

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the secretary of state

Corporations Division 100 (vorit) Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK)

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1. Corporate ID No. 109586	2. Name of Corporation				
3. Street Address Principal Business C	Vine Street Stud	Jios, Inc.	T <sub>au</sub>	Tstata	20
22 SPEN			WARNICIL	State	02818
1. Business Phone No.		5. State of Incorporation	10-110-1-1		6. SIC Code
401-884-2719	<u> </u>	RHODE ISLAND	) 		0
7. Brief Description of the Character of INTERIOR DEISGN AND	of Business Conducted in 1				•
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATT.	. –	PACES BEFORE USIN	IG ATTACHMENTS
President Name			Vice President Name	2000	
SEAN INE	VS STEVC		Street Address	wessibl	<u></u>
Sinvi Address AS ABS	NE		Street Address AS ABOVE	<del>-</del>	
City:	State	Zip	City:	State	Zip
Secretary Same		•	Treasurer Name		
	abstor—		NILULE	~685168C	<u> </u>
Street Address			Street Address		
Gliy	State	[g <sub>in</sub>	Circ	State	Zip
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9. NAMES AND ADDRESSES	OF THE DIRECTOR	I RS: <i>("X" BOX FOR A</i> I	: TTACHMENT) ☐ FILL IN	I SPACES BEFORE US	I SING ATTACHMENTS
Director Name			Director Name		
_ SEAN	WEBSTER		NICULTE	MEBSTER	2
Street Address			Street Address		
		•	•		
City	State	Zip	City	State	Z.lp
Director Name	. L	.J	Dimetra Namu		
N-NE			Director Name  NOVE		
Sinxi Address		· · · · · · · · · · · · · · · · · · ·	Street Address		<del></del>
Cuy	State	Zip	City	State	Zip
	]	_		[	
10. SHARES AUTHORIZED	("X" BOX FOR ATT	ACHMENT) [	11. SHARES ISSUED (*.	X" BOX FOR ATTAC	HMENT)
AUTHORIZED SHARES  Number of Shares	Character and a	One Police	ISSUED SHARES	Class/Series	Par Value
Number of Sources	Class Series	Par Value	Number of Shares	CRESSORIES	
1,000 NO PAR VALUE			200		NONE
		-			
This report must be s	signed in ink by cith	er the President, Vice	President, Secretary, Assistan	Secretary, Treasurer	Receiver or Trustee
			·		
					that I have examined this rep
<del>-</del>		٦	including any accomp	anying schedules and st	tatements, and that all stateme
1/15	100		contained herein are to	tie and correct.	./ /
File Date	105		<u>n</u>	<u></u>	1/4/05
Charle No. 129	$\supset$		Signature of Officer		Date
Check No		1	Nicolte Print or Type Name of	LAEB STE	<u>r</u>
ny:OA					
	ATE LICE ONLY		VICE-PR	ESTOBUT	
FOR SECRETARY OF ST	ATE USE ONLY	_	Title of Officer		
					Form 630 Rev. 12/03



