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 OR PRINTED IN BLACK)***

| *1. Corporate ID No.* | *2. Name of Corporation* | | | |
|---|---|---|---|---|
| 62282 | SAMSON ENTERPRISES, INC. | | | |
| *3. Street Address Principal Business Office* | | *City* | *State* | *Zip* |
| 328 SIMMONSVILLE AVENUE | | JOHNSTON | RI | 02919 |
| *4. Business Phone No.* | *5. State of Incorporation* | | | *6. SIC Code* |
| 401-943-6599 | RHODE ISLAND | | | 885 |

*7. Brief Description of the Character of Business Conducted in Rhode Island*
WINDOW REPAIRING AND INSTALLATION.

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

| *President Name* | *Street Address* | *City* | *State* | *Zip* |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

| *Vice President Name* | *Street Address* | *City* | *State* | *Zip* |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

| *Secretary Name* | *Street Address* | *City* | *State* | *Zip* |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

| *Treasurer Name* | *Street Address* | *City* | *State* | *Zip* |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

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

| *Director Name* | *Street Address* | *City* | *State* | *Zip* |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

| *Director Name* | *Street Address* | *City* | *State* | *Zip* |
|---|---|---|---|---|
| | | | | |

| *Director Name* | *Street Address* | *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* |
|---|---|---|
| 100 | COMMON | no par |
| | | |

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

[redacted] [redacted]

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* — *Date* 2/11/05

SAMUEL PALUMBO
*Print or Type Name of Officer*

PRESIDENT
*Title of Officer*

[redacted]

*File Date* 2/15/05
*Check No.* 17696
*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 | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 62282 | SAMSON ENTERPRISES, INC. | | | |
| 3. Street Address Principal Business Office: 328 SIMMONSVILLE AVENUE | | City: JOHNSTON | State: RI | Zip: 02919 |
| 4. Business Phone No: 401-943-6599 | 5. State of Incorporation: RHODE ISLAND | | | 6. SIC Code: 885 |

7. Brief Description of the Character of Business Conducted in Rhode Island
WINDOW REPAIRING AND INSTALLATION.

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| SAMUEL PALUMBO | 328 SIMMONSVILLE AVENUE | JOHNSTON | RI | 02919 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | 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 |
|---|---|---|
| 100 | COMMON | no par |
| | | |

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

[redacted]

* 6 2 2 8 2 *

*File Date* 2-10-04

*Check No.* 10664

*By:*

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Samuel Palumbo 2/10/04

*Signature of Officer* *Date*

SAMUEL PALUMBO
*Print or Type Name of Officer*

PRESIDENT
*Title of Officer*

[redacted]

Form 630 Rev. 12/03

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 2003

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

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED OR PRINTED IN BLACK)*

1. *Corporate ID No.* 62282

2. *Name of Corporation* SAMSON ENTERPRISES, INC.

3. *Street Address Principal Business Office* 328 Simmonsville Avenue

*City* Johnston *State* RI *Zip* 02919

4. *Business Phone No.* 401-943-6599

5. *State of Incorporation* RHODE ISLAND

6. *SIC Code* 885

7. *Brief Description of the Character of Business Conducted in Rhode Island*
Window repairing and installation

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

*President Name* Samuel Palumbo
*Street Address* 328 Simmonsville Avenue
*City* Johnston *State* RI *Zip* 02919

*Vice President Name* Samuel Palumbo
*Street Address* 328 Simmonsville Avenue
*City* Johnston *State* RI *Zip* 02919

*Secretary Name* Samuel Palumbo
*Street Address* 328 Simmonsville Avenue
*City* Johnston *State* RI *Zip* 02919

*Treasurer Name* Samuel Palumbo
*Street Address* 328 Simmonsville Avenue
*City* Johnston *State* RI *Zip* 02919

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

*Director Name* Samuel Palumbo
*Street Address* 328 Simmonsville Avenue
*City* Johnston *State* RI *Zip* 02919

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*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* |
|---|---|---|
| 100 | common | no par |

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

[redacted]

* 6 2 2 8 2 *

*File Date:* 2/19/03

*Check No.:* 15373

*By:*

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* *Date* 2/15/03

Samuel Palumbo
*Print or Type Name of Officer*

President
*Title of Officer*



*Form 630 12/02*

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***

STOP
PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

*1. Corporate ID No*
62282

*2. Name of Corporation*
SAMSON ENTERPRISES, INC.

*3. Street Address Principal Business Office*
328 Simmonsville Ave.

