



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

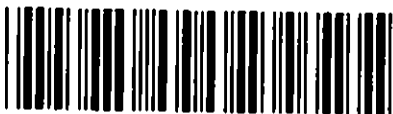
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 139217		2. Name of Corporation Pine Street Carpenters, Incorporated			
3. Street Address Principal Business Office P.O. Box 40		City West Chester		State PA	Zip 19380
4. Business Phone No. 610.399.4785		5. State of Incorporation PENNSYLVANIA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CARPENTRY MANAGEMENT - OFFICE RENOVATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brendon J. Dolar			Vice President Name Same		
Street Address 435 W. Nields Street			Street Address		
City West Chester	State PA	Zip 19382	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	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 Brendon J. Dolar			Director Name None		
Street Address 435 W. Nields Street			Street Address		
City West Chester	State PA	Zip 19382	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	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
1,000 COMM \$1.00 PAR VALUE				Number of Shares	
				Class/Series	
				Par Value	
				1,000 Comm	
				Comm	
				#	

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. **APR 20 2005** 1452
By: **By**
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 **Brendon J. Dolar** Date **4/15/05**
Print or Type Name of Officer
President
Title of Officer