

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

PROFIT CORP		NNUAL REPOI	RT FOR THE YE	AR200	5	
(FORM MUST BE TYPED OR I	PRINTED IN BLACK)					
1. Corporate ID No.	2. Name of Corpo	Drallon		·		
83770	OCEAN ST	ATE FORMS, INC.				
3 Street Address Principal Busin			City	State	Zip	
9 Deerbrook Way 4. Business Phone No	<u> </u>	S Contract to an annual	Cumberland	R1	02864	
		5. State of Incorporation			6. SIC Code	
(401) 658-3027 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island			<u> </u>		455	
TO MANUFACTURE,	REMANUFACTURE	, BUY, SELL, IMPORT, EX	PORT ANDDEAL IN CONCRI	ETE FORMS.		
8. NAMES AND ADDRES	SES OF THE OFFIC	CERS: ("X" BOX FOR AT	TACHMENT) FILL I	N SPACES BEFORE USIN	G ATTACHMENTS	
President Name			Vice President Name		•	
Leo Pare			None			
Street Address			Street Address	<u>-</u>		
9 Deerbrook Way		<u>-</u>				
City	State	Zip	City	State	Ztp	
Cumberland Secretary Name	lRI	1 02864	Tongo was Name			
•			Treasurer Name			
Leo Pare Street Address			Leo Pare Street Address			
9 Deerbrook Way			9 Deerbrook V	l o v		
City	State	Zíp	: City	State	Zip	
Cumberland	RI	02864	Cumberland	RI	02864	
	SES OF THE DIREC	CTORS: ("X" BOX FOR		IN SPACES BEFORE USI		
Director Name			Director Name			
Leo Pare Street Address			None			
			Street Address			
<u>9 Deerbrook Way</u>	State	Zip	Clty	State		
Cumberland	RI	1 '	: Anii	Jane	Zip	
Director Name		J02864	Director Name		l	
None			None			
Street Address	<u> </u>		Street Address	- · · · · · · · · · · · · · · · · · · ·		
Ch.			<u> </u>	-	, , , , , , , , , , , , , , , , , , , 	
City	Sinte	Zip	City	State	Zip	
10. SHARES AUTHORIZI	 ED_C"X" ROX FOR	 ATTACHMENT) □	11 CHARTE ICCUEN	(#XC BOX FOR ATTACK		
ALTHORIZED SHARES			ISSUED SHARES	("X" BOX FOR ATTACH	IMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value	
				S. C.		
1,000 NO PAR VALUE			100	Common	No par value	
<u> </u>		· · · · · · · · · · · · · · · · · · ·			THO PAI VALUE	
						
This report must	be signed in ink by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer.	Receiver or Trustee	
			•	,		
			Under penalty of r	erjury. I declare and affirm t	hat I have examined this re	
_ _			including any acco	ompanying schedules and sta		
2	110-05		contained herein a	re true and correct.		
File Date				Ina_		
م د د د	2766		Signature of Officer		Date	
Check No	216-05 2166	—	Leo Pare			
By:	ac		Print or Type Name	of Officer		
,		-	Presiden	· ·		
FOR SECRETARY OF	FOR SECRETARY OF STATE USE ONLY					
			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 401-222-3040

PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2004
Filing Period: January J - March 1	Filing Fee: \$50.00	

