

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 B						
I. Corporate ID No. 58784	2. Name of Corpor TOWNE GLA	ation ASS & ALŪMINUM,	INC.			
3. Street Address Principal Busin	ess Office		City	State	Zip	
8 ENTERPRISES LAN	••		SMITHFIELD	RI	02917-02404	
4. Business Phone No.		5. State of Incorpora	tion		6. SIC Code	
231-6030		RHODE ISLAI			885	
7. Brief Description of the Chara			VINDOWS			
8. NAMES AND ADDRESS	ES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING AT	TACHMENTS	
President Name	e Talandii iii ya ee e	and the second section in the second	Vice President Name	2 18 gan 10 18 1 m 18 1		
Michael J. Shea			· Ian M. Shea			
Street Address			Street Address			
452 Durfee Hill Ro	ad		.452 Durfee Hill	l Road		
City	State	Zip	City	State	Zip	
Smithfield	RI	02917	. Smithfield	RI	02917	
Secretary Name	• • • • • • •	'	Treasurer Name			
Michael J. Shea			Michael J. Shea	l 		
Street Address			Street Address			
452 Durfee Hill Ro		· - · · · · · · · · · · · · · · · · · ·	.452 Durfee Hill			
City	State	Zip	City	State	Zip	
Smithfield	RI	02917	. Smithfield	RI	02917	
	SES OF THE DIR	ECTORS ("X" BOX FO	RATTACIMENT) [FILL, IN	SPACES BEFORE USING	ATTACHMENTS :	
Director Name			Director Name			
Michael J. Shea			Ian M. Shea			
Street Address			Street Address			
Same as above			Same as above			
City	State	Zip	-City	State	Zip .	
Director Name Street Address			Director Name Street Address			
			<u> </u>			
City	State	Zip	.City	State	Zíp	
				 	<u> </u>	
10. SHARES AUTHORIZE	ED ("X" BOX FOR	ATTACHMENT).		X" BOX FOR ATTACHMEN	<u> </u>	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
Humber by Shares	CIUS/SET RS	7 07 70100				
600 COMM NO PAR VA	ALUE		100	common	no par	
						
<u> </u>		·				
This report must be signe	e d in ink by eith	er the President, Vice	President, Secretary, Assi	istant Secretary, Treasi	urer, Receiver or Truste	
5 8 7	 		Under penalty of penal	rijury, I declare and affirm g anywscompanying schoo	that I have examined	
150704 550 544505	00.50.04.0145		and that out stateme	nts commined horein are tr	ue and correct.	
*58784 DBC 01/13/05	03;50:31 PM			1 /hi.	170 NE	
File Date 29	105	_	// mai	////	1-00	
1 '~~	· 1		Signature of Officer	. \ 1	Date	
Check No.	61	_	Michael J. S	Sh e a		
	Ou		Print or Type Name of			
В <u>у:</u>	VF+	_ 	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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222 3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\perp}$	2004
--	------

