

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Durision 100 North Mank Street Providence, Rt 02905-1335 401 222,3040

PROFIT CORPORATION ANNUAL	REPORT FOR THE YEAR
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2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2 Name of Corporation 87385 COMTOIS FLOORING SERVICE, INC. Sirvet Address Principal Business Office 256 CENTRAL STREET MANVILLE RI 028381 t Basiness Prone No. State of Incorporation 401-769-8973 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhyde Island SALE AND INSTALLATION AND FLOORING MATERIAL 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name PAUL COMTOIS PAULINE COMTOIS Street Address Street Address 256 CENTRAL STREET 256 CENTRAL STREET MANVILLE RI 02838 MANVILLE RI 02838 PAULINE COMTOIS PAUL COMTOIS Street Address 256 CENTRAL STREET 256 CENTRAL STREET MANVILLE RI 02838 MANVILLE 02838 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS PAUL COMTOIS PAULINE COMTOIS Street Address Street Address 256 CENTRAL STREET CENTRAL STREET MANVILLE RI 02838 MANVILLE RI 02838 Director Name Director Name Street Address Street Address GijState Z_{ip} City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [] 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) MT COREZED SHARES ISSUED SUARES Number of Sources Class Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 COMMON 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 2968 PAUL COMTOIS

Print or Type Name of Officer

Title of Officer

Form 630 Rev. 12/03



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

Corporate ID No	2. Name of Corpor					
87385	COMTOIS	LOORING SERVICE, INC.				
2 56 CENTRAL	STREET		MANVILLE	State RI	7.1p 0.2838	
Business Phone No. 401-769-8973 5. State of Incorporation			<u> </u>		6. SIC Code	
Brief Description of the Character of Business Conducted in Rhode Island SALE AND INSTALLATION AND FLOORING MATERIAL.			<u> </u>		414	
		ERS: ("X" BOX FOR ATT	ACHMENT) T FILL IN	SPACES BEFORE USING	ATTACHMENTS	
PAUL COMTOI	S		Vice President Name PAULINE COI	• •	AT TACHMENTS	
256 CENTRAL	STREET		Street Address CENTRAL	L STREET		
MANVILLE	State RI	^{zip} 02838	MANVILLE	State RI	^{Zip} 02838	
PAULINE COM	TOIS	•••••	Treasurer Name PAUL COMTOIS	 S		
256 CENTRAL	STREET		Street Address 256 CENTRAL	STREET		
MANVILLE	State RI	02838	MANVILLE	State RI	2ip 02838	
NAMES AND ADDRE	SSES OF THE DIRECT	ORS: ("X" BOX FOR AT	TACHMENT) FILL II			
PAUL COMTOI	S		DAPAULINE COM	TOIS		
256 CENTRAL	STREET		Since Address CENTRAL STREET			
MANVILLE	State RI	2 <i>φ</i>	MANVILLE	State	- z _p	
ctor Name	••••••••••••••••••••••	••••••	Director Name			
et Address			Street Address			
	State	Zip	City	State	Zip	
SHARES AUTHORIZ HORIZED SHARES	ED (*X" BOX FOR A	TTACHMENT)	: 11. SHARES ISSUED (. "X" BOX FOR ATTACHM	I MENT) [
nher of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value	
,000 NO PAR VALUE			100	COMMON	NPV	
This report must	be signed in ink by e	ither the President, Vice P	resident, Secretary, Assista	nt Secretary, Treasurer R		
• 15	FRIET IRUIT IRONG 1970 (BIO) AV		·	•		
			Under penalty of perj	jury, I declare and affirm that	t I have examined thi	
1.30)./)4	*]	contained herein are	panying schedules and stater true and correct.	ments, and that all sta	
Date	X '	-	Signature of Officer	m (==>	1 28/0	
eck No) 0	-	PAUL COMT	OIS	Date	
by:			Print or Type Name of			

PRESIDENT



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 10 Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLI IN READ INTRICIION

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 87385 COMTOIS FLOORING SERVICE, INC. 3. Street Address Principal Business Office City State 256 CENTRAL STREET MANVILLE RI 02838 4. Business Phone No 5. State of Incorporation 6. SIC Code 401-769-8973 RHODE ISLAND 414 7. Brief Description of the Character of Business Conducted in Rhode Island INSTALL FLOOR COVERINGS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name PAUL COMTOIS PAULINE COMTOIS Street Address Street Address 256 CENTRAL STREET 256 CENTRAL STREET MANVILLE RI 02838 MANVILLE RΙ 02838 Secretary Name Iteasuter Name PAULINE COMTOIS PAUL COMTOIS Street Address Street Address 256 CENTRAL STREET CENTRAL STREET City State MANVILLE 02838 RI MANVILLE 02838 RI 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* box for attachment) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name PAUL COMTOIS PAULINE COMTOIS Street Address CENTRAL STREET CENTRAL STREET State MANVILLE RI 02838 MANVILLE RΙ 02838 Director Name Director Name Street Address Street Address State Zip City State Zie 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

100



Date	1.07.03	
Check No.:	2503	
Ву:	<u> </u>	
	E STATE USE ONLY	

1,000 NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that abstatements contained herein are true and correct.

