

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

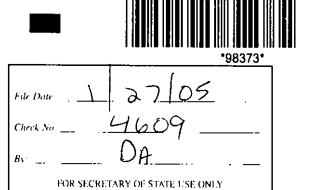
Corporations Durision 100 North Main Street Providence, RI 02993-1335

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) L. Corporate ID No. 2 Name of Corporation 98373 HANDY HOUSE, INC.  $\mu_{A}$ FOXBORD 02035 Mate of Incorporation 6 SIC Code 800-442-1286 **MASSACHUSETTS** To English repliant of the Character of Busines. Combined in Rhorle Island
TO ENGAGE IN THE BUSINESS OF RENTING, LEASING, PURCHASING, ACQUIRING, OWNING, SELLING, SERVICING,
TRANSFERRING, MANUFACTURING AND OTHERWISE DEALING IN PORTABLE TOILETS ANDOTHER CONSTRUCTION EQUIPMENT.
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)
FILL IN SPACES BEFORE USING ATTACHMENTS Terrence Mª NABB 12332 02110 ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) MUZZL 30th Floor Deive Director Name NONE Street Address Street Address On State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class Series Par Value 12,500 COMM NO PAR VALUE 10 O Mone 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 cospect. Signature of Officer From 630 Rev. 12/03

HAMPY House, INC. 1D # 98373 ADDITIONAL OFFICERS:

Assistant Secretary - Joseph BALDUCCI.
51 Longwood Drive
Lunenburg, MA 01462

98373 FILED JAN 27 2005 By DA



### 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

#### 2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No 2 Name of Corporation 98373 HANDY HOUSE, INC. 3. Street Address Principal Business Office State 6. SIC Code 4. Business Phone No 5. State of Incorporation **MASSACHUSETTS** 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RENTING, LEASING, PURCHASING, ACQUIRING, OWNING, SELLING, SERVICING, 8. NAMES AND RESSES OF THE ING AND OTHERWISE DEALING IN PORTABLE TO LEFT AND STATES DESTRUCTION EQUIPMENTENTS President Name Vice President Name Terrence McNabb President Street Address 31 Middlesex Rd. Street Address Mansfield, MA 02048 Zip State Secretary Name Ronald Parlengas Ronald Parlengas Clerk & Treasurer Clerk & Treasurer Street Address Street Address 18 Red Gap Road 18 Red Gap Road Wilbraham, MA 01095 Wilbraham, MA 01095 City City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Scott Lemay Director Street Address Street Address 535 South Street Fitchburg, MA 01420 Zip Director Name Doug Hitchner Brian Kwait Director Director 56B Forest Drive Street Address 75 Rock Maple Road Street Address Springfield, NJ 07081 Greenwich, CT 06830 City City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares **Class/Series** Par Value Number of Shares Par Value Class/Series 12,500 COMM 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

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. ~mPa Signature of Officer Ronald Parlengas Clerk & Treasurer