(FORM MUST BE TYPED OR PR		ung ree. 350.00					
1. Corporate ID No	2. Name of Corpor	ation	<u> </u>				
83770	OCEAN ST	ATE FORMS, INC.			•		
3 Street Address Principal Busines	Office		City	State	Zip		
9 Deerbrook Wa	y	-	Cumberland	RI	02864		
4. Business Phone No. (401) 658-3027		5. State of Incorporation	מל		6. SIC Code		
7. Brief Description of the Characte	er of Business Conducto	RHODE ISLA	ND		455		
TO MANUFACTURE,	REMANUFACTURE	, BUY, SELL, IMPORT, E	XPORT ANDDEAL IN CONCRE	TF FORMS			
8. NAMES AND ADDRESSE	S OF THE OFFICE	ERS: ("X" BOX FOR A	TACHMENT) FILL IN	SPACES REFORE USING	ATTACHMENTS		
President Name	• •		Vice President Name	JANUAR OF THE STATE OF THE STAT	TIACHAENTS .		
LEO PARE			NONE				
Street Address			Street Address				
9 Deerbrook Wa				<u> </u>			
Cumberland	State R1	χιρ 02864	City	Staic	Zip		
Secretary Name LEO PARE			: Treasurer Name LEO PARE				
Street Address			Street Address				
9 Deerbrook Wa	`,		9 Deerbrook Way	<u> </u>			
City:	State	Zip 02964	City:	State	^{Zip} 02864		
Cumberland 9. NAMES AND ADDRESSE	RI	02864	Cumberland	Ri			
Director Name	3 OF THE DIREC	IONS: (A BOX FOR)	Director Name	SPACES BEFORE USING	ATTACHMENTS		
LEO PARE			NONE				
Street Address			Street Address	Street Address			
9 Deerbrook Wa	у						
Cuy	State	Zip	City	State	Zip		
Cumberland	J RI	02864	***************************************				
Director Name			Director Name NONE				
NONE Stront Address		<u> </u>	Street Address	_			
			Sired Maares				
City	State	Zip	Cuy	State	Zip .		
		1		•			
10. SHARES AUTHORIZED	("X" BOX FOR	TTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHM	ENT)		
AUTHORIZED SHARES			ISSUED SHARES		,		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE			100	Common	No par value		
							
					1		
This report must be	signed in ink by	either the President, Vic	e President, Secretary, Assista	nt Secretary, Treasurer, Re	ecciver or Trustee		
			•	,			
,	TI I qiba didir H ra di Cabid Af	III 10 OE					
,			Under penalty of per	jury. I declare and affirm that	I have examined this report		
- +	8 3 7 7 0		including any accom	panying schedules and staten			
3.17.1	74		contained herein are	true and correct.	-//		
File Date			4 13	au	2/1/04		
Check No. 1474		1	Signature of Officer		Die		
	_ . ,,	-	LEO PARE				
Ry:		_ [Print or Type Name of President	f Officer			
* FOR SECRETARY OF S	TATE USE ONLY		Title of Officer				

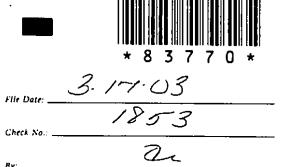


Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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

401-222-3040

	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corporat				
83770		TE FORMS, INC.		_	
3. Street Address Principal Business	-		City	State	Zip
9 Deerbrook Way 4. Business Phone No.	•	5. State of Incorporation	Cumberland	RI	02864 6. SIC Gode
(401) 658-3027 7. Brief Description of the Characte	r of Rusiness Conducted in	RHODE ISLAND			455
To manufacture, 8. NAMES AND ADDRES President Name	buy, sell, impo SES OF THE OFFI	ort, export and deal CERS (*X* BOX FOR ATTACH		FORE USING ATTACHM	1ENTS
LEO PARE Street Address			NONE Street Address		
9 Deerbrook Way	•		•		
City	State	Zip	City	State	Zip
Cumberland Secretary Name	RI	02864	Treasurer Naine		- 10 0 0 0 0 0
LEO PARE Street Address			LEO PARE Street Address		
9 Deerbrook Way	,		9 Deerbrook Way		
> Decidion way					
City	State	Zip	City	State	Zip
	State R1	02864	Cumberland	RI BEFORE USING ATTACE	02864
Cumberland 9. NAMES AND ADDRES	State R1	02864	Gity Cumberland CHMENT) FILLIN SPACES	RI	02864
City Cumberland 9. NAMES AND ADDRES Director Name LEO PARE Street Address	State R1 SES OF THE DIRE	02864	Gity Cumberland CHMENT) FILL IN SPACES I Director Name NONE	RI	02864
City Cumberland 9. NAMES AND ADDRES Director Name LEO PARE	State R1 SES OF THE DIRE	02864	Gity Cumberland CHMENT) FILL IN SPACES I Director Name NONE	RI	02864
City Cumberland 9. NAMES AND ADDRES Director Name LEO PARE Street Address 9 Deerbrook Way	State R1 SES OF THE DIRE	02864 CTORS (*x* box for atta	City Cumberland CHMENT) FILL IN SPACES I Director Name NONE Street Address	RI BEFORE USING ATTACE	02864 HMENTS
City Cumberland 9. NAMES AND ADDRES Director Name LEO PARE Street Address 9 Deerbrook Way City: Cumberland	State R1 SES OF THE DIRE	02864 CTORS (*X* BOX FOR ATTA Zip	Gity Cumberland CHMENT) FILL IN SPACES Director Name NONE Street Address City	RI BEFORE USING ATTACE	02864 HMENTS
City Cumberland 9. NAMES AND ADDRES Director Name LEO PARE Street Address 9 Deerbrook Way City: Cumberland Director Name NONE	State R1 SES OF THE DIRE	02864 CTORS (*X* BOX FOR ATTA Zip	City Cumberland CHMENT) FILL IN SPACES I Director Name NONE Street Address City Director Name NONE	RI BEFORE USING ATTACE	02864 HMENTS
City Cumberland 9. NAMES AND ADDRES Director Name LEO PARE Street Address 9 Deerbrook Way City: Cumberland Director Name NONE Street Address	State R1 SES OF THE DIRE State R1 State	02864 CTORS (*x* box for atta zip 02864	City Cumberland CHMENT) FILL IN SPACES Director Name NONE Street Address City Director Name NONE Street Address	RI BEFORE USING ATTACE State State	02864 HMENTS
City Cumberland 9. NAMES AND ADDRES Director Name LEO PARE Street Address 9 Deerbrook Way City Cumberland Director Name NONE Street Address City City 10. SHARES AUTHORIZE	State R1 SES OF THE DIRE State R1 State	02864 CTORS (*x* box for atta zip 02864	City Cumberland CHMENT) FILL IN SPACES Director Name NONE Street Address City Director Name NONE Street Address City 11. SHARES ISSUED (*X**)	RI BEFORE USING ATTACE State State	02864 HMENTS



