



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 1999  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 56972 2. Name of Corporation United Replacement Windows  
3. Street Address Principal Business Office 22 Colonial Rd City HARRISVILLE State RI Zip 02830  
4. Business Phone No. 401 725-9449 5. State of Incorporation RI 6. SIC Code

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

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

President Name Jerry Prete Vice President Name Margaret Prete  
Street Address 22 Colonial Rd Street Address 22 Colonial Rd  
City HARRISVILLE State RI Zip 02830 City HARRISVILLE State RI Zip 02830  
Secretary Name John Prete Treasurer Name James Prete JR  
Street Address 515 Broad St Street Address 9 Woodland Court  
City Cumberland State RI Zip 02864 City Lincoln State RI Zip 02865

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

Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
300 NA NO PAR

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
200 NO PAR

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
SEP 22 10 50 AM '99

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

File Date: SEP 22 1999 no fee  
Check No.: \_\_\_\_\_  
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 Jerry Prete Date 8/5/99  
Print or Type Name of Officer Jerry A Prete  
Title of Officer Pres.