## 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

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$	2004
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Filing Period: Januar FORM MUST BE TYPED (	ry 1 - March 1 • OR PRINTED IN BIACK)	Filing Fee: \$50.00			
L. Curporate ID No	2. Name of Corps	pration			
109586		t Studios, Inc.			
3. Street Address Principal L			City	State	2ip 02818
4. Business Phone No	LER NE	T	WARNICE		
444-884-	2215	5. State of Incorpora			6. SIC Code
	haracter of Business Conduc	RHODE ISLA	<u></u>		0
INTERIOR DEIS	ON AND RENOVATION	RESIDENTIAL			
3. NAMES AND ADDI	RESSES OF THE OFFI	CERS: ("X" BOX FOR A	ATTACHMENT)	SPACES BEFORE USIN	NG ATTACHMENTS
SEAN	WEBSTER		NICOLE L	esster	
Street Address	Webstel BUE		Street Address		
City		12.5	AS ABOVE		7/2
znjy	State	Z.ip	City	State	Zip
Socretary Name		L	Treasurer Name		
SEAN	I WEBSTER		Nast 1	-1682ABR	
Street Address			Street Address		
City	State	Zíp	City	State	Zip
NAMES AND ADD	PECCE OF THE DIRK	CTORS CAVERON SOL	ATTACIONATION TO THE	N CDA CEC DEFORE M	CINC ATTACHMENTS
Director Name	resses of the Dire	CTORS: ("X" BOX FOR	Director Name	N SPACES BEFORE US	SING ATTACHMENTS
	MEGSTOR	_	NICOLE	WEBSTER	
Street Address			Street Address		<del> </del>
Cîŋ	State	Zip	City	State	Zip
Director Name	-		Director Name		
Street Address		<del>-</del>	Street Address		
City	State	ZIp	City	State	7.ip
		_		1	
	RIZED ("X" BOX FOR	RATTACHMENT)	•	("X" BOX FOR ATTAC	CHMENT) 🗌
AUTHORIZED SHARES Number of Shares	CT and Contract	Dan Markan	ISSUED SHARES		One Haling
Summer of spares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
1,000 NO PAR VALU	IE		200		NONE
<u> </u>	<del> </del>				
This report m	ust be signed in ink b	y either the President, V	ice President, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Trustee
	# 188181 HOLL BRIEF 18181 BHOL	1 <b>8</b> 16 <b>8 8</b> 181 18 <b>8</b> 1			
					that I have examined this rep
	* 1 0 9 5 {	<u>3</u> _6_∗	/-		statements, and that all statem
<b>q</b> _	N ml		contained herein ar	e true and correct.	.//
File Date	NOT		700		1/8/04
Check No.	25		Signature of Officer		. Date
	<u> </u>	<del>-</del>	Nicol	E WEBSTEM	<u> </u>
Ву:	<u> </u>		Print or Type Name	of Officer	
FOD CECTOETAT	DV OR STATE LICE OAR V		VICE -	PRESIDENT	
FUR SECKETAL	RY 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

### 2003

Filing Period: Janua			PORT FOR THE	YEAR	NY PI
(FORM MUST BE TITTED OR PA	·				
1. Corporate ID No.	2. Name of Corporat				
109586	Vine Street S	tudios, Inc.			
3. Street Address Principal Busin			WARNICK	State	Zip Ca
22 SPENCE	SK AVE		whence	RI	०२४१
4. Business Phone No.		5. State of incorporation			6. SIC Code
401-884-2	•	RHODE ISLAND			0
7. Brief Description of the Char		Rhode Island			•
INTERIOR	DESIGN & R	ENNOVATION	- RESIDENTIAL	_	
8. NAMES AND ADDR	RESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
President Name			Vice President Name		
SEAN W	YEB STEPL		NICOLE "	JEB STER	
Street Address			Street Address		
22 SPE	NOOR AVE	•	SAME		
City	State R1		City	State	Zip
MENICIC	RI	02818			
Secretary Name		•	Treasurer Name	•	
SEAN L	JEBSTER		NICOLE W	EB SHEL	
Street Address			Street Address		
City	State	Zip	City	State	Zip
					•
9. NAMES AND ADDE	RESSES OF THE DIRE	CTORS ("X" BOX FOR ATT)	ACHMENT) FILL IN SPACES	BEFORE USING AT	TACHMENTS
Director Name			Director Name		
SEAN W	EBSTEVE		NICOLE 6	JOBSTER	
Street Address			Street Address		
SAME .			SAME		
City	State	Zip	City	State	Zip .
		·	•		•
Director Name		•	Director Name		
			:		
Street Address			Street Address		
City	State	Zip	City	State	Zip
·		•	. ,		
10. SHARES AUTHORI	ZED (*X* BOX FOR ATTA	.CHMENT)	11. SHARES ISSUED (*x	T ROY FOR ATTACHISES	IT)
AUTHORIZED SHARES		SWEETS MIT BY	ISSUED SHARES	WANTED AND AND AND	••
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
·	A A	· ·	remote of smalls	G. 1937 351 163	
1,000 NO PAR VALUE			200		NONE

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

	* 1 0 9 5 8 6 *
File Date:	1.15.03
Check No.:	1171
Ву:	$\mathcal{P}$
FOR SECRETAR	Y 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 Date

signature of Officer	
NICOLE	WEBSTER

Print or Type Name of Officer

Title of Officer

<**ॐ** 5

Form 630 12/02

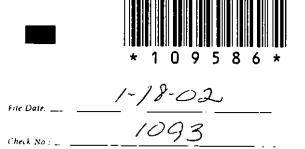
Edward S. Inman, III. Secretary of State Corporations Division