FROFTT CORP Filling Period: January 1 FORM MUST BE TYPED OR I	- March 1 • Fi	MNUAL REPU! Iling Fee: \$50.00	KI FUK INE IEAF	2005	
Corporate ID No	2. Name of Corpore				
58784 Street Address Principal Busin	iess Office	SS & ALUMINUM, INC.	City	State	Zip COO 3 7
8 Enterprise	Lane	To all the second	Smithfield	RI	02917
. Bustness Phone No. 231 –6030		5 State of Incorporation			6. SIC Code 885
Brief Description of the Cham				· · · · · · · · · · · · · · · · · · ·	
. NAMES AND ADDRES				PACES BEFORE USING	ATTACHMENTS
resident Name Michael J. Sh	nea	·	Vice President Name Michael J. S	hea	
452 Durfee Hi	ll Road		Street Address 452 Durfee H	ill Road	
Smithfield	State RI	^{Zip} 02919	Smithfield	State RI	7.ip 02917
ecretary Name Michael J. Sh	iea		Treasurer Name Michael J. S	hea	
hen Address 452 Durfee Hi	ll Road		Sirver Address 452 Durfee H	ill Road	
Smithfield	State RI	^{z.p} 02919	Smithfield	State RI	^{Zip} 02919
. NAMES AND ADDRES Director Name Michael J. Sh		TORS: ("X" BOX FOR	ATTACHMENT)	SPACES BEFORE USIN	NG ATTACHMENTS
Same as above		<u></u>	Street Address		
âte	State	Zip	City	State	Zip
Director Name	J	J	Director Name		1
itret Address		<u> </u>	Street Address		
Żity .	State	Zip	Guy	State	Zip
0. SHARES AUTHORIZE	 ED <i>("X" BOX FOR /</i>	ATTACHMENT)	11. SHARES ISSUED (" ISSUED SHARES	 "X" BOX FOR ATTACH	 IMENT) [
Sumber of Shares	Class/Series	Par Value	Number of Shares	Glass/Series	Par Value
600 COMM NO PAR VA	LUE		100	Common	No par
This report must	be signed in ink by	either the President, Vic	ce President, Secretary, Assistan	nt Secretary. Treasurer.	Receiver or Trustee
			including any accomp	jury, I declare and affirm the	
File Date 1-23	-04	_	Contained Action fire to	trugand cuffect//lex	1-6-00 Date
Check No.	7	_	Signature of Officer MICHAEL	J. SHEA	Danc
Ву:			Print or Type Name of	• •	
FOR SECRETARY C	OF STATE USE ONLY		Title of Officer		

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



,	 	
(FORM MUST BE TYPED OR PRINTED IN BLACK)		

 	••••	 ٠.,	

AUTHORIZED SHARES

600 COMM NO PAR VALUE

Number of Shares

. Corporate ID No	2. Name of Corporation				
58784	TOWNE GLASS	& ALUMINUM, INC.			
Street Address Principal Business O	ffice		City	State	Zip
8 Enterprise La Business Phone No.	ne	S. State of Incorporation	Smithfield	RI	02917 6. SIC Gode
231-6030		RHODE ISLAND			885
Brief Description of the Character o	f Business Conducted in Rho		le and installat	ion of glass	and
aluminum window	s and any of	her lawful p	ourpose		
3. NAMES AND ADDRESS! President Name				EFORE USING ATTACI	HMENTS
Michael J. Shea			Michael J. She	a	
452 Durfee Hill	Road State	Zip	452 Durfee Hil	.1 Road	Zip
Chepachet	RI	02814	Chepachet Treasurer Name	RI	02814
Michael J. Shea			Michael J. She	a	
452 Durfee Hill	Road		452 Durfee Hil	1 Road	
lity	State	Zip	City	State	Zip
Chepachet	RI	02814	Chepachet	RI	02814
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Michael J. Shea			Street Address		
Same as above	State:	Ζιρ	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Cuy	State	Zıp	City	State	Zip
10. SHARES AUTHORIZED) ("X" BOX FOR ATTACH.	MENT)	11. SHARES ISSUED (-x	* BOX FOR ATTACHMENT.)

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

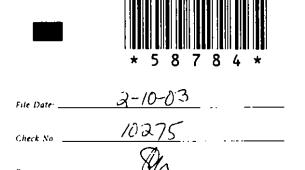
Par Value

ISSUED SHARES

Number of Shares

100

ر مو^{دو}نون د مومون



Class/Series

of perjury, I declare, and affirm that I have examined cluying any accompanying scipedales and statements, and Date

Class/Series

Common

Par Value

No par



1. Corporate ID No.

58784

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

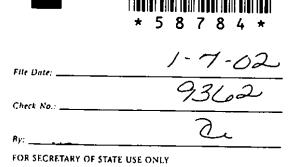
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

