



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

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. 130275		2. Name of Corporation AM All State Interiors Corp.			
3. Street Address Principal Business Office 3 Val Jean Drive		City Greenville		State RI	Zip 02828
4. Business Phone No. (401) 640-8879		5. State of Incorporation RHODE ISLAND			6. SIC Code 0299
7. Brief Description of the Character of Business Conducted in Rhode Island DRYWALL CONSTRUCTION AND INSTALLATION SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTONIO R. MARQUES		Vice President Name ANTONIO R. MARQUES			
Street Address 3 Val Jean Drive		Street Address 3 Val Jean Drive			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name ANTONIO R. MARQUES		Treasurer Name ANTONIO R. MARQUES			
Street Address Same		Street Address Same			
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 ANTONIO R. MARQUES		Director Name			
Street Address Same		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		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
2,000 NO PAR VALUE			180	COMMON	NO

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



1 3 0 2 7 5

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
Antonio R. Marques
Print or Type Name of Officer
President
Date
1-10-2005
Title of Officer

File Date	1/12/05
Check No.	2453
By	DA
FOR SECRETARY OF STATE USE ONLY	



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

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 130275		2. Name of Corporation AM All State Interiors Corp.		
3. Street Address Principal Business Office 34 Silva ST		City Cumberland	State RI	Zip 02864
4. Business Phone No (401) 640-8879		5. State of Incorporation RHODE ISLAND		6. SIC Code 238.310
7. Brief Description of the Character of Business Conducted in Rhode Island DRYWALL CONSTRUCTION AND INSTALLATION SERVICES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Antonio R. Marques		Vice President Name Antonio R. Marques		
Street Address 34 Silva ST.		Street Address Same		
City Cumberland	State RI	Zip 02864	City	State
Secretary Name Antonio R. Marques		Treasurer Name Antonio R. Marques		
Street Address Same		Street Address Same		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Antonio R. Marques		Director Name		
Street Address Same		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
2,000 NO PAR VALUE			150	COMMON

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



FILED

File Date: JAN 20 2004
Check No.: By: 2153
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: Antonio R. Marques
Date: 1-14-04
Print or Type Name of Officer: Antonio R. Marques
Title of Officer: President