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

LEO PARE

Print or Type Name of Officer

President

Title of Officer

Form 630 12102



(FORM MUST BE TYPED IN BLACK)

Check No.:

FOR SECRETARY OF STATE USE ONLY

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

STOP PLEASE READ INSTRUCTIONS

1. Corporate ID No.	2. Name of Corporation			- · ·	
83770	OCEAN STATE	FORMS, INC.			
3. Street Address Principal Business O			City	State	Zip
9 Deerbrook Way	Ÿ		Cumberland	RI	02864
4. Business Phone No.	,	5. State of Incorporation	-	•••	6. SIC Code
(401) 658-3027		RHODE ISLAND			455
7. Brief Description of the Character o	f Business Conducted in Ri				100
			eal in concrete forms		
			HMENT) FILL IN SPACES BE	FORE USING ATTACH!	MENTS
LEO PARE			Vice President Name NONE		
Street Address			<u> </u>		
9 Deerbrook Way	1		Street Address		
City	State	•1.			
Cumberland	RI	21p 02864	City	State	Zip
	Ki	02004	:		
Secretary Name LEO PARE			Treasurer Name LEO PARE		
			LEO PARE		
Street Address 9 Deerbrook Way	1		Street Address 9 Deer brook	Way	
City	State	Zip	City	State	Z.ip
Cumberland	RI	02864	Cumberland	RI	02864
9. NAMES AND ADDRESSE Director Name LEO PARE	ES OF THE DIRECT	ORS (*X* BOX FOR ATE)	ACHMENT) FILL IN SPACES I Director Name NONE	BEFORE USING ATTAC	HMENTS
Street Address			Street Address		
9 Deerbrook Way			·		
Cumberland	State R1	zip 02864	City ;	State	Zip
Director Name		*** *************	Director Name	•	
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES		MENT) J	11. SHARES ISSUED 1-X-	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No par value
					.vo par vareo
This report must be signed	in ink by either	the President, Vice I	resident, Secretary, Assista	–	r, Receiver or Trustce
* 8	ⅢⅢⅢⅢⅢ 3770*		Under penalty of perjur	y, I declare and affirm th	nat I have examined

Title of Officer

Signature of Officer

LEO PARE
Print or Type Name of Officer
President

Ferm 630 12/01

this report, including any accompanying schedules and statements, and

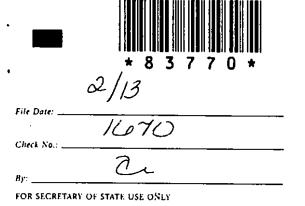
that all statements contained herein are true and correct.