COMMON

NPV

Signature of Officer Date PAUL COMTOIS

Print or Type Name of Officer

PRESIDENT

Title of Officer

→ 5 Form 639 12/92



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	

•	J	 ٠,	 •	•	1.17	***	" CAN

2. Name of Corporation

COMTOIS FLOORING SERVICE, INC.

3. Street Address Principal Business Office

Street Address

256 CENTRAL STREET

4. Business Phone No.

401-769-8973

PAUL COMTOIS

5. State of Incorporation RHODE ISLAND MANVILLE

RI

02838

6. SIC Code

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

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

PAULINE COMTOIS

256 CENTRAL STREET

MANVILLE ^{zip}02838 Street Address 256 CENTRAL STREET "MANVILLE

RI

zip 02838

PAULINE COMTOIS

PAUL COMTOIS

256 CENTRAL STREET

256°Central street

MANVILLE

^{zip}028**3**8

MANVILLE

RI

^{zip}02838

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

PAUL COMTOIS

PAULINE COMTOIS

Street Address 256 CENTRAL STREET

5"256 CENTRAL STREET

MANVILLE

RI

02838

MANVILLE

RI

02838

Director Name

Street Address

Street Address

City

Director Name

ZIp

City

State

Zip

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

AUTHORIZED SHARES Number of Shores

1,000 NO PAR VALUE

Class/Series

State

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

ESSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NPV

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



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.

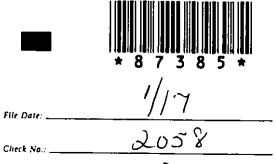
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87385	2. Name of Corpora COMTOIS	FLOORING SERVIC	E, INC.		_
3. Street Address Principal Business 256 CENTRAL S			ciry MANVILLE	State	Zip
4. Rusiness Plinne No.	INDEI	5. State of Incorporatio		RI	02838
401-769-8973		RHODE ISLA	IND		6. SIC Code
7. Brief Description of the Character INSTALL FLOOR	COVERINGS	5			
8. NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTA		BEFORE USING ATTAC	CHMENTS
PAUL COMTOIS			Vice President Name PAULINE COM	mot c	
Street Address 256 CENTRAL S	TREET		Street Address 256 CENTRAL		
City MANVILLE	State RI	^{zip} 02838	MANVILLE	State RI	02838
Secretary Name PAUL COMTOIS, Street Address	PAULINE		PAUL COMTOI	S.	
256 CENTRAL ST	REET		Street Address 256 CENTRAL	STREET	
MANVILLE	State RI	02838	MANVILLE	State RI	ő2838
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR AT		ES BEFORE USING ATT	ACHMENTS
PAUL COMTOIS			Director Name	IOTO	
itreet Address			PAULINE COMT	018	
256 CENTRAL ST	REET			TREET	
MANVILLE	State RI	^{Žip} 02838	MANVILLE	State RI	02838
Director Name	*****	• • • • • • • • • • • • • • • • • • • •	Director Name		
Street Address			Street Address	•	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI:	O (*X* BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ('*X" BOX FOR ATTACHMENT	")
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	VALUE		100	COMMON	NPV

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.

PRESIDENT
True of Officer

FOR SECRETARY OF STATE USE ONLY



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

RI

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5. State of Incorporation

^{zip} 02838

RHODE ISLAND

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

MANVILLE

Vice President Name

Street Address

Treasurer Name

PAULINE COMTOIS

MANVILLE

PRESIDENT

Title of Officer

256 CENTRAL STREET

COMTOIS FLOORING SERVICE, INC.



02838

6. SIC Code

414

^{zıp} 02838

riting Perioa: January 1-March 1	•	Filing Fee: \$50.0	0
(FORM MUST BE TYPED IN BLACK)			

2. Name of Corporation

RI

1. Corporate ID No.

4. Business Phone No.

President Name

Street Address

Secretary Name

MANVILLE

87385

3. Street Address Principal Business Office

401-769-8973

PAUL COMTOIS

FOR SECRETARY OF STATE USE ONLY

256 CENTRAL STREET

256 CENTRAL STREET

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

PAULINE CO	MTOIS		PAUL COMTO	rs	
Street Address 256 CENTRA	L STREET		Street Address 256 CENTRAI	STREET	
MANVILLE	State RI	21p 028 3 8	MANVILLE	State RI	zip 02838
9. NAMES AND ADDR Director Name PAUL COMTOI		ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name PAULINE CON	S BEFORE USING ATTA	
Street Address 256 CENTRAL	STREET		Street Address 256 CENTRAI		
MANVILLE -	State RI	02838	MANVILLE	State RI	zip 02838
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES	ZED (*X* BOX FOR AT)	FACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO P	AR VALUE		100	COMMON	NPV
File Date.	gned in ink by eit 8 7 3 8 5 1 100 1844	her the President, Vice	this report, including that all statements constitution of the con	jury, I declare and affirm g any accompanying scheontained herein are true a	that I have examined dules and statements, and
Check No.;	<u> </u>		PAUL COMTO	-	
R _V .			Print or Type Name of Off	icer	



