



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 51975
2. Name of Corporation THE METICULOUS PAINT JOB, INC.
3. Street Address Principal Business Office 1518 Green End Avenue
City NEWPORT State RI Zip 02840
4. Business Phone No. 401-846-5481
5. State of Incorporation RHODE ISLAND
6. SIC Code 257
7. Brief Description of the Character of Business Conducted in Rhode Island
PAINTING AND WATERPROOFING

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

President Name Robert J. Amado Street Address 1518 Green End Avenue City Newport State RI Zip 02840	Vice President Name None Street Address City State Zip
Secretary Name None Street Address City State Zip	Treasurer Name None Street Address City State Zip

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

Director Name Robert J. Amado Street Address 1518 Green End Avenue City Newport State RI Zip 02840	Director Name None Street Address City State Zip
Director Name None Street Address City State Zip	Director Name None Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
None		

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



5 1 9 7 5

51975 DBC 06/14/05 10:47:25 AM
File Date 7-8-05
Check No 22920
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.

Robert J. Amado 6-24-2005
Signature of Officer Date
Robert J. Amado
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 51975		2 Name of Corporation THE METICULOUS PAINT JOB, INC.			
3 Street Address Principal Business Office 22 Prairie Avenue			City Newport	State RI	Zip 02840
4 Business Phone No (401) 846-5481		5 State of Incorporation RHODE ISLAND			6 SIC Code 257
7 Brief Description of the Character of Business Conducted in Rhode Island PAINTING AND WATERPROOFING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Amado			Vice President Name NONE		
Street Address 22 Prairie Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 Robert J. Amado			Director Name NONE		
Street Address 22 Prairie Avenue			Street Address		
City Newport	State RI	Zip 02840	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	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		None		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			None		

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



* 5 1 9 7 5 *

File Date	1-29-04
Check No.	20957
By:	WP
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.

Robert J Amado 1-24-2004
Signature of Officer Date
ROBERT J AMADO
Print or Type Name of Officer
PLO
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. **51975** 2 Name of Corporation **THE METICULOUS PAINT JOB, INC.**
3 Street Address Principal Business Office **22 Prairie Avenue** City **Newport** State **RI** Zip **02840**
4 Business Phone No. **(401) 846-5481** 5 State of Incorporation **RHODE ISLAND** 6 SIC Code **257**
7 Brief Description of the Character of Business Conducted in Rhode Island

Painting and waterproofing

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

President Name Robert J. Amado Street Address 22 Prairie Avenue City Newport State RI Zip 02840	Vice President Name NONE Street Address NONE City _____ State _____ Zip _____
Secretary Name NONE Street Address NONE City _____ State _____ Zip _____	Treasurer Name NONE Street Address NONE City _____ State _____ Zip _____

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

Director Name Robert J. Amado Street Address 22 Prairie Avenue City Newport State RI Zip 02840	Director Name NONE Street Address NONE City _____ State _____ Zip _____
Director Name NONE Street Address NONE City _____ State _____ Zip _____	Director Name NONE Street Address NONE 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
None

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



* 5 1 9 7 5 *

File Date: 1-31-03
Check No.: 19309
By: UP

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.

Robert J. Amado 1-24-2003
Signature of Officer Date

ROBERT J. AMADO
Print or Type Name of Officer

President
Title of Officer



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. **51975** 2. Name of Corporation **The Meticulous Paint Job, Inc.**
3. Street Address Principal Business Office **22 Prairie Avenue** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 846-5481** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **257**
7. Brief Description of the Character of Business Conducted in Rhode Island
Painting and waterproofing

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

President Name Robert J. Amado	Vice President Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name NONE	Treasurer Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Robert J. Amado	Director Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	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)

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
None

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

File Date: 1/28/02
Check No: 17600
By: ME

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: Robert J. Amado Date: 1-12-2002
Print or Type Name of Officer: ROBERT J. AMADO
Title of Officer: Pres.



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. **51975** 2. Name of Corporation **THE METICULOUS PAINT JOB, INC.**
3. Street Address Principal Business Office **22 Prairie Avenue** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 846-5481** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **257**

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

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

President Name Robert J. Amado	Vice President Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name NONE	Treasurer Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Robert J. Amado	Director Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	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)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 5 1 9 7 5 *

File Date: 1/24
Check No.: 15916
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

Robert J. Amado 1-7-2001
Signature of Officer Date
Robert J. AMADO
Print or Type Name of Officer
President
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 **51975** 2. Name of Corporation **THE METICULOUS PAINT JOB, INC.**
3. Street Address Principal Business Office **22 Prairie Avenue** City **Newport** State **RI** Zip **02840**
4. Business Phone No **(401) 846-5481** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **257**

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

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

President Name Robert J. Amado	Vice President Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name NONE	Treasurer Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Robert J. Amado	Director Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	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)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 5 1 9 7 5 *

File Date: 1/12/00
Check No.: 14376
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.