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

•	•	,	 	•50.00
CODY MUCT O	E TUDEO I	St DI Aztel		

(FORM MUST BE TYPED IN BL.	ACK)							
1. Corporate ID No. 83770	2. Name of Corporation OCEAN STATE	FORMS, INC.			•			
3. Street Address Principal Busines	office		City		State		Zip	
9 Deerbrook Way	1			Cumberland		RI		02864
4. Business Phone No.		5. State of Incorporation					6. \$1	C Co45
(401) 658-3027		RHODE ISLAND						400
7. Brief Description of the Characte	er of Business Conducted in Rhoo	de Island						
To manufacture,	buy, sell, import,	export and deal i	in con	crete forms				
8. NAMES AND ADDRES	SSES OF THE OFFICER	S ("X" BOX FOR ATTACHN	(ENT)	FILL IN SPACES BEI	FORE U	SING ATTACHN	1ENTS	
President Name			Vice Pr	esident Name		•		
LEO PARE				NONE				
Street Address			Street A	ddress				
9 Deerbrook Way	7							
City	State	Zip	City		State		Zip	
Cumberland	RI	02864						
Secretary Name			Treasur	er Name			•	
LEO PARE				LEO PARE				
Street Address			Street A		_			
9 Deerbrook Way	1			9 Deerbrook W	√ay			
City	State	Zip	City		State		ZIp	
Cumberland	RI	02864		Cumberland		RI		02864
9. NAMES AND ADDRES	SSES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)	FILL IN SPACES B	EFORE	USING ATTACH	IMENT	rs
Director Name			Directo					
LEO PARE				NONE				
Street Address			Street A	ddress				
9 Deerbrook Way								
City	State	Zip 02064	City	Our brokend	State	D.I.	Zip	02064
Cumberland Director Name	RI	02864		Cumberland		RI		02864
NONE		,	Director	Name NONE				
Street Address			c					
Jitte Address			Street A	aaress				
City	State	Zip	City		State		ZIp	
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTACHM	ENT)	11. SI	HARES ISSUED (*x*)	BOX FOR	ATTACHMENT)		
AUTHORIZED SHARES			ISSUED:					
Number of Shares	Class/Series	Par Value	Number	of Shares	Class/	Series	Par 1	Value
1,000 SHS NO PA	R VALUE			100		Common	Ma	
				100		Common	INC	par value
This report must be sign	i ed in ink by either t	he President, Vice Pr	esiden	t, Secretary, Assista	nt Secr	etary, Treasure	r, Rece	eiver or Trus



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.

LEO PARE

Print or Type Name of Officer President

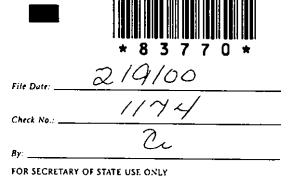
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



riling Perioa: Janua.	ry 1-march 1 •	Filing Fee: \$50.00		_	INSTRUCTION
(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Corpore	ation			
83770	OCEAN ST	ATE FORMS, INC.			
3. Street Address Principal Busine	ess Office		City	State	Zip
9 Deerbrook Wa 4. Business Phone No.	У	5. State of Incorporation	Cumberland	RI	02864 6. SIC Code
(401) 658-3027 7. Brief Description of the Character	ter of Business Conducted	RHODE ISLAND In Rhode Island			455
To manufacture 8. NAMES AND ADDRI President Name	buy, sell,	import, export and ICERS ("X" BOX FOR ATTACE	deal in concrete MENT) FILL IN SPACES Vice President Name	e forms Before Using Attac	HMENTS
LEO PARE Street Address			None Street Address		
9 Deerbrook Wa	ıv		Street Audress		
City	State	Zip	City	State	Zip
Cumberland Secretary Name	RI	02864	Treasurer Name	VV	2.9
LEO PARE			LEO PARE		
Street Address			Street Address		
9 Deerbrook Wa	ıv		9 Deerbrook W	av	
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
		ECTORS ("X" BOX FOR ATTA		ES BEFORE USING ATTA	-
Director Name			Director Name		
LEO PARE			None		
Street Address			Street Address		
9 Deerbrook Wa	ıy				
City	State	Zip	City	State	Zip
Cumberland	RI	02864			
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zíp
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	'ACHMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHMENT	י
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PA	R VALUE		100	Common	No par valu

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



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.