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

Filing Period: Janua	ry I - March I 🏓	Filing Fee: \$50.00	EPORT FOR THE Y		_	
(FORM MUST BE TYPE) 1. Corporate II) No.	2 Name of Co	rporation				
*98373 <b>*</b>	HANDY H	IOUSE, INC.				
3. Street Address Principal			City	State	Žίρ	
31 EAST BELCHE	ER RD	***************************************	FOXBOROUGH	MA	02035	
4. Business Phone No.		5. State of Incorpo		***************************************	6. SIC Code	
5085432006		MASSACHU	· · · <del>-</del>		į O	
7. Brief Description of the TO ENGAGE IN THE	Character of Business BUSINESS OF F	Conclusted in Rhode Island BENTING, LEASING,	PURCHASING, ACQUIRING, C	OWNING, SELLING, SE	RVICING.	
TRANSFERRING, MAI	NUPACTURING AND	OTHERWISE DEALIN	IG IN PORTABLE TOILETS #	ANDOTHER CONSTRUCTION	N BOUIPMENT.	
8. NAMES AND ADD President Name	RESSES OF THE C	OFFICERS ("X" BOX FO	OR ATTACHMENT) 🔲 FILL IN SP	ACES BEFORE USING ATTA	CHMENTS	
resident Bante			Vice President Name			
Street Address Terrer	nce McNabb	•	Street Address			
Presid	lent		Siret Marias		•	
1/11	ddlesex Rd.		City	State	: 7in	
Mans	field, MA 02048		City	Jugur	Zip	
ecretury Name			Treasurer Name			
Ronal	d Parlengas	•	· · · · · · · · · · · · · · · · · · ·	N		
	& Treasurer		Street Address Clock &	_		
18 Rc	d Gap Road			Treasurer		
City Wilbra	aham, MA 01095			Gap Road un, MA 01095	***********	
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9. NAMES AND ADD	RESSES OF THE I	IRECTORS ("X" HOX	FOR ATTACHMENT) 🔲 FILLAN :	SPACES BEFORE USING AT	TACIIMENTS	
Director Name	l a.ma	the state of the s	Director Name	eta terren 180 eta bin eta minerria (h. 1806). Maria de	in come in a constitution of the constitution	
Scott	Lemay					
Stront Addinger	outh Street	****	Sirvet Address			
	ourg, MA 01420		•			
City	,uig. 11111 01420	2/60	City	State	Zip	
			•			
Director Name			Director Name		* * * * * * * * * * * * * * * * * * * *	
Street Address		***************************************	Sirvet Address			
Žilv	Ceres	The control of the co	· · · · · · · · · · · · · · · · · · ·	engreenering green arrangen, verrage variable variable in the		
.ny	Stote	Zip	.C.try	State	Zip	
10 SDADES AFFERS	DIZED MARKET		otauun oksaanattaan taana ahaan ahaan	,	<u>undanungan menung</u>	
<b>10. SUARES AUTHO</b> AUTHORIZED SHARES	KILED CX BOX	DKNTINCHMENT) [[	######################################	T BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Volue	ISSUED SHARES  Number of Shares Class/Series Par Value			
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12,500 COMM NO	PAR VALUE		3,750	Common	No Par	
				(0)////////////////////////////////////		
This report much ha	cionad in int h	iden de Desident C				
nis report must be:	signed in ink by e	uner ine rresident, vi	ce President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Trust	
1 (1 <b>1 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 <b>6</b> ) 1 <b>6</b> )00 (1111 10006 (111 100	1				
* 9			Under penalty of per	jury, I declare and affirm tha	t I have examined	
<u> </u>				any accompanying schedule		
*98373 FBC4/23/0	31 <b>F</b> 11 1 FA			its contained herein are true a		
			n .	D	.1.	
File Date	MAY A E SOO	<del></del>	_ Kudll	Many s	1/03	
Chirck No. 11M1 U 5 2005			Signature of Officer	Date	,	
	BV COLA	3 m b	Fonald	in Parlengus		
₽v·	-A-TCATA	4 loe	Print or Type Name of			
Top our		<del></del>	Cleria.			
FOR SECRETARY OF S	TATE USE ONLY	1	Title of Officer		Form 630 12/	

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903 1335 401-222-3040

## 2002

Filing Period: January			EPORI FOR IH	E YEAR	PLEAST, R INSTRUCT
FORM MUST BE TYPED IN BLAC	(K)				
1 Corporate ID No	2 Name of Corporate				
98373 3 Street Address Principal Business C	HANDY HOUS	SE, INC.	es.	r	
31 E. Belcher	- Rd.	5 State of Incorporati	FCXboro	MI 17	7.tp 
508 - 543 - 2007 Breef Description of the Character	of Business Conducted in	MASSACHUS Rhode Island	SETTS		0
Fortable Res 8. NAMES AND ADDRESS	STOOMS SES OF THE OFFICE	ERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTACH	MENTS
President:			Vice President Name		
Terrence McNab			Sticet Address		
110 Prior Farm I	Road	Žip	Cin	State	Zip
Duxbury, MA 0	y, MA 02332		,		7.44
Clerk:			Treasurer:		
Ronald M. Parle	engas		Ronald M. P	arlengas	
18 Red Gap Road Wilbraham, MA 01095 9. NAMES AND ADDRESSES OF THE DIRECT		7.	, 18 Red Gap Road		Zip
		Wilbraham,		2.10	
Director:			Director Nume		
Scott K. Lemay			Street Address		
535 South Street	l, Unit 26	Zip	City	fort-	7.0
Fitchburg, MA	01420	<i>χ.</i> ιφ	City	State	Zip
Director Name			Ditector Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEE AUTHORIZED SHARES	) ("X" BOX FOR ATTAC	THMENT)	11. SHARES ISSUED	!"X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 COMM NO PAR VA	LUE	-0-	3,750	Common	No Par

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



3-18.02	
File Date	
2037	
<u></u>	• •
Hv	

FOR SECRETARY OF STALE USE ONLY

Under penalty of periury, 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.