Robert J. Amado 1-3-2000
Signature of Officer Date

ROBERT J. AMADO
Print or Type Name of Officer

President
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. **51975** 2. Name of Corporation **THE METICULOUS PAINT JOB, INC.**
 3. Street Address Principal Business Office **22 Prairie Avenue** City **Newport** State **RI** Zip **02840**
 4. Business Phone No. **(401) 846-5481** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **257**
 7. Brief Description of the Character of Business Conducted in Rhode Island
Painting and waterproofing

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

President Name Robert J. Amado	Vice President Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name NONE	Treasurer Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Robert J. Amado	Director Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	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)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
1,000 SHS NO PAR VAL

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
None

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



File Date: Jan 20, 99
 Check No.: 12945
 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: Robert J. Amado Date: 1-13-99
 Print or Type Name of Officer: ROBERT J AMADO
 Title of Officer: President

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. **51975** 2. Name of Corporation **THE METICULOUS PAINT JOB, INC.**
3. Street Address Principal Business Office **22 Prairie Avenue** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 846-5481** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0257**

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

Painting and waterproofing

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

President Name Robert J Amado	Vice President Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name NONE	Treasurer Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Robert J. Amado	Director Name NONE
Street Address 22 Prairie Avenue	Street Address
City Newport State RI Zip 02840	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)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
Non		

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



File Date: 2/27/98
Check No.: 10868
By: KLO
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: Robert J. Amado Date: 2-19-98
Print or Type Name of Officer: ROBERT J. AMADO
Title of Officer: President



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. **51975** 2. Name of Corporation **THE METICULOUS PAINT JOB, INC.**
3. Street Address Principal Business Office **22 Prairie Avenue** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 846-5481** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0257**

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

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

President Name Robert J. Amado	Vice President Name NONE
Street Address 22 Prairie Avenue	Street Address NONE
City Newport State RI Zip 02840	City NONE State NONE Zip NONE
Secretary Name NONE	Treasurer Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

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

Director Name Robert J. Amado	Director Name NONE
Street Address 22 Prairie Avenue	Street Address NONE
City Newport State RI Zip 02840	City NONE State NONE Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL			NONE		

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



File Date: 3/6/97
Check No.: 9419
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: Robert J. Amado Date: 2-28-97
Print or Type Name of Officer: ROBERT J. AMADO
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. 51975
2 NAME OF CORPORATION THE METICULOUS PAINT JOB, INC.
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 22 Prairie Avenue
CITY Newport STATE RI ZIP CODE 02840
4 BUSINESS PHONE NO. (401) 846-5481
5 STATE OF INCORPORATION RHODE ISLAND
6 SIC CODE 8888
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Painting and waterproofing.

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
Robert J. Amado					
STREET ADDRESS			STREET ADDRESS		
22 Prairie Avenue					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Newport	RI	02840			
SECRETARY NAME			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
Robert J. Amado					
STREET ADDRESS			STREET ADDRESS		
22 Prairie Avenue					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Newport	RI	02840			
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES	PAR VALUE
	CLASS / SERIES			CLASS / SERIES	
1,000	SHS NO PAR VAL				

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.

Robert J. Amado
Signature of Officer
Robert J. Amado
Print or Type Name of Officer
President
Title of Officer
Date

File Date: 3-8-96
Check No: 7993
By: [Signature]
For Secretary of State Use Only

State of Rhode Island and Providence Plantations



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903 1335
 401-277-3040

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0051975

1995

Corporate ID:

Annual Report for the year:

THE METICULOUS PAINT JOB, INC.

Name of Corporation:

Business entity organized under the laws of the State of: **RI**

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
painting and waterproofing

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
**22 Prairie Avenue
 Newport, RI 02840**

Phone: (**401**) **846-5481**

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert J. Amado	22 Prairie Avenue	Newport, RI	02840
VIC. PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert J. Amado	22 Prairie Avenue	Newport, RI	02840
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
1,000	common/no par

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series

Date **Feb 15**, 19 **95**

By: **Robert J. Amado**

PRINT OR TYPE NAME OF OFFICER SIGNING: **Robert J. AMADO**
 TITLE OF OFFICER SIGNING: **President**

Form 31 1995

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

**TURNER C. SCOTT
 122 TOURS STREET
 NEWPORT RI 02840**

PAID

JUN 05 1995

SECY OF STATE

Ch # 386 mac

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC Sept. 1 - Nov. 1
CORP Jan. 1 - March 1

CA# 5831.1335
\$ 450.00

Corporate ID: 0051975 Annual Report for the year 1994

Name of Business Entity: THE METICULOUS PAINT JOB, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: [REDACTED]

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

22 Prairie Avenue
Newport, RI 02840

Phone: (401) 846-5481

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed.