*City* Johnston *State* RI *Zip* 02919

*4. Business Phone No*
943-6599

*5. State of Incorporation*
RHODE ISLAND

*6. SIC Code*
885

*7. Brief Description of the Character of Business Conducted in Rhode Island*
window repairing and installation

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

*President Name*
Samuel Palumbo
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Secretary Name*
Samuel Palumbo
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Vice President Name*
Samuel Palumbo
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Treasurer Name*
Kathleen Palumbo
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

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

*Director Name*
Samuel Palumbo
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*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* |
|---|---|---|
| 100 | Common | No Par |

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

[redacted]

* 6 2 2 8 2 *

*File Date:* 1-23-02

*Check No.:* 13836

*By:* Cr

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Samuel Palumbo 1/22/02
*Signature of Officer* *Date*

Samuel Palumbo
*Print or Type Name of Officer*

President
*Title of Officer*

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***

STOP
PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

*1. Corporate ID No* — *2. Name of Corporation*

62282 — **SAMSON ENTERPRISES, INC.**

*3. Street Address Principal Business Office* — *City* — *State* — *Zip*

328 Simmonsville Ave. — Johnston — RI — 02919

*4. Business Phone No.* — *5. State of Incorporation* — *6. SIC Code*

943-6599 — **RHODE ISLAND** — **885**

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

window repairing and installation

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

*President Name*
Samuel Palumbo, III
*Street Address*
328 Simmonsville Ave.
*City* — *State* — *Zip*
Johnston — RI — 02919

*Vice President Name*
Samuel Palumbo, III
*Street Address*
328 Simmonsville Ave.
*City* — *State* — *Zip*
Johnston — RI — 02919

*Secretary Name*
Samuel Palumbo, III
*Street Address*
328 Simmonsville Ave.
*City* — *State* — *Zip*
Johnston — RI — 02919

*Treasurer Name*
Kathleen Palumbo
*Street Address*
328 Simmonsville Ave.
*City* — *State* — *Zip*
Johnston — RI — 02919

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

*Director Name*
Samuel Palumbo, III
*Street Address*
328 Simmonsville Ave.
*City* — *State* — *Zip*
Johnston — RI — 02919

*Director Name*
*Street Address*
*City* — *State* — *Zip*

*Director Name*
*Street Address*
*City* — *State* — *Zip*

*Director Name*
*Street Address*
*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* |
|---|---|---|
| 100 | Common | No Par |

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

[redacted]

*62282*

*File Date:* 2/13

*Check No.:* 12637

*By:* JC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* — *Date* 2/10/01

Samuel Palumbo III
*Print or Type Name of Officer*

President
*Title of Officer*

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*
*401-222-3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 62282
2. Name of Corporation: SAMSON ENTERPRISES, INC.
3. Street Address Principal Business Office: 328 Simmonsville Ave. — City: Johnston — State: RI — Zip: 02919
4. Business Phone No.: 943-6599
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 885
7. Brief Description of the Character of Business Conducted in Rhode Island: window repairing and installation

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

President Name: Samuel Palumbo III
Street Address: 328 Simmonsville Ave.
City: Johnston — State: RI — Zip: 02919

Vice President Name: Samuel Palumbo III
Street Address: 328 Simmonsville Ave.
City: Johnston — State: RI — Zip: 02919

Secretary Name: Samuel Palumbo
Street Address: 328 Simmonsville Ave.
City: Johnston — State: RI — Zip: 02919

Treasurer Name: Kathleen Palumbo
Street Address: 328 Simmonsville Ave.
City: Johnston — State: RI — Zip: 02919

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

Director Name: Samuel Palumbo III
Street Address: 328 Simmonsville Ave.
City: Johnston — State: RI — Zip: 02919

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
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 |
|---|---|---|
| 100 | Common | No Par |

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

* 6 2 2 8 2 *

**PAID**

File Date: JAN 25 2000 1208

Check No.: SEC'Y OF STATE

By:

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 — Date: 1/24/08

Samuel Palumbo III
Print or Type Name of Officer

President
Title of Officer

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*
*401-222-3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP
PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 62282
2. Name of Corporation: SAMSON ENTERPRISES, INC.
3. Street Address Principal Business Office: 328 Simmonsville Ave.
   City: Johnston State: RI Zip: 02919
4. Business Phone No.: 943-6599
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 885
7. Brief Description of the Character of Business Conducted in Rhode Island: window repairing & installation