1. Corporate ID No.

(FORM MUST BE TYPED IN BLACK)

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

2. Name of Corporation COMTOIS FLOORING SERVICE, INC 256 CENTRAL STREET MANVILLE RI 02838 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-769-8973 RHODE ISLAND 414 7. Brief Description of the Character of Business Conducted in Rhode Island INSTALL FLOOR COVERINGS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Nami PAUL COMTOIS PAULINE COMTOIS Street Address 256 CENTRAL STREET 256 CENTRAL STREET MANVILLE PAULINE COMTOIS PAUL COMTOIS 256 CENTRAL STREET 256 CENTRAL STREET City MANVULLE zip 02838 City MANVILLE Zip 02838 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS PAUL COMTOIS PAULINE COMTOIS CENTRAL STREET 6"CENTRAL STREET MANVILLE 02838 02838 RI Director Name NONE Street Address Street Address City State State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 1,000 SHS NO PAR VALUE 100 COMMON NPV This report must be signed in iak by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.



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 PLASE RIAD INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 87385 COMTOIS FLOORING SERVICE, INC. 3. Street Address Principal Business Office 256 CENTRAL STREET MANVILLE 02838 RI 5. State of incorporation 401-769-8973 6. SIC Code RHODE ISLAND 0414 7. Brief Description of the Character of Business Conducted in Rhode Island
INSTALL FLOOR COVERINGS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name PAUL COMTOIS PAULINE COMTOIS 256 CENTRAL STREET '256' CENTRAL STREET ^{zıp}02838 MANVILLE MANVILLE RI 02838 RI Secretary Name PAUL COMTOIS PAULINE COMTOIS Street Address 256 CENTRAL STREET 256 CENTRAL STREET ^{zip} 02838 MANVILLE RI MANVILLE RI 02838 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name PAULINE COMTOIS PAUL COMTOIS Street Address 256 CENTRAL STREET CENTRAL STREET MANVILLE RI 02838 MANVILLE RI 02838 Director Name Director Name NONE NONE Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARKS Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1.000 SHS NO PAR VALUE 100 COMMON NPV

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

	* 8 7 3 8 5 *
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By:	UD
OR SECRETARY O	STATE USE ONLY

Under penalty of perfury, I declare and this report, including any accompanyin that all statements contained herein are	g schedules and statements, and
Yaul C. Cont	1-11-98
Signature of Officer PAUL COMTOIS	Date

Print or Type Name of Officer
PRESIDENT

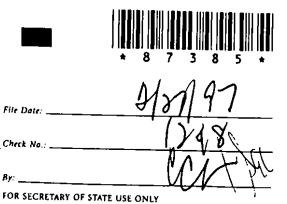


James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

		Filing Fee: \$50.00			PHASE MAD INSTRUCTION
(FORM MUST BE TYPED IN 1 1. Corporate ID No.					BITORI COMPLLING THS FORM
87385	2. Name of Corpo. COMTO!	ration S FLOORING SERVIC	E. INC.		
3. Street Address Principal Busin 256 CENTRAI	ess Office		City MANVILLE	State RI	^{zip} 02838
4. Business Phone No. 401-769-89	973	5. State of Incorporation RHODE ISLA	ND		6. SIC Carte 0414
2. Brief Description of the Charac INSTALL FI	cter of Business Conducted	in Rhode Island			
8. NAMES AND ADDR	ESSES OF THE OFI	ICERS ("X" BOX FOR ATTAC	'HMENT)		
President Name PAUL COMT	01S		Vice President Name PAULINE CON	MTOIS	
Street Address	AT CM		Street Address	• •	
256 CENTR	(AL ST.	7:-	256 CENTRAI	ST.	
MANVILLE	RI	zip 02838	City MANVILLE	State RI	^{zı} , 02838
Secretary Name			Treasurer Name		020,0
PAULINE C	COMTOIS		PAUL COMTOI	[S	
256 CENTR	AL ST.		Street Address 256 CENTRAI	ST.	
MANVILLE	State , RI	^{zip} 02838	City MANVILLE	State RI	^{zip} 02838
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATT			
PAUL COMTO	IS		PAULINE COMT	ots	
Street Address			Street Address	.010	
256 CENTRA			256 CENTRAL	ST.	
MANVILLE	RI	02838	MANVILLE	State RI	Zip
Director Name	***	0.2070	Director Name	KI	02838
Street Address					
			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ. AUTHORIZED SHARES	ED AND ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Serles	Par Value	ISSUED SHARES	01	
1,000 SHS NO PAR	RVALUE	- *** ********	Number of Shares	Class/Series	Par Value
			100	COMMON	NPV

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.

| Taul Common 2-26-97

PAUL COMTOIS

DU

Print or Type Name of Officer

PRESIDENT