Rwind	$\mathbb{L}_{\gamma}$	/	3	114/0	)
Signature of Officer			Date	<u></u>	
Konald	M).	Lar.	lensa	<u></u>	
Decree of Them Marine A 2000 a	_		<del>/</del>		



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: Junuary 1-March 1 • Filing Fee: \$50.00

STOP PLEAST READ INSTRUCTIONS

OF CHAIL 34 TEAM OF A LEAST	LACK				
1 Corporate ID 89.373	2 Name of Corpora HANDY HOL	SE, INC.			
3 Street Address Principal Busine	ess Office		City	State	Z:p
31 E. BELO	HER RD		FOXBORO	MA	02035
4 Business Phone No. 508-594-20	_	5 State of Incorporate MASSACHUSI			6 SIC Cod
7 Brief Description of the Charac		n Rhode Island			
	RESTROOMS	CERC (	Marie 12: 02: 02: 020	DEBODE FIGURE ASSESS	
President Name			ACHMENT) XFILL IN SPACES Vice President Name	BEFURE USING ATTAC	CHMENIS
Street Address	McNAB	=	Street Address		
di Priu	OR FARM	RD .			
Tur Ritoil	OR FARM State MA	02332	City	State	Zip
Secretary Name	11111	001336	Treasurer Name		
3			RONALD P	ARLENG AS	
Street Address			Street Address 9 POPLAR	DR	
City	State	Zip	City	State	Zip NIAO 5
			WILBRAHAM	MA	01095
9. NAMES AND ADDR! Director Name	ESSES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC  Director Name	ES BEFORE USING ATT	ACHMENTS
SCOTT L	EMAY		Director Name		
535 South	ist Unit	26	Street Address		
FITCHRURE	State MA	04470	City	State	Zip

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

AUTHORIZED SHARES

Director Name

Street Address

City

Number of Shares

Class/Series

A . . 17.1

12,500 COMM NO PAR VALUE

Δ.

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

ISSUED SHARES

Director Name

Street Address

City

Number of Shares

Class/Series

State

Par Value

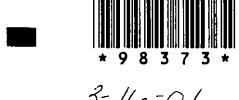
Zip

3750

Common

NO PAR

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



FOR SECRETARY OF STATE USE ONLY

Asst CLERK

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

Under penalty of perjury, I declare and affirm that I have examined

Signification 3-14-01
Signification Date

VALORD A A CORRECTORF

Print be Type Name of Officer

\_\_\_

Report Officers/Directors Business ID: 0579183

1. Full Legal Name: TERRENCE McNABB

Title: PRES

Residence Address: 21 PRIOR FARM ROAD

DUXBURY, MA 02332

Business Address: 31 E. BELCHER RD

PO BOX 9131

FOXBOROUGH, MA 02035

2. Full Legal Name: RONALD PARLENGAS

Title: TREAS

Residence Address: 9 POPLAR DRIVE

WILBRAHAM, MA 01095

Business Address: 31 E. BELCHER RD

PO BOX 9131

FOXBOROUGH, MA 02035

3. Full Legal Name: RONALD PARLENGAS

Title: CLERK

Residence Address: 9 POPLAR DRIVE

WILBRAHAM, MA 01095

Business Address: 31 E. BELCHER RD

PO BOX 9131

FOXBOROUGH, MA 02035

4. Full Legal Name: LYNNDA CRABTREE

Title: ASST CLERK

Residence Address: 1 OVERLAND STREET

FITCHBURG, MA 01420

Business Address: 31 E. BELCHER RD

PO BOX 9131

FOXBOROUGH, MA 02035

5. Full Legal Name: SCOTT LEMAY

Title: DIRECTOR

Residence Address: 535 SOUTH STREET, UNIT 26

FITCHBURG, MA 01420

Business Address: 31 E. BELCHER RD

PO BOX 9131

FOXBOROUGH, MA 02035



## 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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TUDEN IN THE SE					INSTRUCTIO
- (FORM MUST BE TYPED IN BLAC - 1 Carpaigle ID No	K)  2. Name of Corporation				
G73773	•	Tma			
3. Street Address Principal Business O	Handy House,	inc.	City	State	Zip
31 East Belcher Ro	ad	5. State of Incorporation	Foxboro	MA	02035 6. SIC Code
(800) 442-1286 7 Brief Description of the Character of	f Business Conducted in Rha	Massachusetts			4990
Portable Restroom : 8. NAMES AND ADDRESS! President Name		RS ("X" BOX FOR ATTACHS			
	•		Vice President Name	_	
Martin P. Murphy, .	Jr.		Martin P. Murphy, Street Address	Jr.	
29 Stop River Road	State	Zip	29 Stop River Road	State	Zip
Norfolk Secretary Name	MA	02056	Norfolk Treasurer Name	MA	02056
Martin P. Murphy, . Street Address	Jr.		Martin P. Murphy, Street Address	Jr.	
29 Stop River Road			29 Stop River Road		
	State	Zip	City	State	Zip
Norfolk  9. NAMES AND ADDRESSI Director Name	MA ES OF THE DIRECTO	02056 ORS (*x* box for attac	Norfolk HMENT) Duestor Name	MA	02056
Martin P. Murphy, .	Jr.		Street Address		
29 Stop River Road			Street Address		
City City	State	Zip	City	State	Zip
Norfolk Director Nume	MA	02056	Director Name		•
Street Address			Street Address		
Cury	State	Zip	City	State	Zıp
10. SHARES AUTHORIZED AUTHORIZED SHARIS	(*X* BOX FOR ATTACHM	IENT)	11. SHARES ISSUED ("X" BO	X FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500	Common N	o Par Value	3,750	Common	No Par Value