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

President Name: Samuel Palumbo
Street Address: 328 Simmonsville Ave.
City: Johnston State: RI Zip: 02919

Vice President Name: Samuel Palumbo
Street Address: 328 Simmonsville Ave.
City: Johnston State: RI Zip: 02919

Secretary Name: Samuel Palumbo
Street Address: 328 Simmonsville Ave.
City: Johnston State: RI Zip: 02919

Treasurer Name: Kathleen Palumbo
Street Address: 328 Simmonsville Ave.
City: Johnston State: RI Zip: 02919

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

Director Name: Samuel Palumbo
Street Address: 328 Simmonsville Ave.
City: Johnston State: RI Zip: 02919

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
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 |
|---|---|---|
| 100 | Common | No Par |

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

* 6 2 2 8 2 *

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 — Date: 2/3/99

Samuel Palumbo
*Print or Type Name of Officer*

President
*Title of Officer*

*File Date:* Feb 5, 99

*Check No.:* 9607

*By:* JD.

FOR SECRETARY OF STATE USE ONLY

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 1998

***Filing Period: January 1–March 1 • Filing Fee: $50.00***

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. *Corporate ID No.* 62282

2. *Name of Corporation* SAMSON ENTERPRISES, INC.

3. *Street Address Principal Business Office* 328 Simmonsville Ave. *City* Johnston *State* RI *Zip* 02919

4. *Business Phone No.* 943-6599

5. *State of Incorporation* RHODE ISLAND

6. *SIC Code* 0885

7. *Brief Description of the Character of Business Conducted in Rhode Island* window repairing & installation

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

*President Name* Samuel Palumbo, III
*Street Address* 328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Vice President Name* Samuel Palumbo
*Street Address* 328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Secretary Name* Samuel Palumbo, III
*Street Address* 328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Treasurer Name* Samuel Palumbo, III
*Street Address* 328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

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

*Director Name* Samuel Palumbo, III
*Street Address* 328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*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* |
|---|---|---|
| 100 | Common | No Par |

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

[redacted] * 6 2 2 8 2 *

*File Date.* 2.5.98
*Check No.* 7714
*By.* LVP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 2/2/98

*Print or Type Name of Officer* SAMUEL F. PALUMBO III

*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***

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

*(FORM MUST BE TYPED IN BLACK)*

*1. Corporate ID No*
**62282**

*2. Name of Corporation*
**SAMSON ENTERPRISES, INC.**

*3. Street Address Principal Business Office*
328 Simmonsville Ave.

*City* Johnston *State* RI *Zip* 02919

*4. Business Phone No*
943-6599

*5. State of Incorporation*
**RHODE ISLAND**

*6. SIC Code*
**0885**

*7. Brief Description of the Character of Business Conducted in Rhode Island*
window repairing & installation

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

*President Name*
Samuel Palumbo, III
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Vice President Name*
Samuel Palumbo, III
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Secretary Name*
Samuel Palumbo, III
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Treasurer Name*
Samuel Palumbo, III
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

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

*Director Name*
Samuel Palumbo, III
*Street Address*
328 Simmonsville Ave.
*City* Johnston *State* RI *Zip* 02919

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

**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** | | | 100 | Common | No Par |

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

* 6 2 2 8 2 *

*File Date:* 2-13-97

*Check No.:* C6484

*By:* LP

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* *Date* 2/11/97

Samuel Palumbo, III
*Print or Type Name of Officer*

President
*Title of Officer*

# PROFIT CORPORATION ANNUAL REPORT

# 1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

| 1. CORPORATE ID NO. | 2. NAME OF CORPORATION | | | |
|---|---|---|---|---|
| 62282 | SAMSON ENTERPRISES, INC. | | | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE | | CITY | STATE | ZIP CODE |
| 328 Simmonsville Avenue | | Johnston | RI | 02919 |
| 4. BUSINESS PHONE NO. | 5. STATE OF INCORPORATION | | | 6. SIC CODE |
| 943-6599 | RHODE ISLAND | | | 0885 |

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

window repairing and installation

## 8. NAMES AND ADDRESSES OF THE OFFICERS

| | | | | | |
|---|---|---|---|---|---|
| PRESIDENT NAME | Samuel Palumbo | | VICE PRESIDENT NAME | Samuel Palumbo | |
| STREET ADDRESS | 328 Simmonsville Avenue | | STREET ADDRESS | 328 Simmonsville Avenue | |
| CITY | Johnston | RI 02919 | CITY | Johnston | RI 02919 |
| SECRETARY NAME | Samuel Palumbo | | TREASURER NAME | Samuel Palumbo | |
| STREET ADDRESS | 328 Simmonsville Avenue | | STREET ADDRESS | 328 Simmonsville Avenue | |
| CITY | Johnston | RI 02919 | CITY | Johnston | RI 02919 |