Turner C. Scott, Esquire

122 Touro Street

Newport, RI 02840

Brief statement of the character of business conducted in Rhode Island

painting and waterproofing

Date of Organization: November 1, 1988

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (SEE RIGL 7-1.1)	Robert Amado	22 Prairie Ave,	Newport, RI	02840
<input checked="" type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1)	Robert Amado	22 Prairie Ave,	Newport, RI	02840
<input checked="" type="checkbox"/> SECRETARY (SEE RIGL 7-1.1)	Robert Amado	22 Prairie Ave,	Newport, RI	02840
<input checked="" type="checkbox"/> TREASURER (SEE RIGL 7-1.1)	Robert Amado	22 Prairie Ave,	Newport, RI	02840

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert Amado	22 Prairie Avenue	Newport, RI	02840

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER	CLASS	SERIES	PAR VALUE OR WITHOUT PAR
1,000	common		no par

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER	CLASS	SERIES	PAR VALUE OR WITHOUT PAR

Date: February 1, 1994

By: Robert J. Amado
ROBERT J. AMADO
President

Form 31 154

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

FILED

TURNER C. SCOTT
122 TOURO ST.
NEWPORT RI 02840

APR 5 1994
BY: YE59

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051975 Annual Report for the year 1993

FIRST: The name of the corporation is THE METICULOUS PAINT JOB, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to conduct the business of general painting and waterproofing contracting.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 122 Touro Street, Newport, RI 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Robert Amado</u>	<u>Director</u>	<u>292 Broadway, Newport, RI</u>
.....	<u>Director</u>	.....
.....	<u>Director</u>	.....
.....	<u>President</u>	.....
.....	<u>Vice President</u>	.....
.....	<u>Secretary</u>	.....
.....	<u>Treasurer</u>	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1,000</u>	<u>common</u>		<u>No Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
FEB 18 1993
SECY OF STATE

Dated January 1 19 93

THE METICULOUS PAINT JOB, INC.

(Name of Corporation)

By Robert J. Amado

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

2392/CCP

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051875 Annual Report for the year 1992

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SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Robert Amado</u>	<u>Director</u>	<u>292 Broadway, Newport, RI 02840</u>
.....	<u>Director</u>	.....
.....	<u>Director</u>	.....
.....	<u>President</u>	.....
.....	<u>Vice President</u>	.....
.....	<u>Secretary</u>	.....
.....	<u>Treasurer</u>	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1,000</u>	<u>common</u>		<u>no par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Rec'd & Filed FEB 26 1992

Dated January 1 19 92

THE METICULOUS PAINT JOB, INC.
(Name of Corporation)

By Robert J. Amado

Title Director - President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051975 Annual Report for the year 1991

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Name	Office	Address (including number, street, zip code)
<u>Robert Amado</u>	<u>Director</u>	<u>292 Broadway, Newport, RI 02840</u>
	<u>Director</u>	
	<u>Director</u>	
	<u>President</u>	
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1,000</u>	<u>common</u>		<u>no par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
FEB 11 1991
Series
-BOY OF STATE

Dated January 1 19 91 THE METICULOUS PAINT JOB, INC.

(Name of Corporation)

By Robert J. Amado

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051375 Annual Report for the year 1990

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general painting and waterproofing contracting.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 122 Touro Street, Newport, RI 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Robert Amado</u>	<u>Director</u>	<u>292 Broadway, Newport, RI 02840</u>
	<u>Director</u>	
	<u>Director</u>	
	<u>President</u>	
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>common</u>		<u>No Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Par Value or statement that shares are without par value

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FEB 20 1991
SECY. OF STATE

Dated February 1 1990

The Meticulous Paint Job, Inc.
(Name of Corporation)

By Robert J. Amado

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

37

Corporate ID 0051975 Annual Report for the year 1989

FIRST: The name of the corporation is THE METICULOUS PAINT JOB, INC.

SECOND: It is incorporated under the laws of Rhode Island

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SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Robert Amado</u>	<u>Director</u>	<u>292 Broadway, Newport, RI 02840</u>
.....	<u>Director</u>	.....
.....	<u>Director</u>	.....
.....	<u>President</u>	.....
.....	<u>Vice President</u>	.....
.....	<u>Secretary</u>	.....
.....	<u>Treasurer</u>	.....

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>Common</u>	<u>PAID</u>	<u>no par value</u>
		<u>MAR 20 1989</u>	

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
		<u>SEAL OF STATE</u>	

Dated February 13, 19 89

THE METICULOUS PAINT JOB, INC.
(Name of Corporation)

By Robert J. Amado

Title Director

(Report must be signed by an officer)