100 North Main Street, Providence, RJ 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

ring renou: junua	ry 1-march 1 •	Filing Fee: \$50.0	00		INSTRU
(FORM MUST BE TYPED IN )	BLACK)	\$			
1 Corporate ID No	2. Name of Carpor	ation	<del>-</del> -		_
109586	Vine Street	Studios, Inc.			
3. Street Address Principal Busin	ess Office		City	State Q	Zip
22 SPE	NICER A	<b>≠</b> _	WARNIK	K "RI	07818
4 Business Phone No.	_ ,	5. State of Incorpor	ation		6. SIC Code
401-884-	2715	RHODE ISL	_AND		0
7. Brief Description of the Chara	cter of Bysmess Conducted	in khode Island			
7. Buef Description of the Chara	tial Rem	Nations a	flutarin I	resign	
8. NAMES AND ADDR				•	CHARINTO
President Name	LOOLS OF THE OFF	ICERS \ A BOA FOR A	Vice President Name	ES BEFORE USING ATTA	CHMENIS
Scan n	20 beton			E WEBSTA	
Street Address	00/5/00		Street Address	- WEBSH	
AS ABO	2/5			OIE	
City 713 710C	State	Zip	City	State	Zin
		••••	,	Jun	Zip
Secretary Name			Transport Mama		
Sean	webster	_	Treasurer Name	e webst	·~
Street Address	10075400		Street Address		
			JOHA AMARIS		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR	RATTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Director Name			Director Name	<b>^</b> 1	
Sean v	esstar		Niasle 1	Debsta	
Street Address			Street Address	0, 0	
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip.
10. SHARES AUTHORIZ	<b>ZED</b> ("X" BOX FOR ATI	ACHMENT)	11. SHARES ISSUED	CXT BOX FOR ATTACHMEN	rt)
ACTHORIZED SHARES		·	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shates	Class/Series	Par Value
1,000 NO PAR VALUE			200	A	. \
			Les de	•	None

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

Title of Officer

Earm 430 1291

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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riling	Perioa:	January	I-March 1	•	Filing	Fee: \$50.00	,

FORM MUST BE TY	'PED IN BLACK)
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1. Corporate ID No.

2. Name of Corporation

	1	0	95	86	)
•					

Vine Street Studios, Inc.

02818

0

6. SIC Code

401-884-2715

RHODE ISLAND

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

RESIDENTIAL DESIGN (INTERIOR) & RENNOVAT

8. NAMES AND ADDRESSES OF THE OFFICERS ("x" FILL IN SPACES BEFORE USING ATTACHMENTS

SEAN A. WEBSTER

SAMG

State

Zip

Treasurer Name

Street Address

Street Address

City

State

City

State

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

Zip

Zip

Director Name

Street Address

Director Name

City

State

Zip

Clly

Street Address

State

State

Zip

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

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

ESSUED SHARES Number of Shares

Class/Series

Par Volue

1.000

NO

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 all statements contained herein are true and correct.



\* 109586 \*

PAID

File Date: \_\_\_

Check No.: \_

FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-1040

# STOP

Trustee

Under penalty of perjury, I declare and affirm that I have examined

that all statements contained herein are true and correct.

this report, including any accompanying schedules and statements, and

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

I. Corporate ID No.	2. Name of Corporation				`
109586	Vine Street	Studios, Inc.			
3. Street Address Principal Business Of	4		City	State	Zip
1. Business Phone No.	ncer Are	State of Incorporation	Warwick	State P1	02.81 8
884-2715 Brief Description of the Character of	Rusiness Conducted in Pho	RHODE ISLAND			5. 5.C Com
Interior I	lesign d	Resident	ial Renov	ation	
B. NAMES AND ADDRESSE President Name	S OF THE OFFICER	IS ("X" BOX FOR ATTACHN		EFORE USING ATTACHME	INTS
Sean A.	Webster		Vice President Name  NICOLE K  Street Address	- Webster	•
22 Spence	er Are.	710	Same		
•	R (	02818	City	State	Zip
ecretary Name	_		Treasurer Name	1	
as also treet Address	ve		as al	000	
Elty	State	Zip	City	State	Zip
. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTACHN	AFNTS
Director Name			Director Name		
Sean A.  reel Address  as about	Webster		Street Address	K. Webster above	
as also	معر	<b>~</b> .	as.	above	
ony	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
City .	State	Zip	City	State	Zip
O. SHARES AUTHORIZED	("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
T-100-K9-PAR-VALUE	<del>-</del>		200 NO	par value	,
200 No Par	value			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
his report must be signed	in ink by either t	he President, Vice Pr	esident, Secretary, Assist	ant Secretary, Treasurer,	Receiver or
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