## 9. NAMES AND ADDRESSES OF THE DIRECTORS

| | | | |
|---|---|---|---|
| DIRECTOR NAME | Samuel Palumbo | DIRECTOR NAME | |
| STREET ADDRESS | 328 Simmonsville Avenue | STREET ADDRESS | |
| CITY | Johnston RI 02919 | CITY | STATE ZIP CODE |
| DIRECTOR NAME | | DIRECTOR NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY | STATE ZIP CODE | 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 VAL | | 100 | Common | No Par |
| | | | | | |
| | | | | | |

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.

Signature of Officer

Samuel F Palumbo III
Print or Type Name of Officer

President 1/30/96
Title of Officer Date

File Date: 2/2/96
Check No: 5094
By: KID | VP
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.**

Corporate ID: 0052282 Annual Report for the year: 1995

Name of Corporation: SAMSON ENTERPRISES, INC.

Business entity organized under the laws of the State of: Rhode Island

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

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box).
328 Simmonsville Ave.
Johnston, RI 02919

Phone: ( )

Business Entity is (check one):
[X] 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:
Window repairing & installation

**THE NAMES OF THE OFFICERS ARE:**

| | | | |
|---|---|---|---|
| PRESIDENT | STREET ADDRESS | CITY/STATE | ZIP CODE |
| Samuel Palumbo, III | 328 Simmonsville Ave., | Johnston, RI | 02919 |
| VICE PRESIDENT | STREET ADDRESS | CITY/STATE | ZIP CODE |
| same | | | |
| SECRETARY | STREET ADDRESS | CITY/STATE | ZIP CODE |
| same | | | |
| TREASURER | STREET ADDRESS | CITY/STATE | ZIP CODE |
| Kathleen Palumbo | 328 Simmonsville Ave., | Johnston, RI | 02919 |
| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |

**THE NAMES OF THE DIRECTORS ARE:**

| | | | |
|---|---|---|---|
| None | | | |
| 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 ISSUED AND OUTSTANDING (Rider may be attached) | |
|---|---|---|---|
| Number of Shares | Class / Series | Number of Shares | Class / Series |
| 1000 | No Par Common | 100 | No Par Common |

Date: 1/30 1995

By: Samuel Palumbo

Samuel Palumbo, III
PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

**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.

FRANK A. LOMBARDI, ESQ
1000 SMITH STREET
PROVIDENCE RI 02908

**FILED**
MAR 10 1995
By cc 3936

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

Corporate ID: 0062282 Annual Report for the year: 1994

Name of Business Entity: SAMSON ENTERPRISES, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [redacted]

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

N/A

Phone: ( )

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

328 Simmonsville Avenue
Johnston, RI 02919

Phone: ( )

Business Entity is (check one)

[x] 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.

Frank A. Lombardi, Esquire
Bordieri & Lombardi
1000 Smith Street
Providence, RI 02908

Brief statement of the character of business conducted in Rhode Island:

Window repairing & installation

Date of Organization: 10/26/90

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

## THE NAMES OF THE OFFICERS ARE:

| | | | |
|---|---|---|---|
| ☐ CHIEF EXECUTIVE OFFICER OR ☒ VICE PRESIDENT (Check One) | Samuel Palumbo, III | 328 Simmonsville Ave | Johnston, RI 02919 |
| | NAME | STREET ADDRESS | CITY/STATE ZIP CODE |
| ☐ CHIEF OPERATING OFFICER OR ☒ SECRETARY (Check One) | Samuel Palumbo, III | 328 Simmonsville Ave | Johnston, RI 02919 |
| | NAME | STREET ADDRESS | CITY/STATE ZIP CODE |
| ☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) | Samuel Palumbo, III | 328 Simmonsville Ave | Johnston, RI 02919 |
| | NAME | STREET ADDRESS | CITY/STATE ZIP CODE |
| | Samuel Palumbo, III | 328 Simmonsville Ave | Johnston, RI 02919 |
| | NAME | STREET ADDRESS | CITY/STATE ZIP CODE |

