR.
 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 **104069** 2. Name of Corporation **East Bay Window & Remodeling Co, Inc.**
3. Street Address Principal Business Office **47 Cedar Drive** City **Bristol** State **RI** Zip **02809**
4. Business Phone No **401-253-1888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island
Home Improvement & Remodeling

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

President Name Joseph Karouz Sr.	Vice President Name Joseph Karouz Jr.
Street Address 47 Cedar Drive	Street Address 36 Willow Street
City Bristol State RI Zip 02809	City Riverside State RI Zip 02915
Secretary Name Richard Hartman	Treasurer Name Joseph Karouz Sr.
Street Address 5 Lark Avenue	Street Address 47 Cedar Drive
City Cranston State RI Zip 02920	City Bristol State RI Zip 02809

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

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

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 1 0 4 0 6 9 *

File Date 3-1-02
Check No 3386
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 of Officer [Signature] Date 2/20/02
Print or Type Name of Officer Joseph Karouz Sr.
Title of Officer President



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. **104069** 2. Name of Corporation **East Bay Window & Remodeling Co., Inc.**
3. Street Address Principal Business Office **47 CEDAR DRIVE** City **BRISTOL** State **RI** Zip **02809**
4. Business Phone No. **401-253-1888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name JOSEPH A, KAROUZ, SR.	Vice President Name JOSEPH A. KAROUZ, JR
Street Address 47 CEDAR DRIVE	Street Address 47 CEDAR DRIVE
City State Zip BRISTOL RI 02809	City State Zip BRISTOL RI 02809
Secretary Name RICHARD HARTMAN	Treasurer Name ROSE KAROUZ
Street Address 5 LARK ST	Street Address 47 CEDAR DRIVE
City State Zip CRANSTON RI 02920	City State Zip BRISTOL RI 02809

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

Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip
Director Name NONE	Director Name NONE
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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 1 0 4 0 6 9 *

File Date: 2/28
Check No.: 2770
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] Date 2/22/01
Signature of Officer Date
JOSEPH A. KAROUZ, SR
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. **104069** 2. Name of Corporation **East Bay Window & Remodeling Co, Inc.**
3. Street Address Principal Business Office **47 Cedar Drive** City **Bristol** State **R.I** Zip **02809**
4. Business Phone No **253-1888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **02809**
7. Brief Description of the Character of Business Conducted in Rhode Island

Home improvement remodeling contractor

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

President Name Joseph A. Karouz, Sr. Street Address 47 Cedar Drive City Bristol State R. I. Zip 02809	Vice President Name Joseph A. Karouz, Jr. Street Address 47 Cedar Drive City Bristol State R I Zip 02809
Secretary Name Anthony Faria Street Address 39 River Street City Johnston State R I Zip 02920	Treasurer Name Rose Karouz Street Address 47 Cedar Drive City Bristol State R I Zip 02809

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

Director Name None Street Address None City _____ State _____ Zip _____	Director Name None Street Address None City _____ State _____ Zip _____
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100 SHARES NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
None		

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



* 1 0 4 0 6 9 *

File Date: 12-23-99
Check No.: 1684
By: A AMF

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.

Joseph A. Karouz Sr. 12/21/99
Signature of Officer Date
Joseph A. Karouz, Sr.
Print or Type Name of Officer
President
Title of Officer