2. Name of Carporation

58784	TOWNE GL	ASS & ALUMINUM, INC.			
3. Street Address Principal Bi	siness Office		City	State	Zip
8 Enterpris	e Lane	5. State of Incorporation	Smithfield	RI	02917
231-6030		RHODE ISLAND			885
7. Brief Description of the Ch	aracter of Business Conducted I	n Rhode island the sale	e and installat	ion of glass	and
aluminum wi	ndows and any	other lawful p CERS ("X" BOX FOR ATTACH	purpose.	BEFORE USING ATTA	
Michael J. Street Address	Shea		Michael J. Sh	nea	
452 DURFEE	Hill Rd.		452 Durfee Hi	ll Rd.	
City	State	Zip	Clly	State	ZIp
Chepachet	RI	02814	Chepachet	RI	ຶ້02814
Secretary Name			Treasurer Name		•
Michael J.	Shea		Michael J. Sh	nea	
Sircer Address 452 Durfee	uill na		Street Address	11 52	
City	State	•!-	452 Durfee Hi	III Rd.	
Chepachet	RI	^{Zip} 02814	Chepachet	State RI	^{Zip} 02814
_		CTORS ("X" BOX FOR ATTAC			
Director Name		CTORS I A BOX FOR ALTAC	-rimen i PILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
Michael J. Street Address	Shea		Street Address		
452 Durfee	Hill Rd.				
City	State	Zip	City	State	Zip
Chepachet	RI	02814			•
Director Name			Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	IZED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMENT) .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR \	/ALUE		100	Common	No par
			•		
F1 1		•	• •	•	•

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



Under penalty of	of perjury, I dec	lare and affirm	that I have examined	
this report, incl	uding any agco	mpany/ng sche	dules and statements, a	anı
Hat off glatemer	nis comaided i	nerejnjare true i	and correct.	
Mich	ul Hi	Then	01-02-02	
Signature of Officer		9/30.	Date	_
Michael	J. Shea	l		
	\ /			

Print or Type Name of Officer

President

Title of Officer ا نده

Zip

State



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLAN READ INSTRUCTIONS

CODE	MUCT	Br.	TYPED	INTR	LACK.

,	Commente	m	N.	
J.	Corporate	w		

2. Name of Corporation

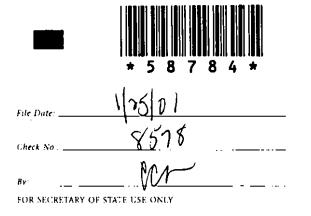
58784
3. Street Address Principal Business Office

TOWNE GLASS & ALUMINUM, INC.

8 Enterprise La	ne		Smithfield	RI	02917
4 Business Phone No.		5. State of Incorporation			6 SIC Code
231-6030		RHODE ISLAND			885
7 Brief Description of the Character of aluminum window			and installatio urpose.	n of glass ar	ıd
8. NAMES AND ADDRESSE	S OF THE OFFICE	- E RS (*X* box for attach)	MENT) FILL IN SPACES BEFO	ORE USING ATTACHMI	ENTS
President Name			Vice President Name		
Michael J. Shea			Michael J. Shea		
Street Address			Street Address		
452 Durfee Hill	Road		452 Durfee Hill	Road	
City	State	Zip	City	State	Zip
Chepachet	RI	02814	Chepachet	RI	02814
Secretary Name			Treasurer Name		
Michael J. Shea			Michael J. Shea		
Street Address			Street Address		
452 Durfee Hill	Road		452 Durfee Hill	Road	
City	State	Zip	City	State	Zip
Chepachet	RI	02814	Chepachet	RI	02814
9. NAMES AND ADDRESSE	S OF THE DIRECT	TORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS
Director Name			Director Name		
Michael J. Shea					
Street Address			Street Address		
Same as above					
Caty	State	Zip	Čity	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACE	HMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS COM NO PA	R 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

Title of Officer





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

TOWNE GLASS & ALUMINUM, INC.

STOP PITAM READ PASTRECTIONS

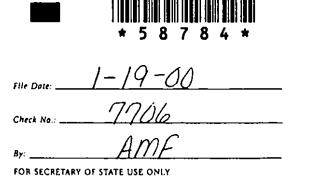
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 784