12 1/2 1/2

Signature of Officer

LEO PARE
Print or Type Name of Officer

President



James R. Langevin, Scaretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP.
PILISE READ
INSTRUCTIONS

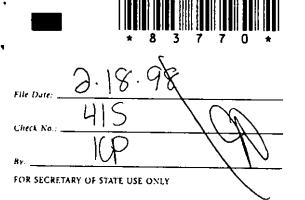
1. Corporate ID No.		<u> </u>			
83770	2. Name of Corpor	TATE FORMS, INC.			,
3. Street Address Principal Rusine		ATE FORMS, INC.			
9 Deerbrook Wa	* *		Cumberland	State	Zip
4. Business Phone No.		5. State of Incorporatio		RI	02864
(401) 658-3027		RHODE ISLA			6. SIC Code
7. Brief Description of the Charact	ter of Business Conducted	l l			455
			and deal in concrete	e forms	
			ACHMENT) DELL IN SPACES		MUNTO
President Name			Vice President Name	BEFORE USING ATTACK	MENIS
LEO PARE			NONE	•	÷
Street Address			Street Address		
9 Deerbrook Wa	y 				
Cumbanaland	State	Zip	City	State	Zip
Cumberland	RI	02864			
Secretary Name			Trensurer Name	***************************************	***************************************
LEO PARE			:_LEO PARE		
Street Address			Street Address		
9 Deerbrook Wa	y. , <u>. —</u>		9 Deerbrook_W	a v	
Cumberland	State RI	02864	City	State	Zip
	1		Cumberland	RI	02864
_9. NAMES AND ADDRE. Director Name	22F2 OF THE DIK	ECTORS (*x* BOX FOR A	TACHMENT) TELL IN SPACE	ES BEFORE USING ATTAC	HMENTS
LEO PARE			Director Name NONE		
Street Address	·· · · ·	· ·-·	Street Address		
9 Deerbrook Way	V		Street Maaress		7
City	State	Zip	City	State	
Cumberland	ļ RI	02864		318(6	Zip
Director Name	•••••		Director Name		l
NONE			NONE		
Street Address	 		Street Address	·····	
					· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City	State	Zip
				1	
10. SHARES AUTHORIZE	ED ("X" HOX FOR ATT	ACHMENT) 🖪	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
1,000 SHS NO PAR	VALUE		•		
	· · · · · · · · · · · · · · · · · · ·	·	100	Common	No par valu
	·	· · · · · · · · · · · · · · · · · · ·			<u> </u>
This report must be sign	ned in ink by eith	ner the President, Vice	President, Secretary, Assi	stant Secretary, Treasure	r. Receiver or Truste



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

1998 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID 83770	OCEAN ST	ATE FORMS, INC			
3. Street Address Principal Busines	ss Office		City	State	Zip
9 Deerbrook	Way		Cumberland	RI	. 02864
4. Business Phone No.		⁵ AHODE'IS	TÂND		6. SIC C 0455
(401) 658-30 7. Brief Description of the Charact					0433
To manufactu 8. NAMES AND ADDRE	ire, buy, sell sses of the offi	, import, <u>e</u> xp CERS <i>(*x* вох гок</i>)	ort and deal in concr attachment)	ete forms	· · · · · ·
President Name			Vice President Name		
LEO PARE			NONE		,
Street Address			Street Address		•
9 Deerbrook					
City	State	ZIp	City	State	Zip
Cumberland	RI	02864			
Secretary Name			Treasurer Name		
LEO PARE Street Address			LEO PARE	•	
	11		Street Address		
9 Deerbrook	Wd. y State	•	9 Deerbrook W	-	
Cumberland	RI	zir 02864	City	State	Z.lp
9. NAMES AND ADDRES			Cumberland	RI	02864
Director Name	sses of the Diki	CIORS ("X" BOX FO	PR ATTACHMENT) Director Name		
LEO PARE			NONE		
Street Address			NUNC Street Address		
9 Deerbrook	Wa v				
City	State	Zip	Gity	State	7/0
Cumberland	RI	02864		31511	Zip
Director Name NONE	_	3231	Director Name NONE	• •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*x* box for att/	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMENT)	ļ
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	VALUE				
			100	Common	No par value
This report must be sigr	1ed in ink by eith	er the President N	— Vice President, Secretary, Assis	Stant Secretary Treasur	ror Pocaivor or Trus-
	- ,		Tresident, Secretary, Massi	stant becietary, neasu	iei, neceivei di ilusti



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 LEO PARE
Print or Type Name of Officer

