



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 OR PRINTED IN BLACK)

1. Corporate ID No. 83770		2. Name of Corporation OCEAN STATE FORMS, INC.			
3. Street Address Principal Business Office 9 Deerbrook Way			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 658-3027		5. State of Incorporation RHODE ISLAND			6. SIC Code 455
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, REMANUFACTURE, BUY, SELL, IMPORT, EXPORT AND DEAL IN CONCRETE FORMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Leo Pare			Vice President Name None		
Street Address 9 Deerbrook Way			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Leo Pare			Treasurer Name Leo Pare		
Street Address 9 Deerbrook Way			Street Address 9 Deerbrook Way		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Leo Pare			Director Name None		
Street Address 9 Deerbrook Way			Street Address		
City Cumberland	State RI	Zip 02864	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) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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



File Date	2-16-05
Check No.	2766
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: [Signature]  
Date: \_\_\_\_\_  
Leo Pare  
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 02903-1335  
401.222.3040

# 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 <b>83770</b>		2. Name of Corporation <b>OCEAN STATE FORMS, INC.</b>			
3. Street Address Principal Business Office <b>9 Deerbrook Way</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
4. Business Phone No. <b>(401) 658-3027</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>455</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO MANUFACTURE, REMANUFACTURE, BUY, SELL, IMPORT, EXPORT AND DEAL IN CONCRETE FORMS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LEO PARE</b>			Vice President Name <b>NONE</b>		
Street Address <b>9 Deerbrook Way</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>LEO PARE</b>			Treasurer Name <b>LEO PARE</b>		
Street Address <b>9 Deerbrook Way</b>			Street Address <b>9 Deerbrook Way</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>LEO PARE</b>			Director Name <b>NONE</b>		
Street Address <b>9 Deerbrook Way</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares <b>1,000 NO PAR VALUE</b>		Class/Series	Par Value		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares <b>100</b>		Class/Series <b>Common</b>	Par Value <b>No par value</b>		

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 **2-17-04**

Check No. **1424**

By: **LP**

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 Rev. 12/03



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

83770

2. Name of Corporation

OCEAN STATE FORMS, INC.

3. Street Address Principal Business Office

9 Deerbrook Way

City

Cumberland

State

RI

Zip

02864

4. Business Phone No.

(401) 658-3027

5. State of Incorporation

RHODE ISLAND

6. SIC Code

455

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

To manufacture, buy, sell, import, export and deal in concrete forms

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

President Name

LEO PARE

Vice President Name

NONE

Street Address

9 Deerbrook Way

Street Address

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Secretary Name

LEO PARE

Treasurer Name

LEO PARE

Street Address

9 Deerbrook Way

Street Address

9 Deerbrook Way

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Cumberland

RI

02864

Cumberland

RI

02864

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

Director Name

LEO PARE

Director Name

NONE

Street Address

9 Deerbrook Way

Street Address

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Director Name

NONE

Director Name

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

1,000 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



\* 8 3 7 7 0 \*

File Date:

3.17.03

1853

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.

Signature of Officer

*[Signature]*

Date

3/10/03

LEO PARE

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02



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. <b>83770</b>		2. Name of Corporation <b>OCEAN STATE FORMS, INC.</b>	
3. Street Address Principal Business Office <b>9 Deerbrook Way</b>		City <b>Cumberland</b>	State <b>RI</b>
		Zip <b>02864</b>	
4. Business Phone No. <b>(401) 658-3027</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>455</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To manufacture, buy, sell, import, export and deal in concrete forms</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>LEO PARE</b>		Vice President Name <b>NONE</b>	
Street Address <b>9 Deerbrook Way</b>		Street Address	
City <b>Cumberland</b>	State <b>RI</b>	City	State
Zip <b>02864</b>		Zip	
Secretary Name <b>LEO PARE</b>		Treasurer Name <b>LEO PARE</b>	
Street Address <b>9 Deerbrook Way</b>		Street Address <b>9 Deerbrook Way</b>	
City <b>Cumberland</b>	State <b>RI</b>	City <b>Cumberland</b>	State <b>RI</b>
Zip <b>02864</b>		Zip <b>02864</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>LEO PARE</b>		Director Name <b>NONE</b>	
Street Address <b>9 Deerbrook Way</b>		Street Address	
City <b>Cumberland</b>	State <b>RI</b>	City	State
Zip <b>02864</b>		Zip	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <b>I</b>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1,000 NO PAR VALUE</b>		<b>100</b>	<b>Common</b>
	Par Value		Par Value
			<b>No par value</b>