. Street Address Principal Business	Office		City	State	Zip
8 Enterprise L Business Phone No.	ane	z Mucos et acomercio	Smithfield	RI	012917 6. si 685 e
231-6030					
			le and installat	ion of glass	and
aluminum windo	-		• •		
B. NAMES AND ADDRES President Name	SES OF THE OFF	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTAC	CHMENTS
Michael J. She	a		Michael J. S	hea	
452 Durfee Hil	l Road		452 Durfee H	ill Road	
City	State	Zip	City	State	Zip
Chepachet eccetary Name	RI	02814	Chepachet Treasurer Name	RI	02814
Michael J. She	a		Michael J. S Street Address	hea	
452 Durfee Hil	l Road		452 Durfee H	ill Road	
lity	State	Zip	City	State	Zip
Chepachet	RI	02814	Chepachet	RI	02814
D. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
Michael J. She	a				
treet Address			Street Address		
452 Durfee Hil					
Classes	State	Zip	City	State	Zip
Chepachet Director Name	RI	02814	Director Name		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHŌRIŻE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (X° BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ISSUED SHARES .		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS COM NO P	AK 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

Title of Officer



Under penalty of perjury, I declare and affirm that I have examined this separate for a secompanying schedules and statements, and mat all systems to consained here have true and correct.

Signature of Officer

Michael J. Shea

Print or Type Name of Officer

President



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

ST	OP \
PULASI INSTRU	CHOSS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 58784 TOWNE GLASS & ALUMINUM, INC. 3. Street Address Principal Business Office State ZIp 8 Enterprise Lane Smithfield RI 02917 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 421-6030 885 7. Brief Description of the Character of Business Conducted in Rhode Island the sale and installation of glass and aluminum windows and any other lawful purpose. 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Michael J. Shea Michael J. Shea Street Address Street Address 452 Durfee Hill Road 452 Durfee Hill Road Zio City Chepachet RI 02814 Chepachet RI 02814 Secretary Name Treasurer Name Michael J. Shea Michael J. Shea Street Address Street Address 452 Durfee Hill Road 452 Durfee Hill Road State City State Chepachet RI 02814 Chepachet RI 02814 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Michael J. Shea Street Address Street Address 452 Durfee Hill Road City Zio City زر) زر-Chepachet RI 02814 · T) Olrector Name Director Name Street Address ٦. Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES USSUTED SHARES Number of Shares Class/Series Por Value Number of Shares Class/Series Par Value 600 SHS COM 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

Title of Officer

	* 5 8 7 8 4 *
File Date:	1/28/99
Check No.:	6745
Ву	IUO
FOR SECRETARY	OF STATE USE ONLY

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

FORM MUST BE TYPED IN BLACK	;)			•	
. Corporate ID Na. 58784	2. Name of Corporation TOWNE GLASS	S & ALUMINUM, INC	•		
. Street Address Principal Business Of	fice		City	State	Zip
(RT.5) 26 CEDAR Business Phone No. (401) 231-6030 Brief Description of the Character of		5. State of Incorporation RHODE ISLAND	SMITHFIELD	RI	02917-2404 6. SIC Code 0885
			INUM WINDOWS AND	NT480 IAMENI	3) nowner
3. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACHA	LITOIT WEITDOWS RITO (ENT) Vice President Name	OTHER LAWFUL	, FUKTUJC
MICHAEL G. SHEA			Street Address		
452 DÜRFEE HILL CHEPACHET	RD. State R1	zip 02814	City	State	Zip
ecretary Name	X.L	02014	Treasurer Name		
treet Address			Street Address		
lity	State	Zip	City	State	Zip
P. NAMES AND ADDRESSE Prector Name INICHAEL J. SHEA	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) Director Name		
treet Addiess 452 DURFEE HILL	RD.	·	Street Address }		
CHEPACHET	State RI	02814	City	State	Zip
director Name	·		Director Name		
treet Address			Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED UTHORIZZD SHARES	(*X* BOX FOR ATTACH)	MENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS COM NO PAR	VAL		100	UNE/CUMMON S	TUCK
his report must he signed	in ink hy either t	the President Vice Pr	esident Secretary Assistan	t Secretary Treasures	Pacaiver or Trustee

	* 5 8 7 8 4 *
File Date:	3/26
Check No.:	5954
By:FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined including any accompanying soppdules and statements, and Signature of Officer Date MICHAEL g.

Print or Type Name of Officer

YKCSINENI Title of Officer

lames 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

CFORM	MUST	BE	TYPED	או	BLA	(
-------	------	----	-------	----	-----	---

1. Corporate ID No.

2. Name of Corporation

58784

TOWNE GLASS & ALUMINUM, INC.

