



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. 104081		2. Name of Corporation Wallcovering Express, Inc.			
3. Street Address Principal Business Office 242 Francis Avenue			City No. Providence	State RI	Zip 02904
4. Business Phone No. (401) 724-1166		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT, PAINT AND WALLPAPER SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerard Giroux			Vice President Name None		
Street Address 242 Francis Avenue			Street Address		
City No. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Regina Giroux			Treasurer Name Gerard Giroux		
Street Address 242 Francis Avenue			Street Address 242 Francis Avenue		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerard Giroux			Director Name None		
Street Address 242 Francis Avenue			Street Address		
City No. Providence	State RI	Zip 02904	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"/>			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
500 NO PAR VALUE			250	C/S	None

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



File Date 2.3.05
Check No 2681
By: 2
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.

Gerard Giroux 1-31-05
Signature of Officer Date
Gerard Giroux
Print or Type Name of Officer
President
Title of Officer



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3 Street Address Principal Business Office 242 Francis Avenue			City No. Providence	State RI	Zip 02904
4 Business Phone No. (401) 724-1166		5 State of Incorporation RHODE ISLAND		6 SIC Code 7880	
7 Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT, PAINT AND WALLPAPER SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerard Giroux			Vice President Name NONE		
Street Address 242 Francis Avenue			Street Address		
City No. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Regina Giroux			Treasurer Name Gerard Giroux		
Street Address 242 Francis Avenue			Street Address 242 Francis Avenue		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerard Giroux			Director Name NONE		
Street Address 242 Francis Avenue			Street Address		
City No. Providence	State RI	Zip 02904	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			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			250	CLS	NONE

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



* 1 0 4 0 8 1 *

File Date 1-26-04
Check No. 2471
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] 1/23/04
Signature of Officer Date
Gerard Giroux
Print or Type Name of Officer
President
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. **104081** 2. Name of Corporation **Wallcovering Express, Inc.**
3. Street Address Principal Business Office **242 Francis Avenue** City **No Providence** State **RI** Zip **02904**
4. Business Phone No. **(401) 724-1166** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Paint and Wallpaper Services

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

President Name **Gerard Giroux** Vice President Name **NONE**
Street Address **242 Francis Ave** Street Address _____
City **No Providence** State **RI** Zip **02904** City _____ State _____ Zip _____

Secretary Name **Regina Giroux** Treasurer Name **Gerard Giroux**
Street Address **242 Francis Avenue** Street Address **242 Francis Avenue**
City **No Providence** State **RI** Zip **02904** City **No Providence** State **RI** Zip **02904**

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

Director Name **Gerard Giroux** Director Name **None**
Street Address **242 Francis Avenue** Street Address _____
City **No Providence** State **RI** Zip **02904** 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
	500	NO	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	250	c/s	None

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



* 1 0 4 0 8 1 *

File Date: **1-24-03**
Check No. **3371**
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.
Signature of Officer **Gerard Giroux** Date **1/21/03**
Print or Type Name of Officer **Gerard Giroux**
Title of Officer **President**



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. **104081** 2. Name of Corporation **Wallcovering Express, Inc.**
3. Street Address Principal Business Office **242 Francis Avenue** City **No Providence** State **RI** Zip **02904**
4. Business Phone No **401-724-1166** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Paint and Wallpaper Services

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

President Name Gerard Giroux	Vice President Name NONE
Street Address 242 Francis Avenue	Street Address
City State Zip No Providence RI 02904	City State Zip
Secretary Name Regina Giroux	Treasurer Name Gerard Giroux
Street Address 242 Francis Avenue	Street Address 242 Francis Avenue
City State Zip No Providence RI 02904	City State Zip No Providence RI 02904

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

Director Name Gerard Giroux	Director Name NONE
Street Address 242 Francis Avenue	Street Address
City State Zip No Providence RI 02904	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 **500 NO PAR VALUE** Class/Series Par Value

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

ISSUED SHARES
Number of Shares **250** Class/Series **c/s** Par Value **NONE**

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



* 1 0 4 0 8 1 *

File Date 3-8-02

Check No. 2095

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.

Gerard Giroux 3/1/02
Signature of Officer Date

Gerard Giroux
Print or Type Name of Officer

President
Title of Officer



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. **104081** 2. Name of Corporation **Wallcovering Express, Inc.**
3. Street Address Principal Business Office
242 Francis Avenue City **No Providence** State **RI** Zip **02904**
4. Business Phone No. **401-724-1166** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Paint and Wallpaper Services

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

President Name Gerard Giroux	Vice President Name None
Street Address 242 Francis Avenue	Street Address
City No Providence State RI Zip 02904	City State Zip
Secretary Name Gerard Giroux	Treasurer Name Gerard Giroux
Street Address 242 Francis Avenue	Street Address 242 Francis Avenue
City No Providence State RI Zip 02904	City No Providence State RI Zip 02904

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

Director Name Gerard Giroux	Director Name NONE
Street Address 242 Francis Avenue	Street Address
City No. Providence State RI Zip 02904	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
500 SHARES NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
250 c/s NONE

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



* 1 0 4 0 8 1 *

File Date: 1/29
Check No.: 1880
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.
Signature of Officer: [Signature] Date: 1-26-01
Print or Type Name of Officer: Gerard Giroux
Title of Officer: President



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 Name **104081 Wallcovering Express, Inc.**

3. Street Address Principal Business Office
242 Francis Avenue City **No Providence** State **RI** Zip **02904**

4. Business Phone No **401-724-1166** State **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Paint and Wallpaper Services

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

President Name **Gerard Giroux**
Street Address **242 Francis Avenue**
City **No Providence** State **RI** Zip **02904**

Vice President Name **None**
Street Address
City State Zip

Secretary Name **Gerard Giroux**
Street Address **242 Francis Avenue**
City **No Providence** State **RI** Zip **02904**

Treasurer Name **Gerard Giroux**
Street Address **242 Francis Avenue**
City **No Providence** State **RI** Zip **02904**

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

Director Name **Gerard Giroux**
Street Address **242 Francis Avenue**
City **No Providence** State **RI** Zip **02904**

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
Number of Shares Class/Series Par Value
500 SHARES NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
250 C/S None

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



* 1 0 4 0 8 1 *

File Date: **3/14/00**
Check No.: **1087**
By: **GC**

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 **Gerard Giroux** Date **3-12-00**

Print or Type Name of Officer **Gerard Giroux**

Title of Officer **President**