



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 02905-1333
401-222-3005

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: 118385
2. Name of Corporation: S & T IMPROVEMENTS, INC.
3. Street Address Principal Business Office: 107 Pinewoods Road, No. Stonington, CT, 06359
4. Business Phone No: 860-599-4757
5. State of Incorporation: RHODE ISLAND
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island: BUSINESS OF HOME REMODELING, REPAIR AND IMPROVEMENTS

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

President Name: Tracy Pion, Vice President Name: Scott Pion
Street Address: 107 Pinewoods Road, No. Stonington, CT, 06359
Secretary Name: Scott Pion, Treasurer Name: Tracy Pion
Street Address: 107 Pinewoods Road, No. Stonington, CT, 06359

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

Director Name: Tracy Pion, Director Name: Scott Pion
Street Address: 107 Pinewoods Road, No. Stonington, CT, 06359
Street Address: 107 Pinewoods Road, No. Stonington, CT, 06359

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

Table with 4 columns: Number of Shares, Class Series, Par Value, Issued Shares. Row 1: 1,000 COMM NO PAR VALUE, Common, No Par, 100

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



\*118385\*

File Date: 1-28-05
Check No.: 1792
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: Tracy Pion, Date: 1/26/05
Print or Type Name of Officer: Tracy Pion, Title of Officer: President



**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. 118385		2. Name of Corporation S & T IMPROVEMENTS, INC.			
3. Street Address Principal Business Office 107 Pinewoods Road			City No. Stonington	State CT	Zip 06359
4. Business Phone No. 860-599-4757		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF HOME REMODELING, REPAIR AND IMPROVEMENTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tracy Pion			Vice President Name Scott Pion		
Street Address 107 Pinewoods Road			Street Address 107 Pinewoods Road		
City No. Stonington	State CT	Zip 06359	City No. Stonington	State CT	Zip 06359
Secretary Name Scott Pion			Treasurer Name Tracy Pion		
Street Address 107 Pinewoods Road			Street Address 107 Pinewoods Road		
City No. Stonington	State Ct	Zip 06359	City No. Stonington	State CT	Zip 06359
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Tracy Pion			Director Name Scott Pion		
Street Address 107 Pinewoods Road			Street Address 107 Pinewoods Road		
City No. Stonington	State CT	Zip 06359	City No. Stonington	State CT	Zip 06359
Director Name			Director Name		
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
1,000 COMM NO 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



\* 1 1 8 3 8 5 \*

File Date 2-18-04  
Check No. 646  
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.

Tracy R. Pion 2/10/04  
Signature of Officer Date

Tracy Pion  
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. **118385** 2. Name of Corporation **S & T IMPROVEMENTS, INC.**  
3. Street Address Principal Business Office **107 Pine Woods Road** City **No. Stonington** State **CT** Zip **06359**  
4. Business Phone No. **(860) 599-4757** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in the business of home remodeling, repair and improvements.**

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

President Name <b>Tracy Pion</b> Street Address <b>107 Pine Woods Road</b> City <b>No. Stonington</b> State <b>CT</b> Zip <b>06359</b>	Vice President Name <b>Scott Pion</b> Street Address <b>107 Pine Woods Road</b> City <b>No. Stonington</b> State <b>CT</b> Zip <b>06359</b>
Secretary Name <b>Scott Pion</b> Street Address <b>107 Pine Woods Road</b> City <b>No. Stonington</b> State <b>CT</b> Zip <b>06359</b>	Treasurer Name <b>Tracy Pion</b> Street Address <b>107 Pine Woods Road</b> City <b>No. Stonington</b> State <b>CT</b> Zip <b>06359</b>

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

Director Name <b>Tracy Pion</b> Street Address <b>107 Pine Woods Road</b> City <b>No. Stonington</b> State <b>CT</b> Zip <b>06359</b>	Director Name <b>Scott Pion</b> Street Address <b>107 Pine Woods Road</b> City <b>No. Stonington</b> State <b>CT</b> Zip <b>06359</b>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,000</b>	<b>COMM NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>Common</b>	<b>No par</b>

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



\* 1 1 8 3 8 5 \*

File Date: 2/20/03  
Check No. 434  
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] 2/18/03  
Signature of Officer Date  
**Tracy Pion**  
Print or Type Name 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. **118385** 2. Name of Corporation **S & T IMPROVEMENTS, INC.**  
3. Street Address Principal Business Office **7 Pine Woods Drive** City **N. Stonington** State **CT** Zip **06359**  
4. Business Phone No. **860 599-4757** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in the business of home remodeling, repair and improvements.**

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

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Secretary Name <b>Scott Pion</b> Street Address <b>7 Pine Woods Drive</b> City <b>N. Stonington</b> State <b>CT</b> Zip <b>06359</b>	Treasurer Name <b>Tracy Pion</b> Street Address <b>7 Pine Woods Drive</b> City <b>N. Stonington</b> State <b>CT</b> Zip <b>06359</b>

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Director Name <b>Tracy Pion</b> Street Address <b>7 Pine Woods Drive</b> City <b>N. Stonington</b> State <b>CT</b> Zip <b>06359</b>	Director Name <b>Scott Pion</b> Street Address <b>7 Pine Woods Drive</b> City <b>N. Stonington</b> State <b>CT</b> Zip <b>06359</b>
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	<b>1,000</b>	<b>COMM NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 1 1 8 3 8 5 \*

File Date: 2-25-02  
Check No.: 185  
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] 2/21/02  
Signature of Officer Date

**Tracy Pion**  
Print or Type Name of Officer

**President**  
Title of Officer