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: 4/5/02

Check No.: 2123

By: GMA

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] Date 3/1/02

**LEO PARE**  
Print or Type Name of Officer

**President**  
Title of Officer



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. **83770** 2. Name of Corporation **OCEAN STATE FORMS, INC.**

3. Street Address Principal Business Office **9 Deerbrook Way** City **Cumberland** State **RI** Zip **02864**

4. Business Phone No. **(401) 658-3027** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **455**

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

To manufacture, buy, sell, import, export and deal in concrete forms

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

President Name **LEO PARE** Vice President Name **NONE**

Street Address **9 Deerbrook Way** Street Address

City **Cumberland** State **RI** Zip **02864** City State Zip

Secretary Name **LEO PARE** Treasurer Name **LEO PARE**

Street Address **9 Deerbrook Way** Street Address **9 Deerbrook Way**

City **Cumberland** State **RI** Zip **02864** City **Cumberland** State **RI** Zip **02864**

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

Director Name **LEO PARE** Director Name **NONE**

Street Address **9 Deerbrook Way** Street Address

City **Cumberland** State **RI** Zip **02864** City **Cumberland** State **RI** Zip **02864**

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 **1,000 SHS NO PAR VALUE** Class/Series Par Value

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

ISSUED SHARES

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

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: **2/13**

Check No.: **1670**

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 **[Signature]** Date **2/4/01**

**LEO PARE**  
Print or Type Name of Officer

**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 02903-1335  
401-222-3040



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. **83770** 2. Name of Corporation **OCEAN STATE FORMS, INC.**

3. Street Address Principal Business Office

**9 Deerbrook Way**

4. Business Phone No.

**(401) 658-3027**

5. State of Incorporation

**RHODE ISLAND**

City

**Cumberland**

State

**RI**

Zip

**02864**

6. SIC Code

**455**

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

**To manufacture, buy, sell, import, export and deal in concrete forms**

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

President Name

**LEO PARE**

Street Address

**9 Deerbrook Way**

City

**Cumberland**

State

**RI**

Zip

**02864**

Vice President Name

**None**

Street Address

City

State

Zip

Secretary Name

**LEO PARE**

Street Address

**9 Deerbrook Way**

City

**Cumberland**

State

**RI**

Zip

**02864**

Treasurer Name

**LEO PARE**

Street Address

**9 Deerbrook Way**

City

**Cumberland**

State

**RI**

Zip

**02864**

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

Director Name

**LEO PARE**

Street Address

**9 Deerbrook Way**

City

**Cumberland**

State

**RI**

Zip

**02864**

Director Name

**None**

Street Address

City

State

Zip

Director Name

**None**

Street Address

Director Name

**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

**1,000 SHS 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



\* 8 3 7 7 0 \*

File Date: **2/19/00**

Check No.: **1174**

By: **LEO PARE**

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.

**LEO PARE**  
Signature of Officer

**1/20/00**  
Date

**LEO PARE**  
Print or Type Name of Officer

**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 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>83770</b>		2. Name of Corporation <b>OCEAN STATE FORMS, INC.</b>			
3. Street Address Principal Business Office <b>9 Deerbrook Way</b>		City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
4. Business Phone No. <b>(401) 658-3027</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>455</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To manufacture, buy, sell, import, export and deal in concrete forms</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>LEO PARE</b>			Vice President Name <b>NONE</b>		
Street Address <b>9 Deerbrook Way</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>LEO PARE</b>			Treasurer Name <b>LEO PARE</b>		
Street Address <b>9 Deerbrook Way</b>			Street Address <b>9 Deerbrook Way</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>LEO PARE</b>			Director Name <b>NONE</b>		
Street Address <b>9 Deerbrook Way</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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
<b>1,000 SHS NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No par value</b>

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



File Date: **Feb 9, 99**

Check No.: **0749**

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

**LEO PARE**

Print or Type Name of Officer

**President**

Title of Officer

Date

**1-10-99**



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 02903-1335  
401-277-3040

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83770** 2. Name of Corporation **OCEAN STATE FORMS, INC.**