đ.	Street	Address	Principal	Business	Office

SMITHFIELD

State

(RT.5) 26 CEDAR SWAMP ROAD

RΙ

02917-2404

4. Business Phone No.

5. State of Incorporation

6. SIC Code 0885

(401)231-6030

RHODE ISLAND

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

THE SALE AND INSTALLATION OF GLASS & ALUMINUM WINDOWS AND OTHER LAWFUL PURPOSE

8.	NAMES	AND	ADDRESSES	OF	THE	OFFICERS	(*X*	BOX	FOR	ATTACHN	(ENT
Pie	sident Name	•									Vice

Vice President Name

MICHAEL J. SHEA

Street Address

Street Address

452 DURFEE HILL RD.

City

State

Zip

CHEPACHET Secretary Name

RΙ

State

State

02814

Treasurer Name

Street Address

Street Address

Cliv

City

City

Zip

City

State

210

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

Director Name

Director Name

MICHAEL J. SHEA

Street Address

452 DURFEE HILL RD. State

Zip

Street Address City

State

CHEPACHET

RI

02814

Director Name

Director Name

Street Address

Street Address

State Zip City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series Par Value ISSUED SHARES Number of Shares

Class/Series

Par Value

600 SHS COM NO PAR VAL

100

ONE/COMMON STOCK

perjury, I declare and affirm that I have examined cluding any apsompanying schedules and statements, and

 \mathbf{A} ue and correct

I)ate

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



MICHAEL J.

Print or Type Name of Officer

PRESIDENT

FOR SECRETARY OF STATE USE ONLY

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

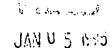
Filing Fee: \$50.00

1. CORPORATE ID NO.	2 NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.	Miller (Marie - 1900) - C. (Marie - Magazangea Ayan - Landar - La	
58784	:	GLASS & ALUMINE	IM INC		
3. STREET ADORESS PROVOPAL BUSINES		GLASS & ALUMING	ony	STATE	ZIP COOE
26 CEDAR SWA	MP ROAD, SMI	THFIELD, R.I.	SMITHFIELD	R.I.	; 02917-2404
4. BUSINESS PHONE NO.		5 STATE OF ENCORPORATION			6 SIC CODE
(401) 231-60		RHODE IS	SLAND		0885
7. BRIEF DESCRIPTION OF THE CHARACTE			ATTIMATION MANAGE	IO NUD ORUBD	
THE SALE AND			ALUMINUM WINDOW		LAWFUL PURPOSE
PRESIDENT NAME	. В. НА	MES AND ADDR	ESSES OF THE OF	FICERS	
MICHAEL J. S	HEA		; '1		
STREET ADDRESS 452 DURFEE H	TIT. ROAD		STREET ADDRESS	,	
άπν	STATE	ZP 000£	any	STATE	! ZIP COD€
CHEPACHET	R.I.	02814	TREASURER NAME	1	
sauges, the first paying			I THEASUMEN NAME		
STREET ADDRESS			STREET ADDRESS		
ái y	STATE	ZIP COOE		STATE) ZIP COOE
			.		
DIRECTOR NAME	9. N A	MES AND ADDR	ESSES DF THE DI	RECTORS	· · · · · · · · · · · · · · · · · · ·
MICHAEL J. S	HEA		DIRECTOR IDANE		
STREET ADDRESS			STREET ADORESS		
452 DURFEE H	ILL ROAD	T ZiP COD€	chy	. STATE	. ZPP COOS
CHEPACHET	R.I.	02814	1		
DIRECTOR NAME			DIRECTOR HAVE		
STREET ADDRESS			STREET ADDRESS		
ary	STATE		i mr		
uit	PINIE	ZIP COD€	CITY	STATE	. 20° COOE
	10. S	HARES AUTHOR	IZED AND ISSUED	** ***********************************	- dagagaga aya iy a gaga aya
	AUTHORIZED SHARES		1	ISSUED SHARES	- · · · · · · · · · · · · · · · · · · ·
MUMBER OF SHARES	QLASS / SERFES	PAR VALUE	I MUHBER OF SHARES	CLASS / SERVES	PAR VALUE
600 SHS CO	OM NO PAR VAL	· - · · · · · · · · · · · · · · · · · ·	100	ONE/COMMON S	тоск
			iļ.		
	·····				
			<u> </u>	<u> </u>	
	Th	is report must be SIG	INED IN INK by either th	ne	
Pr	esident, Vice Presid	dent, Secretary, Assis	tant Secretary, Treasurer	r, Receiver or Trustee	
			Under penelty report including	of perjury, I deglare and af	firm that I have examined this
, /	19196		all state heres	7 1 1 1 1 // ///	fules and statements, and than d correct.
\ File Date: J 'ANUAR	• •	1	<i>[[[uu</i>	400, 100, 100, 100, 100, 100, 100, 100, 	U
	- 5, 1550	!	Signature of Off	\vee	
Check No: 4051			MICHAE		
ву: Ю	\mathcal{D}		Frank or type Na	and or Onicer	1/9/96
1	of State Use Only	•	Title of Officer		Date

