

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

Matthew A. Brown, Secretary of State

Corporations Du ision 100 North Main Street Providence, Rt 02903-1335 401-222-3040

Form 630 Rev. 12/03

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2005

(FORM MUST BE TYPED OR PR		ung Fee: \$50.00			
1 Corpsiate ID No. <b>76185</b>	2 Name of Corpora Affordable Si	ding Company, Inc.			
34 Gertr	· 1 1		Warwic	K State RI	02-886
401 732-	8055	3 State of Incorporation RHODE ISLAN	u		6 SIC Crate 414
TO PROVIDE HOME A	ND BUSINESS REM	DUELING SERVICES.			, <u>.</u> .
8. NAMES AND ADDRESSE Project Les			TACHMENT) [] FILL IS  Vice President Name	N SPACES BEFORE USI	NG ATTACHMENTS
341 Gertru	icarbeau le Ave		Street Address		<del></del>
Warwick	State RI	<sup>210</sup> 02886	City	State	Zip
Secretary Name			Treasurer Name	***************************************	•••••••••••••••••••••••••••••••••••••••
Street Address	<del>.</del>		Stroet Address	<u>.</u>	
City	State	Ζιφ	City	State	Z:p
9. NAMES AND ADDRESSE:  Director Name	S OF THE DIRECTO	ORS: <i>("X" BOX FOR A</i>	TTACHMENT) [] FILL.  Director Name	IN SPACES BEFORE US	SING ATTACHMENTS
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File Date — MAR 2 4			contained herein an Robert	e true and correct.	eau 3-21-00
Check No -By -\{\)	45 - 198	7	Signature of Officer Robe of	Lesarha	Date
ByFOR SECRETARY OF STA	ATE USE ONLY		Print or Type Name	of Officer	
		_]	Title of Officer	<del></del>	



# 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

2004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - (FORM MUST BE TYPED OR PR		Filing Fee: \$50.00			<u>'</u>
I. Corporate ID No. 76185	2. Name of Corpor		<u> </u>	<u> </u>	
3. Street Address Principal Busines		Siding Company, Inc.	Larwick .	State RT	Zip 0 3886
4 Business Phone No + 732 - 8		5. State of Incorporation RHODE ISLAND	•	· · ·	6 SIC Code
7 Brief Description of the Characte TO PROVIDE HOME A		d in Rhode Island MODELING SERVICES.			414
8. NAMES AND ADDRESSI President Name RAMEST 1			ACHMENT)	CES BEFORE USING	G ATTACHMENTS
Robort Le 341 Gertru	de Ave.		Street Address		
whowick	Sinc RT	7.lp 02-886	City	State	Zip
Secretary Name		1	Treasurer Name		J
Street Address	<del></del>	<u></u>	Street Address		
Сиу	State	Zip	City	State	Zip
D. NAMES AND ADDRESSE Director Name	I ES OF THE DIREC	TORS: <i>("X" BOX FOR AT</i>	TACHMENT)	 PACES BEFORE USIN	NG ATTACHMENTS
Street Address			Street Address	<u> </u>	
Cuy	State	Zip	City	State	Zip
Sirector Name	L	J	Director Name		
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0. SHARES AUTHORIZED	("X" BOX FOR A	ATTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACH	MENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VAL	UE 		flone		
This report must be	signed in ink by	either the President, Vice I	including any accompan	. I declare and affirm th ying schedules and state	Receiver or Trustee  at I have examined this report ements, and that all statements
File Dale 5 25 Check No. 1701	04 C39	2404	Signature of Officer  Print or Type Name of Off	escarbea escarbea	5-25-04 Dave
FOR SECRETARY OF S	TATE USE ONLY		Title of Officer	<u> </u>	

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

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(FORM MUST BE TYPED (	NA DOINTED IN 91 4213	<b>3</b>			INSTRUCT
1. Corporate ID No.	2. Name of Corp	Toration			
76185	•	le Siding Company, Inc.			
3. Street Address Principal	Business Office	o oranig company, mo.		State ()	
341	on thude	AUG	I la lance	ick state RI	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4 Business Phone No.		5. State of Incorpora	ation	سر. ۱	6. SIC Code
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7. Brief Description of the C	Character of Business Conduct	ed in Rhode Island	() ii	1.1 /7	1 - 77
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	DRESSES OF THE O	RFICERS ("X" BOX FOR A	TTACIMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
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KO.C.	L-C>(.α)	トンピスス(ブー			
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1 Waru	rest Ki	- 210 02 F	86 cay	State	Zip
ecretary Name			Treasurer Name		•
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treet Address			Street Address		
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lity	State	Zip	City	State	Zip
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

		1	
File Date 9/4/	13	1	1
Check No	<u> </u>	MARI	Τ _
	<u> </u>		_
FOR SECRETARY OF STAT	E 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.