## THE NAMES OF THE DIRECTORS ARE:

| | | |
|---|---|---|
| Samuel Palumbo, III | 328 Simmonsville Ave | Johnston, RI 02919 |
| NAME | STREET ADDRESS | CITY/STATE ZIP CODE |
| | | |
| NAME | STREET ADDRESS | CITY/STATE ZIP CODE |

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000
CLASS Common
SERIES
PAR VALUE OR WITHOUT PAR Without Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100
CLASS Common
SERIES
PAR VALUE OR WITHOUT PAR Without Par

FILED
FEB 25 1994
SOS
By

Date 2/21/94 By: [signature]

Samuel Palumbo, III
PRINT OR TYPE NAME OF PERSON SIGNING

President
TITLE OF OFFICE SIGNING

Form 21 1994

## 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

FRANK A. LOMBARDI, ESQ
1000 SMITH STREET
PROVIDENCE RI 02908

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

PUP 2352

Corporate ID 00622282 Annual Report for the year 1993

FIRST: The name of the corporation is SAMSON ENTERPRISES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is window repairing and installation

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 328 Simmonsville Avenue, Johnston, RI 02919

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

| Name | Office | Address (including number, street, zip code) |
|---|---|---|
| Samuel Palumbo III | Director | 328 Simmonsville Ave., Johnston, RI 02919 |
| | Director | |
| | Director | |
| Samuel Palumbo III | President | 328 Simmonsville Ave., Johnston, RI 02919 |
| Samuel Palumbo III | Vice President | 328 Simmonsville Ave., Johnston, RI 02919 |
| Samuel Palumbo III | Secretary | 328 Simmonsville Ave., Johnston, RI 02919 |
| Samuel Palumbo III | Treasurer | 328 Simmonsville Ave., Johnston, RI 02919 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 1000 | Common | | No Par |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 100 | Common | | No Par |

PAID
MAR 0 3 1993
SECY OF STATE

Dated February 19 93

SAMSON ENTERPRISES, INC.
(Name of Corporation)

By Samuel Palumbo III

Title President

(Report must be signed by an officer)

Form 31 1/85

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

1743

Corporate ID 0032282

Annual Report for the year 1992

FIRST: The name of the corporation is SAMSON ENTERPRISES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is Window repair and installation

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 328 Simmonsville Avenue, Johnston, RI, 02919

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

| Name | Office | Address (including number, street, zip code) |
|---|---|---|
| Samuel Palumbo, III | Director | 328 Simmonsville Ave, Johnston, RI, 02919 |
| | Director | |
| | Director | |
| Samuel Palumbo, III | President | 328 Simmonsville Ave., Johnston, RI 02919 |
| Samuel Palumbo, III | Vice President | 328 Simmonsville Ave., Johnston, RI 02919 |
| Samuel Palumbo, III | Secretary | 328 Simmonsville Ave., Johnston, RI 02919 |
| Samuel Palumbo, III | Treasurer | 328 Simmonsville Ave., Johnston, RI 02919 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 1000 | Common | | No Par |

PAID
MAR 05 1992
COPY OF STATE

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 100 | Common | | No Par |

Dated February 19 92

Samson Enterprises, Inc.
(Name of Corporation)

By Samuel Palumbo
Samuel Palumbo, III, President

Title Pres.

(Report must be signed by an officer)

Form 31 1/85

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 0062282 Annual Report for the year 1991

FIRST: The name of the corporation is SAMSON ENTERPRISES, INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is window repair and installation

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 328 Simmonsville Avenue, Johnston, RI, 02919

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

| Name | Office | Address (including number, street, zip code) |
|---|---|---|
| Samuel Palumbo, III | Director | 328 Simmonsville Avenue, Johnston, RI, 02919 |
| | Director | |
| | Director | |
| Samuel Palumbo, III | President | 328 Simmonsville Avenue, Johnston, RI, 02919 |
| Samuel Palumbo, III | Vice President | 328 Simmonsville Avenue, Johnston, RI, 02919 |
| Samuel Palumbo, III | Secretary | 328 Simmonsville Avenue, Johnston, RI, 02919 |
| Samuel Palumbo, III | Treasurer | 328 Simmonsville Avenue, Johnston, RI 02919 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 1000 | Common | PAID | No Par |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 100 | Common | | No Par |

Dated January 2, 19 91

Samson Enterprises, Inc.
(Name of Corporation)

By Samuel Palumbo, III

Samuel Palumbo, III
Title President

(Report must be signed by an officer)

Form 3 1/85