

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 I ●	Filing Fee: \$50.00	IONI FOR THE	IEAR			
(FORM MUST BE TYPED IN		-					
1. Corporate ID No.	2. Name of Cor				· · · · · · · · · · · · · · · · · · ·		
130275		te Interiors Corp.					
3. Street Address Principal Busi	ness Office		City	State	Zip		
3 Val Jean Drive			Greenville	RI	02828		
4. Business Phone No.		5. State of Incorpore	ation		6. SIC Code		
(401) 640-8879		RHODE ISLA	ND		0299		
7. Brief Description of the Char DRYWALL CONSTRUCTIO	acter of Business C N AND INSTAL	onducted in Rhode Island LLATION SERVICES	······································		·		
,			ATTACUMENTS WILL IN CO	ACTE DEPONE (ISING A			
r resident Name		LICERGIA TON TON	TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
ANTONIO R. MARQUE	S		- ANTONIO R. MARQUES				
Street Address			Street Address				
3 Val Jean Drive			. 3 Val Jean Driv	ve			
City:	State	Zip	City	State	Zip		
Greenville	RI	02828	Greenville	RI	02828		
Secretary Name		• • • • • • • • • • • • •	Tréasurer Name	'	!		
ANTONIO R. MARQUES	S		ANTONIO R. MARQ	ANTONIO R. MARQUES			
Street Address			· Street Address	····	· · · · · · · · · · · · · · · · · · ·		
Same			.Same				
Ciny	State	Zip	*City	State	Zip		
			• •		-		
9. NAMES AND ADDRES	SES OF THE DI	RECTORS ("X" BOX FO	RATTACHMENTY TILL IN	SPACES BEFORE USING	ATTACEMENTS *** ***		
Director Name			Director Name				
ANTONIO R. MARQUES	S		•				
Street Address		······	. Street Address				
Same			•				
City	State	Zip	·City	State	Zip		
		ľ	•		·		
Director Name	,		Director Name				
			•				
Street Address			· Street Address				
			•				
City	State	Zip	.Cin	State	Zip		
			• •				
10. SHARES AUTHORIZE	ED ("X" BOX FO	RATTACHMENT)	II. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	70 D		
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
2 000 NO DAD VALUE							
2,000 NO PAR VALUE			180	COMMON	NO		
		····			·····		
This report must be signe	d in ink by eit.	her the President Vice	President, Secretary, Assis	Stant Secretary Trees	usas Pacainas or Trustas		
,		The state of the s	Tresident, Secretary, Assis	num Secretary, Treust	mer, necesser or trastee		
	a 11311 13331 a h						
# # PI (# B B 1 1 1 1 1 2 2 1 1 1	6						
1 3 0	2 7 5		Under penalty of per	jury. I declare and affirm	that I have examined		
				any accompanying sched			
1 (and that all statemen	ts contained herein are tru	ie and correct.		
	من			111.00			
File Date			Sto As IN	V. M.///	1-10-2005		
Check No. 2453			Sphanue 61-Officer Date				
			Ántonio R. Marques				
n OA			Print or Type Name of		·		
DY.		–	President				
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/0		



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

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

	A. Brown, Secretar	. •	RT FOR THE YE	AR 2004	401.222.	
Filing Period: January			KI FUK INE IE.	AR		
FORM MUST BE TYPED OR		, 7 ec. 950.00				
L. Corporate ID No	2. Name of Corpo	ration		·		
130275	AM All Stat	te Interiors Corp.				
3 Street Address Principal Bus	Inexs Office		City	State	Zip	
34 Silva ST			Cumberland	RI	02864	
4. Business Phone No	_	5. State of incorporati	on		6. SIC Code	
(401) 640-8879 RHODE ISLA			038.310			
7. Brief Description of the Char DRYWALL CONST	ncter of Business Conducts RUCTION AND INSTA	ed in Rhode Island LLATION SERVICES				
3. NAMES AND ADDRE President Name	SSES OF THE OFFIC	ERS: ("X" BOX FOR A				
	~		Vice President Name			
Antonio R.	1,13xdns		Antonio R. Marques			
34 51/10 ST.			Street Address			
04 31140 31 ·	State	Ζίρ	Same	State	Zip	
Cumberland		02864	C.I.	Since	·p	
Scuretary Name		1.00.00	Treasurer Name			
Intonio R. M	\2012 G 465		Antonio R. O	Margues		
Street Address	10035		Street Address			
Same			Same			
City	State	Zip	City	State	Zip	
NAMES AND ADDR	CSES OF THE DIBEC	 CTORS: <i>("X" BOX FOR</i>	:	IN SPACES BEFORE USING	 CATTACHMENTS	
Director Name	SSES OF THE BIRE	CIORS. (A BOX FOR	Director Name	IN SPACES BEFORE USING	5 ATTACHMENTS	
. .	arques		•			
Street Address	mque s		Street Address			
Same						
City	State	Zip	City	State	Zψ	
	į					
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	ED ("X" BOX FOR	ATTACHMENT)		("X" BOX FOR ATTACHM	IENT)	
		Par Value	ISSUED SHARES	Total State		
AUTHORIZED SHARES	Classification		Number of Shares	Class/Scries	Par Value	
AUTHORIZED SHARES Number of Shares	Class/Sortes	rar value	······································			
AUTHORIZED SHARES	Class/Series	rar vante	150	(1	a/s	
AUTHORIZED SHARES Number of Shares	Class/Series	ra value	180	COMMON	No	

		*
	FILED	
File Date	JAN 2 0 2004	
Check No.	BVOXIDI	•
Ву:	-7. <u>=3.05</u>	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and statement contained herein are true and correct.	
Steparities of Officer	1.14.04 Date
Antonio R. Marques	. Date
Print or Type Name of Officer President	
Title of Officer	Form 630 Rev. 12/03