Title of Officer

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 B		IN FULL O	R THE FO	ORM WILL B		995	
Corporate ID:			Aı	nual Report fo	-		
	TOWNE GLA				•		
Name of Corporation:							
Business entity organized under t	he laws of the State of:	<u>R.I.</u>			y is (check one):		
For foreign entity, address and tel	ephone number of prir	icipal office:		[X] Business	Corporation (See RIG	L Chapter 7-	-1.1)
				[] Professio	nal Service Corporatio	n (See RIGI	_ Chapter 7-5.1)
					·		·
				Brief statemen	t of the character of bu AND INSTALLAT	siness condu	icted in Rhode Island:
Phone: ()							
Address and telephone of the prir	ocipal office of busines	s entity in Rhode	:	ALUMINUM	WINDOWS AND C	THER LA	NFUL PURPOSE
Island (Provide street address - N				- 			
26 CEDAR SWAMP RO							
SMITHFIELD, R.I.	02917-2404						
Phone: (401) 231-603	0						
	-	—					
PRESIDENT			S OF THE	OFFICERS A	RE:		ZIP COD
MICHAEL J. SHEA		452 DURFEE			CHEPACHET	R.I.	02814
VICE PRESIDENT			STREET ADDRES		CITY/STATE	W.I.	ZIP COD
, , , , , , , , , , , , , , , , , , ,			JIMILI AIZIMA		CHIMALE		AIF CODA
SECRETARY		.=	STREET ADDRES	ss	CITY/STATE		ZIP COD
TREASURER		7.11	STREET ADDRES	SS	CITY/STATE		ZIP CÓD
		THE NAMES	OFTHE	DIRECTORS .	ADF.	 -	
NAME			STREET ADDRES		CITY/STATE		ZIP COD
MICHAEL J. SHEA	,	452 DURFEE	HILL RE).	CHEPACHET	R.I.	02814
NAME			STREET ADDRES		CITY/STATE		ZIP COD
NAME			STREET ADDRES	SS	CITY/STATE		ZIP COD
NUMBER OF SHARES AUTHOR	IZED (Rider may be att	ached)		SUMBER OF SHA	RES ISSUED AND OUT	rstanding	(Rider may be attached)
Number of Shares	Class / Series	 .		Number of Shares			<u> </u>
, varioes of Shares	Class / Series			vumber of Shares	Ciass / 5	ciies	
600	one/ COMMON	STOCK		100	ONE	COMMON	STOCK
					,		
							
Date JANUARY 2,	95		. 'h	i. Lad	-1 . λI	_	
Date _ JANGARI _ 2,			By:	HAEL J. SHE			
			PRINT ORDER	ŢŖŊŖŊſ ₽ĦŒĸĸĬ			
Form 31 1/95			TITLE OF OFFICE	7100			
	DESIGNATE				ICE OF PROCESS		
		~ 4511 (FILE 1511)		- * * * * * * * * * * * * * * * * * * *	TOTAL TROUBUS	•	