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

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File Date:		<u>/w</u>	<del>/</del>	
Check No.: _	_205	<del>У</del> <del>11.1</del>	<u></u>	
Ву:	<u> </u>	<u> </u>	/ 	
cesto elevitor e				

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.

Mart Phillips

Signature of Officer Dale

Martin P. Murphy, Jr.

Print or Type Name of Officer
President

\_\_\_\_

Title of Officer



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

STOP PITANEREAD PANIRICTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98373 HANDY HOUSE, INC. 3. Street Address Principal Business Office State 02035 31 East Belcher Rd., P.O. Box 9131 Foxborough MA 4. Business Phone No. State of Incorporation 6. SIC Code **MASSACHUSETTS** 1-800-442-1286 7 Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of renting, leasing, purchasing, acquiring, owning, selling, transferring, manufacturing and otherwise dealing in portable toilets 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Martin P. Murphy, Jr. Street Address Street Address 29 Stop River Road Cirv City  $Z_{1}p$ Norfolk 02056 MA Secretary Name Treasurer Name Martin P. Murphy, Jr. Martin P. Murphy, Street Address Street Address 29 Stop River Road 29 Stop River Road State City State 2.10 Norfolk 02056 Norfolk 02056 MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Martin P. Murphy, Jr. Street Address Street Address 29 Stop River Road City Zip Norfolk MA 02056 Director Name Director Name Street Address Street Address City Zip City State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES 12,500 Number of Shares None Number of Shares 3,750 Class/Series Par Value None 12,500 COMM NO PAR VALUE

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

	* 9 8 3 7 3 *
File Date:	Ward Ag
Check No.:	<u> </u>
By: FOR SECRETARY C	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 begin are true and trace.

Thata othershy

Signature of Officer

Martin P. Murphy, Jr.

Print or Type Name of Officer

President

Title of Officer



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

/m . m	***				
(FORM MUST BE TYPED IN BLAC					
1. Corporate ID No 98373	2. Name of Corporation HANDY	"HOUSE, INC.			
3 Street Address Principal Business (	Iffice		City	State	Zip
31 East Belche 4 Business Phone No.	r Rd., P.O	. Box 9131  5 State of Incorporation	Foxborough	MA	02035 6 SIC Code
1-800-442-1286	1	MA			
7. Brief Description of the Character	of Business Conducted in	Rhode Island To engage	ge in the business	of renting, lea	sing, purchasing,
acquiring, owning	g, selling, t	ransferring, ma	nufacturing and oth	erwise dealing	in portable
8. NAMES AND ADDRESS President Name	SES OF THE OFFIC	CERS ("X" BOX FOR ATTA	CHMENT) toilets. Vice President Name		
Martin P. Murphy Street Address	, Jr.		Martin P. Murp	hy, Sr.	
14 Temple Street			88 Woodcliff R		
City	State	Zip	City	State	Zip
Medway Secretary Name	MA	02053	Newton Treasurer Name	MA	02161
Martin P. Murphy Street Address	, Jr.		Martin P. Murph Street Address	y, Jr.	
14 Temple Street			14 Temple Stree	t	
City	State	Zip	City	State	Zip
Medway	MA	02053	Medway	MA	02053
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) Director Name	·	
Martin P. Murphy Street Address 88 Woodcliff Road			Street Address		
City	State	Zip	City	State	Zip
Newton	MA	. 02161			
Director Name			Director Name		
Street Address			Street Address		
City	State	. Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMEN	it)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500		None	3,750		None

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
7-22-98	that all statements contained herein are true and correct.
File Date.	Marin Mingly & 1/01/18 -
.5/603	Signature of Officer Date
Check No	Martin P. Murphy, Jr
$Am \mathcal{K}$	Print or Type Name of Officer
Br	President
FOR SECRETARY OF STATE USE ONLY	Bite of Officer