3. Street Address Principal Business Office

9 Deerbrook Way

City

Cumberland

State

RI

Zip

02864

4. Business Phone No.

(401) 658-3027

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **0455**

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

To manufacture, buy, sell, import, export and deal in concrete forms

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

LEO PARE

Vice President Name

NONE

Street Address

9 Deerbrook Way

Street Address

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Secretary Name

LEO PARE

Treasurer Name

LEO PARE

Street Address

9 Deerbrook Way

Street Address

9 Deerbrook Way

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Cumberland

RI

02864

Cumberland

RI

02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

LEO PARE

Director Name

NONE

Street Address

9 Deerbrook Way

Street Address

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Director Name

NONE

Director Name

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

1,000 SHS 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



\* 8 3 7 7 0 \*

File Date: 2.18.98

Check No.: 415

By: ICP

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.

Leo Pare 2/4/98  
Signature of Officer Date

LEO PARE  
Print or Type Name of Officer

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 02903-1335  
401-277-3040

**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>83770</b>		2. Name of Corporation <b>OCEAN STATE FORMS, INC.</b>	
3. Street Address Principal Business Office <b>9 Deerbrook Way</b>		City <b>Cumberland</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 658-3027</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>0455</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To manufacture, buy, sell, import, export and deal in concrete forms</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>LEO PARE</b>		Vice President Name <b>None</b>	
Street Address <b>9 Deerbrook Way</b>		Street Address	
City <b>Cumberland</b>	State <b>RI</b>	City	State
Zip <b>02864</b>		Zip	
Secretary Name <b>LEO PARE</b>		Treasurer Name <b>LEO PARE</b>	
Street Address <b>9 Deerbrook Way</b>		Street Address <b>9 Deerbrook Way</b>	
City <b>Cumberland</b>	State <b>RI</b>	City <b>Cumberland</b>	State <b>RI</b>
Zip <b>02864</b>		Zip <b>02864</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>LEO PARE</b>		Director Name <b>None</b>	
Street Address <b>9 Deerbrook Way</b>		Street Address	
City <b>Cumberland</b>	State <b>RI</b>	City	State
Zip <b>02864</b>		Zip	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1,000 SHS NO PAR VALUE</b>		<b>100</b>	<b>Common</b>
Par Value		Par Value	
		<b>No par value</b>	

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: 1/31/97  
Check No.: 9910  
By: ecr  
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 Date: 1/14/97  
Print or Type Name of Officer: **LEO PARE**  
Title 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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE D NO 83770		2. NAME OF CORPORATION OCEAN STATE FORMS, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 9 Deerbrook Way		CITY Cumberland	STATE RI
4. BUSINESS PHONE NO (401) 658-3027		5. STATE OF INCORPORATION RHODE ISLAND	
6. ZIP CODE 02864		7. ZIP CODE 0455	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To manufacture, buy, sell, import, export and deal in concrete forms			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME LEO PARE		VICE PRESIDENT NAME None	
STREET ADDRESS 9 Deerbrook Way		STREET ADDRESS	
CITY Cumberland	STATE RI	CITY	STATE
ZIP CODE 02864		ZIP CODE	
TREASURER NAME LEO PARE		TREASURER NAME LEO PARE	
STREET ADDRESS 9 Deerbrook Way		STREET ADDRESS 9 Deerbrook Way	
CITY Cumberland	STATE RI	CITY Cumberland	STATE RI
ZIP CODE 02864		ZIP CODE 02864	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME LEO PARE		DIRECTOR NAME None	
STREET ADDRESS 9 Deerbrook Way		STREET ADDRESS	
CITY Cumberland	STATE RI	CITY	STATE
ZIP CODE 02864		ZIP CODE	
DIRECTOR NAME None		DIRECTOR NAME None	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES		ISSUED SHARES	
NUMBER OF SHARES 1,000 SHS NO PAR VALUE	CLASS / SERIES PAR VALUE	NUMBER OF SHARES 100	CLASS / SERIES Common

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.

*Leo Pare*  
Signature of Officer

LEO PARE  
Print or Type Name of Officer

President  
Title of Officer

2/20/96  
Date

File Date:

2/28/96

Check No:

3677

By:

CP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING