



**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. <b>82373</b>		2. Name of Corporation <b>Village Paint &amp; Decorating, Inc.</b>			
3. Street Address Principal Business Office <b>700 POUND HILL ROAD</b>			City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
4. Business Phone No. <b>765-3128</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>4432</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OWN AND OPERATE A PAINT AND DECORATING BUSINESS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>KEITH F. KLOCKARS</b>			Vice President Name <b>KYLE B. KLOCKARS</b>		
Street Address <b>700 POUND HILL ROAD</b>			Street Address <b>234 CENTRAL STREET</b>		
City <b>NO SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>
Secretary Name <b>HEATHER J. KLOCKARS</b>			Treasurer Name <b>FREDERICK O. KLOCKARS</b>		
Street Address <b>700 POUND HILL ROAD</b>			Street Address <b>25 OAK HILL AVENUE</b>		
City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>KEITH F. KLOCKARS</b>			Director Name <b>CONSTANCE M. KLOCKARS</b>		
Street Address <b>** SAME AS ABOVE **</b>			Street Address <b>700 POUND HILL ROAD</b>		
City	State	Zip	City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
Director Name <b>KYLE B. KLOCKARS</b>			Director Name		
Street Address <b>** SAME AS ABOVE **</b>			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 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



\*82373\*

File Date 1.31.05  
Check No. 14936  
By: J.C.  
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.

Keith F. Klockars 1/7/05  
Signature of Officer Date

**KEITH F. KLOCKARS, PRESIDENT**

Print or Type Name of Officer

PRESIDENT  
Title of Officer



**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>82373</b>		2. Name of Corporation <b>Village Paint &amp; Decorating, Inc.</b>			
3. Street Address Principal Business Office <b>700 POUND HILL ROAD</b>			City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
4. Business Phone No. <b>765-3128</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>432</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OWN AND OPERATE A PAINT AND DECORATING BUSINESS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>KEITH F. KLOCKARS</b>			Vice President Name <b>KYLE B. KLOCKARS</b>		
Street Address <b>700 POUND HILL ROAD</b>			Street Address <b>345 CENTRAL STREET</b>		
City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>
Secretary Name <b>HEATHER J. KLOCKARS</b>			Treasurer Name <b>FREDERICK O. KLOCKARS</b>		
Street Address <b>700 POUND HILL ROAD</b>			Street Address <b>25 OAK HILL AVENUE</b>		
City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>NO. SMITHFIELD,</b>	State <b>RI</b>	Zip <b>02896</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>KEITH F. KLOCKARS</b>			Director Name <b>CONSTANCE M. KLOCKARS</b>		
Street Address <b>** SAME AS ABOVE **</b>			Street Address <b>700 POUND HILL ROAD</b>		
City	State	Zip	City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
Director Name <b>KYLE B. KLOCKARS</b>			Director Name		
Street Address <b>** SAME AS ABOVE **</b>			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 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



\* 8 2 3 7 3 \*

File Date 2-9-04  
Check No. 14199  
By: 105

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.

Keith F. Klockars 1/16/04  
Signature of Officer Date

**KEITH F. KLOCKARS, PRESIDENT**

Print or Type Name of Officer

Title of Officer

**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. **82373** 2. Name of Corporation **Village Paint & Decorating, Inc.**  
3. Street Address Principal Business Office **700 POUND HILL ROAD** City **NO. SMITHFIELD** State **RI** Zip **02896**  
4. Business Phone No. **401-765-3128** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4432**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**OPERATION OF PAINT AND DECORATING STORE**

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

President Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD, RI</b> State <b>RI</b> Zip <b>02896</b>	Vice President Name <b>KLYE B. KLOCKARS</b> Street Address <b>11 OLD POND HILL ROAD</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>
Secretary Name <b>HEATHER J. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD RI</b> State <b>RI</b> Zip <b>02896</b>	Treasurer Name <b>FREDERICK O. KLOCKARS</b> Street Address <b>25 OAK HILL AVENUE</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>

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

Director Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD RI</b> State <b>RI</b> Zip <b>02896</b>	Director Name <b>CONSTANCE M. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>
Director Name <b>KYLE B. KLOCKARS</b> Street Address <b>11 OLD POND HILL ROAD</b> City <b>NO. SMITHFIELD RI</b> State <b>RI</b> Zip <b>02896</b>	

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,000</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<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



\* 8 2 3 7 3 \*

File Date: 1-16-03  
Check No.: 13420  
By: VP

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.

Keith F. Klockars 1/9/03  
Signature of Officer Date

**KEITH F. KLOCKARS, PRESIDENT**  
Print or Type Name of Officer

Title of Officer  
5



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. **82373** 2. Name of Corporation **Village Paint & Decorating, Inc.**  
3. Street Address Principal Business Office **700 POUND HILL ROAD** City **NO. SMITHFIELD** State **RI** Zip **02896**  
4. Business Phone No. **401-765-3128** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4432**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**OPERATION OF PAINT AND DECORATING STORE**

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

President Name <b>KEITH F. KLOCKARS</b>	Vice President Name <b>KYLE B. KLOCKARS</b>
Street Address <b>700 POUND HILL ROAD</b>	Street Address <b>700 POUND HILL ROAD</b>
City State Zip <b>NO. SMITHFIELD RI 02896</b>	City State Zip <b>NO. SMITHFIELD RI 02896</b>
Secretary Name <b>HEATHER J. KLOCKARS</b>	Treasurer Name <b>FREDERICK O. KLOCKARS</b>
Street Address <b>700 POUND HILL ROAD</b>	Street Address <b>25 OAK HILL AVENUE</b>
City State Zip <b>NO. SMITHFIELD RI 02896</b>	City State Zip <b>NO. SMITHFIELD RI 02896</b>

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

Director Name <b>KEITH F. KLOCKARS</b>	Director Name <b>CONSTANCE M. KLOCKARS</b>
Street Address <b>700 POUND HILL ROAD</b>	Street Address <b>700 POUND HILL ROAD</b>
City State Zip <b>NO. SMITHFIELD RI 02896</b>	City State Zip <b>NO. SMITHFIELD RI 02896</b>
Director Name <b>KYLE B. KLOCKARS</b>	Director Name <b>CONSTANCE M. KLOCKARS</b>
Street Address <b>700 POUND HILL ROAD</b>	Street Address <b>700 POUND HILL ROAD</b>
City State Zip <b>NO. SMITHFIELD RI 02896</b>	City State Zip <b>NO. SMITHFIELD RI 02896</b>

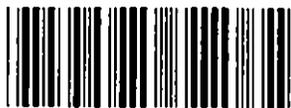
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

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 2 3 7 3 \*

File Date: 2-13-02  
Check No.: 12660  
By: kmc

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.

Keith F. Klockars 1/11/02.  
Signature of Officer Date

**KEITH F. KLOCKARS, PRESIDENT**

Print or Type Name of Officer

Title of Officer

FOR SECRETARY OF STATE USE ONLY



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. **82373** 2. Name of Corporation **Village Paint & Decorating, Inc.**  
3. Street Address Principal Business Office **700 POUND HILL ROAD** City **NO. SMITHFIELD** State **RI** Zip **02896**  
4. Business Phone No. **401-765-3128** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4432**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**OPERATION OF PAINT AND DECORATING STORE**

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

President Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City State Zip <b>NO. SMITHFIELD RI 02896</b>	Vice President Name <b>KYLE B. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City State Zip <b>NO. SMITHFIELD RI 02896</b>
Secretary Name <b>HEATHER J. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City State Zip <b>NO. SMITHFIELD RI 02896</b>	Treasurer Name <b>FREDERICK O. KLOCKARS</b> Street Address <b>25 OAK HILL AVENUE</b> City State Zip <b>NO. SMITHFIELD RI 02896</b>

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

Director Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City State Zip <b>NO. SMITHFIELD RI 02896</b>	Director Name <b>CONSTANCE M. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City State Zip <b>NO. SMITHFIELD RI 02896</b>
Director Name <b>KYLE B. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City State Zip <b>NO. SMITHFIELD RI 02896</b>	

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Class/Series	Par Value
<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



\* 8 2 3 7 3 \*

File Date: 2/13

Check No.: 11767

By: CK

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.

Keith F. Klockars 1/10/01  
Signature of Officer Date

**KEITH F. KLOCKARS, PRESIDENT**

Print or Type Name of Officer

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. **82373** 2. Name of Corporation **Village Paint & Decorating, Inc.**

3. Street Address Principal Business Office  
**700 POUND HILL ROAD** City **NO. SMITHFIELD** State **RI** Zip **02896**

4. Business Phone No. **401-765-3128** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4432**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**OPERATION OF PAINT AND DECORATING STORE**

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

President Name <b>KEITH F. KLOCKARS</b>	Vice President Name <b>KYLE B. KLOCKARS</b>
Street Address <b>700 POUND HILL ROAD</b>	Street Address <b>700 POUND HILL ROAD</b>
City State Zip <b>NO. SMITHFIELD RI 02896</b>	City State Zip <b>NO. SMITHFIELD RI 02896</b>

Secretary Name <b>HEATHER J. KLOCHARS</b>	Treasurer Name <b>FREDERICK O. KLOCKARS</b>
Street Address <b>700 POUND HILL ROAD</b>	Street Address <b>25 OAK HILL AVENUE</b>
City State Zip <b>NO. SMITHFIELD RI 02896</b>	City State Zip <b>NO. SMITHFIELD RI 02896</b>

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

Director Name <b>KEITH F. KLOCKARS</b>	Director Name <b>CONSTANCE M. KLOCKARS</b>
Street Address <b>700 POUND HILL ROAD</b>	Street Address <b>700 POUND HILL ROAD</b>
City State Zip <b>NO. SMITHFIELD RI 02896</b>	City State Zip <b>NO. SMITHFIELD RI 02896</b>

Director Name <b>KYLE B. KLOCKARS</b>	Director Name <b>N/A</b>
Street Address <b>700 POUND HILL ROAD</b>	Street Address
City State Zip <b>NO. SMITHFIELD RI 02896</b>	City State Zip

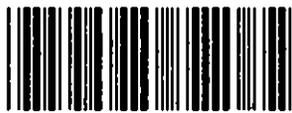
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<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



\* 8 2 3 7 3 \*

File Date: 1/14/00

Check No.: 10370

By: GAD

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.

Keith F. Klockars President 1/7/00

Signature of Officer **KEITH F. KLOCKARS, PRESIDENT** Date

Print or Type Name of Officer

Title of Officer



**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. **82373** 2. Name of Corporation **Village Paint & Decorating, Inc.**  
3. Street Address Principal Business Office **700 POUND HILL ROAD** City **NO. SMITHFIELD** State **RI** Zip **02896**  
4. Business Phone No. **401 765-3128** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4432**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**OPERATION OF PAINT AND DECORATING STORE**

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

President Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>	Vice President Name <b>KYLE B. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>
Secretary Name <b>HEATHER J. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>	Treasurer Name <b>FREDERICK O. KLOCKARS</b> Street Address <b>25 OAK HILL AVE.</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>

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

Director Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>	Director Name <b>CONSTANCE M. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>
Director Name <b>KYLE B. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO. SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>	Director Name <b>N/A</b> Street Address <b>N/A</b> City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
<b>100 COMMON 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: Jan 27 1999  
Check No.: 9596  
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] 1/19/99  
Signature of Officer Date

KEITH F. KLOCKARS, PRESIDENT  
Print or Type Name of Officer  
Title of Officer

**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. **82373**      2. Name of Corporation **Village Paint & Decorating, Inc.**  
3. Street Address Principal Business Office      City      State      Zip  
**700 POUND HILL ROAD**      **NO SMITHFIELD**      **RI**      **02896**  
4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**401-765-3128**      **RHODE ISLAND**      **4432**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**OPERATION OF PAINT AND DECORATING STORE**

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

President Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL RD</b> City      State      Zip <b>NO SMITHFIELD RI      02896</b> Secretary Name <b>HEATHER J. KLOCKARS</b> Street Address <b>700 POUND HILL RD</b> City      State      Zip <b>NO SMITHFIELD RI      02896</b>	Vice President Name <b>KYLE B. KLOCKARS</b> Street Address <b>700 POUND HILL RD</b> City      State      Zip <b>NO SMITHFIELD RI      02896</b> Treasurer Name <b>FREDERICK O. KLOCKARS</b> Street Address <b>25 OAK HILL AVE</b> City      State      Zip <b>NO SMITHFIELD RI      02896</b>
--	--

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

Director Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL RD</b> City      State      Zip <b>NO SMITHFIELD RI      02896</b>	Director Name <b>CONSTANCE M. KLOCKARS</b> Street Address <b>700 POUND HILL RD</b> City      State      Zip <b>NO SMITHFIELD RI      02896</b> Director Name <b>N/A</b> Street Address
---	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
<b>100</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: 2-5-98  
Check No.: 8785  
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: 1/20/98  
**KEITH F. KLOCKARS**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**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. **82373** 2. Name of Corporation **Village Paint & Decorating, Inc.**  
3. Street Address Principal Business Office **700 POUND HILL ROAD** City **NO SMITHFIELD** State **RI** Zip **02896**  
4. Business Phone No. **401-765-3128** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4432**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**OPERATION OF PAINT AND DECORATING STORE**

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

President Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL RD</b> City <b>NO SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b> Secretary Name <b>HEATHER J. KLOCKARS</b> Street Address <b>700 POUND HILL RD</b> City <b>NO SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>	Vice President Name <b>KYLE B. KLOCKARS</b> Street Address <b>700 POUND HILL RD</b> City <b>NO SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b> Treasurer Name <b>FREDERICK O. KLOCKARS</b> Street Address <b>25 OAK HILL AVE</b> City <b>NO SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>KEITH F. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b> Director Name <b>KYLE B. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b>	Director Name <b>CONSTANCE M. KLOCKARS</b> Street Address <b>700 POUND HILL ROAD</b> City <b>NO SMITHFIELD</b> State <b>RI</b> Zip <b>02896</b> Director Name <b>N/A</b> Street Address <b>N/A</b> City _____ State _____ Zip _____
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10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>1,000 SHS NO PAR VALUE</b>	<b>100 COMMON 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: 1-21-97  
Check No.: 7914  
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.

Signature of Officer: Keith F. Klockars Date: 1/14/97  
Print or Type Name of Officer: **KEITH F. KLOCKARS**  
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 ID NO. 82373		2. NAME OF CORPORATION Village Paint & Decorating, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 700 POUND HILL ROAD		CITY NO. SMITHFIELD	STATE RI	ZIP CODE 02896
4. BUSINESS PHONE NO. 401-765-3128		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 4432

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
TO OWN AND OPERATE A PAINT AND DECORATING STORE.

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME KEITH F. KLOCKARS			VICE PRESIDENT NAME KYLE B. KLOCKARS		
STREET ADDRESS 700 POUND HILL ROAD			STREET ADDRESS 700 POUND HILL ROAD		
CITY NO SMITHFIELD	STATE RI	ZIP CODE 02896	CITY NO SMITHFIELD	STATE RI	ZIP CODE 02896
SECRETARY NAME HEATHER J. KLOCKARS			TREASURER NAME FREDERICK O. KLOCKARS		
STREET ADDRESS 700 POUND HILL ROAD			STREET ADDRESS 25 OAK HILL AVENUE		
CITY NO SMITHFIELD	STATE RI	ZIP CODE 02896	CITY NO SMITHFIELD	STATE RI	ZIP CODE 02896

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME KEITH F. KLOCKARS			DIRECTOR NAME CONSTANCE M. KLOCKARS		
STREET ADDRESS 700 POUND HILL ROAD			STREET ADDRESS 700 POUND HILL ROAD		
CITY NO SMITHFIELD	STATE RI	ZIP CODE 02896	CITY NO SMITHFIELD	STATE RI	ZIP CODE 02896
DIRECTOR NAME KYLE B. KLOCKARS			DIRECTOR NAME N/A		
STREET ADDRESS 700 POUND HILL ROAD			STREET ADDRESS		
CITY NO SMITHFIELD	STATE RI	ZIP CODE 02896	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED						
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 VALUE	

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.

File Date:

1/17/96

Check No:

7070

By:

KFD/CP

For Secretary of State Use Only

*Keith F. Klockars*  
Signature of Officer

KEITH F. KLOCKARS  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

1/16/96  
Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95