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

MICHAEL J. SHEA 26 CEDAR SWAMP ROAD SMITHFIELD RI 02917-2404 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

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

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID: 0058784	Annual Report for the year:
Name of Business Entity: TOWNE GLASS & ALUMINUM, INC	:.
Name Or Dustriess Chury:	
Business entity organized under the laws of the State of:	Business Entity is (check one):
Federal Taxpayer Identification Number:	[X] Business Corporation (See RIGL Chapter 7-1.1) [1] Professional Service Corporation (See RIGL Chapter 7-5.1)
For foreign entity, address and telephone number of principal office:	[] Limited Liability Company (See RIGL 7-16)
	Name, title and mailing address of contact person to whom
	communications may be directed:
	michael J. SHEA c/o TOWNE GLASS & ALUMINUM, INC.
Phone: (401) 231-6030	26 CEDAR SWAMP RD.
Phone: (401) 231 0030	SMITHFIELD, R.I. 02917-2404
Address and telephone of the principal office of business entity in Rhode	
Island (Provide street address - Not P.O. Box): 26 CEDAR SWAMP ROAD	Brief statement of the character of business conducted in Rhode Island: THE SALE AND INSTALLATION OF GLASS AND
SMITHFIELD, R.I. 02917-2404	ALUMINUM WINDOWS AND OTHER LAWFUL PURPOSE
	Date of Organization: JANUARY 4, 1990
Phone: (401) 231-6030	Date of Qualification to do business in Rhode Island (if foreign entity);
THE NAMES OF	THE OFFICERS ARE:
	TADDRESS CTTY/STATE 29 COD
MICHAEL J. SHEA 452 DURFEE HILL RD.	CHEPACHET, R.I. 02814 FADORESS CITYSTATE 29 COD
(SAME AS ABOVE)	11 11
CUSTODIAL OF RECORDS OR SECRETARY (Chief One) STREET	T ADORESS CITY/STATE ZIP COO
The state of the s	TADORESS CITY-STATE ZIP COOL
CHIEF FINANCIAL OFFICER OR TREASURER (Chief One) STREET	11
	THE DIRECTORS ARE:
MICHAEL J. SHEA 452 DURFEE HILL RD,	CHEPACHET, R.I. 02814
NAME STREET	T ADDRESS CTTY/STATE ZIP COO
0	T ADDRESS CITY/STATE ZIP COO
NAME STREET	1
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 500	NUMBER :00
CLASS ONE	CLASS ONE
SERIES COMMON STOCK	SERIES COMMON STOCK
PAR VALUE OR WITHOUT PAR	PAR VALUE OR YETHOUT PAR
THIO TIME	
Date SEPTEMBER 22, 19 94 By:_	Michael A Shea
wic	HAEL J. SHEA
	OR TYPE HAME OF OFFICER SIGNING
	S I DENT OF OFFICER SIGNING
Form \$1 184	DELM LODIE DOS CERTICO OF BROWNS.
DESIGNATED REGISTERED OR RES	IDENT 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.

SEP 23 199,4 By <u>AMT#79</u> 3103

State of Rhode Island and Fronidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE RHODE ISLAND 02903

Corporate ID00	58784	Annual Report for the	he year 1993
First: The nar	ne of the corporation is <u>T</u>	OWNE GLASS & ALUMINUM,	INC.
SECOND: It is i	ncorporated under the laws	of Rhode Island	
THIRD: Charac	ter of business, briefly stated	, is the sale and instal	lation of glass and
aluminum w	indows and any othe	er lawful purpose.	
		its principal office	
FIFTH: Business	address in Rhode Island	26 Cedar Swamp Road	
		Smithfield, RI 02917	
SIXTH: Names :	and addresses of its directors		(Attach rider if necessary)
Michael J. Sh	nea Directo	r 452 Durfee Hill Rd	Chepachet, RI 0281
(Same as abov	re) Directo	r (Same as above)	
u u	Directo	r	
Michael J. Sh	ea Presider	nt 452 Durfee Hill Rd.	Chepachet, RI 0281
Michael J. Sh	ea Vice Pro	esident (Same as above)	
	ea Secretar		
Michael J. Sh	ea Treasuro	er (Same as above)	
SEVENTH: Num	ber of Shares authorized:		Par Value
No. of Shares	Class	Senes	or statement that shares are without par value
600	One	P11,10	Common Stock
Еіднтн: Numbe	er of Shares issued:	FEB 0 5 1093	Par Value or statement that
No. of Shares	Class	Senes	shares are without par value
100	One		Common Stock
Dated Jani	uary 19 19 93	TOWNE GLASS & ALUMI (Name of Corporation)	NUM, INC.
(Report must	be signed by an officer)	By // Clubal ().	Ther