President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BI					BITORE COMPLETING FILISTORM
1. Corporate ID No.	2. Name of Corpo				
83770	OCEAN S	TATE FORMS, INC. $_$			
3. Street Address Principal Busine			City	State	Zip
_9 Deerbrook Way			Cumberland	RI	02864
4. Business Phone No.		5. State of incorporation		· 	6. SIC Code
<u>(401)</u> 658-3027		RHODE ISLAM	ND		0455
7. Brief Description of the Charact		in Rhode Island			
To manufacture,	buy, sell,	import, export an	d deal in concrete	forms	
8. NAMES AND ADDRE	SSES OF THE OF	FICERS (*X* BOX FOR ATTA	CHMENT)		
President Name	• • •		Vice President Name		·
LEO PARE			None		
Street Address	•		Street Address		· ····································
9 Deerbrook Way	1				
City	State	Zip	City	State	Zip .
Cumberland	' RI	¹ 02864		4	j ^{og} r
Secretary Name		**********************	Teasurer Name	······I	i
LEO PARE			LEO PARE		
Street Address	-		: Street Address	·	
9 Deerbrook Way			; 9 Deerbrook Way	•	
City	State	Tzip	City		· · · · · · · · · · · · · · · · · · ·
Cumberland	RI	02864	- Cumberland	' RI	02864
9. NAMES AND ADDRE					
Director Name	ooks_or the pre	CECTORS CX BOX FOR ALL	* Director Name		
LEO PARE			None		
Street Address			Street Address	•	
9 Deerbrook Way			Street Address		
City	State	Zip	City		
Cumberland	RI	02864	i Chy	State	Zip ·
Director Name	• ••••				•••••••
None			None Name		
Street Address		~	.		
			Street Address		
City	State			gran emerca e	
,	Jiott	Zip	City	State	Zip
10 SHAPES AUTHORIZE	PIN AND ICCURS	,,	<u> </u>	, 1	
10. SHARES AUTHORIZ. AUTHORIZED SHARES	ED WAD 1920FD	CX BOX FOR ATTACHMENT)			
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 8 3 7 7 0 *
File Date:	131/97
Check No.:	9910
By:FOR SECRETARY OF	ect / 1,6C

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 LEO PARE

Print or Type Name of Officer President

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

Check No:

Ву:

PLEASE TYPE OR PRINT IN BLACK INK. CORPORATE DING 2 NAME OF CORPORATION						
83770						
3 STREET ADDRESS PHINCIPAL BUSINESS CHAIC	OCEAN S	STATE FORMS, IN	IC.	STATE	7 P CODE	
9 Deenbrook_Way 15 State of Incorporation			Cumberland	RI	02864	
(401) 658-3027		RHODE ISLAND			0455	
7 BREF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHOOL IS LAND					0433	
To manufactu	re, buy, sell	, import, expo	rt and deal in con	crete forms		
PRESIDENT MAYE	.8. NAN	IES AND ADDR	ESSES OF THE O	FFICERS	· · · · · · · · · · · · · · · · · · ·	
LEO_PARE						
			STREET ADDRESS			
aıy9_Deerbrook_	Way STATE	7/P CODF	-aiv	STATE	ZIP CODF	
Cumberland	<u> </u>	02864	TREASURER NAME			
!			· ·			
STREET ADDRESS			LEO_PARE			
9 Deerbrook_Way			9 Deerbrook Way			
; Cumberland	1		•	1	1	
9. NAMES AND ADDRE			ESSES OF THE DIRECTORS			
LEO PARE			None			
1			S RELT ADDRESS	·		
9 Deerbrook	ISAT	ZIP CODE	CIY	STATE	ZIF CODE	
Cumberland	RI	02864	DIRECTOR NAME	<u></u> _	<u> </u>	
None			: None			
STREET ADDRESS			STRIET ADDRESS			
CTY	STATE	7.P.C001	aiv	STATE	ZIP CODE	
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L	1 D . S H	ARES AUTHOR	IZED AND ISSUEE		·	
NUMBER OF SMARES	CLASS / SER ES	PAR VALUE	NUMBER OF SKARES	ISSUED SHARES CLASS / SERIES	PAR VAL JE	
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Ī	This	report must be SIG	NED IN INK by either the	ne	-	
Presid	lent, Vice Preside	nt, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Truste	е	
			Under penalty of	of perjury, I declare and	affirm that I have examined this edules and statements, and that	
• • •			a'l statements o	anthined herein are true	edules and statements, and that and correct.	
File Date: 2 28	196		Two I	aie		
= 1 = 0	•	ī	Signature of Off	icer		

LEO PARE

President

Print or Type Name of Officer