To be filed annually between January 1st and March 1st 15 9040 72508

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0059724	Annual Rep	oort for the year	1997	
First: The name	e of the corporation is	TOUTE GLASS & ALUMINUM, INC			
SECOND: It is inc	orporated under the laws of	RHODE ISLAND	•••••••••••••••••••••••••••••••••••••••		
THIRD: Character	r of business, briefly stated, i	S THE SALE AND INST	TALLATION OF G	LASS AND	
ALUMINUM WIN	NDOWS AND ANY OTHER LAW	FUL PURPOSE			
FOURTH: If foreig	gn corporation, address of its	principal office	•		
FIFTH: Business a	ddress in Rhode Island ²	6 CEDAR SWAMP ROAD			
	S	MITHFIELD, R.I. 029	917	······	
SIXTH: Names an	d addresses of its directors a		ss (including number, stre	(Attach rider if necessary)	
MICHAEL J. SHEA	Director	452 DURFEE HILL RD, CHEPACHET, R.I. 02814		ET, R.I. 02814	
(SAME AS ABOVE)	Director	(SAME AS ABOVE)			
,,	Director	11 11			
MICHAEL J. SHEA	President				
	Vice Pres				
MICHAEL J. SHEA	Secretary	(0.447 4.7 4.744-)			
MICHAEL J. SHEA	Treasurer	(SAME AS ABOVE)			
SEVENTH: Numbe	er of Shares authorized:		·/		
	i of Shares authorized:			Par Value or statement that shares are without	
No of Shares	Class	PAID		par value	
000	ONE	JAN 3 0 1992	COMMON STOCK		
Еіднти: Number	of Shares issued:	SECY OF STATE		Par Value or statement that	
No of Shares	Class	Senes		shares are without par value	
100	ONE		COMMON STOCK		
Dated JANUARY 24,	19 .92	TOWNE GLASS & ALU	MINUM INC.	0 1 11	
	····	By MICHAEL J. SHE	A Mucha	& Shew	
	by an officer)	Title PRESIDENT	••••	\searrow	

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0058784		Annual Report for the year 1991			
First:	FIRST: The name of the corporation is		TOWNE GLASS & ALUMINUM, INC		
SECOND	: It is incorpora	ted under the laws of	RHODE ISLAND		
THIRD:	Character of bu	siness, briefly stated, is	THE SALE AND INSTA	LLATION OF GLASS AND	
AL	UMINUM WINDOWS	S AND ANY OTHER LA	WFUL PURPOSE.		
Fourth	: If foreign corp	poration, address of its	principal office		
Г іғтн:	Business address	in Rhode Island	26 CEDAR SWAMP ROAD		
***************************************	•••••••••••••••••••••••••••••••••••••••		SMITHFIELD,R.I. 0291	7	
Sixth :	Names and addr	esses of its directors ar		(Attach rider if necessary)	
MICHAEL J.	SHEA	Director	452 DURFEE HILL	RD, CHEPACHET, R.I. 02814	
(SAME AS A	BOVE)	Director	(SAME AS ABOVE)		
.,	••	Director	**		
MICHAEL J.	SHEA	President		RD,CHEPACHET,R.I. 02814	
			dent (SAME AS ABOVE)		
		Secretary			
MICHAEL J.			(SAME.AS.ABOVE)		
Seventh	: Number of St	nares authorized:	-	Par Value	
No. of Sha	ares	Class	? Series »	or statement that shares are without par value	
600		ONE	297 20 1991	COMMON STOCK	
Еіднтн:	Number of Sha	res issued:		Par Value or statement that	
No. of Sha	ires	Class	Series	shares are without par value	
100		ONE	\mathcal{O}	COMMON STOCK	
DatedJANU	ARY 23RD	19 91	TOWNE GLASS & ALUM (Name of Corporation)	INUM, INC.	
			By MICHAEL J. SHEA	Michael J. Shea	
(Report must be signed by an officer)		Title PRESIDENT	V		