Robert Les	carlieace
Signature of Officer	Date
Robert Lesc	arboan
Print or Type Name of Officer	

Title of Officer **₹** 5

Form 639 12/02



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

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or Name			Director Name		
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ary Name	1 -1-	07086	Treasurer Name		
bruick	State	21p	City	State	Zip
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Robert	Lescarbeau	<b>k</b>	Vice President Name		
Vinyl . NAMES AND ADD	Dresses of the office	ERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC	ALLOY ES BEFORE USING ATTACHN	1ENTS
ief Description of the Ch	naracter of Business Conducted In R	hode Island	- 1 + 10	)	414
isiness Phone No.	1) - 805 C	5. State of incorporation	- Warwic		6. SIC Code
reet Address Principal Re 341 Geo	usiness Office trude Ave			V State	Zip
5 6/85	- 2. Name of Corporation	i 11 C	iding Co	Loc	
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RM MUST BE TYPED I Orporate ID No.	IN BLACK) -  2. Name of Corporation  AFF		iding Co.,	Inc.	

File Date:	3/12/	2002
Check No.:	٠٥٥ و	5
By: _,	03	)
	F 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.

Rober	t Lose	arbeau	3-12-03
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Signature of Officer	Jesgan	leau_	<u>5-14</u>	ے 0_
Signatine of Officer		Dat	·e	
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Kobeit	Lesca	rbeau	
Print or Type Name of	Officer		

Tresiden



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

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

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

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED I	N BLACK)				
Corporate ID No.	2. Nume of Corporati	/ / /_ C`/	ng Co. Inc		
Street Address Principal Bi	ectrude	Aue	Jan Werwic	E State RI	02886
Business Plane No.	732-8050	5 State of Incorporation	ODE ISL	GMA	6. SIC Code
Sid	aracter of Business Conducted in	Rhode Island	nshallation		
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Robert	Lescar	beau	Vice President Name	·····	
341 G	restrude	Ave.	Street Address		
Darwie	R State	02886	City	State	Zip
caretury Name			Treasurer Name		
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ity	State	Zip	City	State	Zip
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ctor Nume		<u>;</u>	Director Nume	1	
ct Address			Street Address		
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ober of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value
1000	Commo	n No	#100 M	<b>750</b>	1
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is report must be	signed in ink by eithe	er the President, Vic	e President, Secretary, Assi	stant Secretary, Trea	surer, Receiver or Truste

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



FORM MUST BE TYPED IN BL	LACK)				
1. Corporate ID No.	2. Name of Corpor	ation			
76185	Affordab	le Siding Compa	iny, Inc.		
4. Business Phone No.	om 2-8053	5. State of Incorpora		state RI	zip 0 2 8 { 6. SIC Code <b>414</b>
7 Brief Description of the Charact  8. NAMES AND ADDRE  President Name	ter of Business Conducted  CONCOLORS  CSSES OF THE OFF	In Rhode Island  TICERS ("X" BOX FOR A	nstallation	ES BEFORE USING ATTA	
Street Address 68 Merl.	escarbe e St.		Street Address		
City Warwick Secretary Name	State RI	2.1p 02889	City	State	Zip
Street Address			Treusurer Name Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE. Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	•		Director Name		
Street Address			Street Address		
City .	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED (*x* box for att	'ACHMENT)	SSUED SHARES ISSUED	("X" BOX FOR ATTACHMEN	VT)
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his report must be <b>sig</b> i	<b>ned in ink</b> by eit	her the President, Vi	ice President, Secretary, As	sistant Secretary. Trea	surer. Receiver or
				· , · · · · · ·	,

T Trustee



FOR SECRETARY OF STATE USE ONLY

Signature of Officer

that all statements contained herein are true and correct.

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

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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1000

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1. Corporate ID No.	Affordable	ຶ່ວໃຕ່ing Company, i	nc.		<u> </u>
	"officer 8055	<sup>5</sup> ŘHODETSĽ	Warevi	ck State RI	7.1p 02889 6. 51 <b>4 fa</b> te
8. NAMES AND ADDRE	SSES ORTHE OFF	CICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC Vice President Name	and Acamles ES BEFORE USING ATT	aguilles installat
Robert Le Sueu Addiess 68 Merle	scarbeau St	۸.	Street Address		
chy Warwick	State	O 7 889	Glty	State	Zip
Secretary Name	. • •	- 7 001	Treasurer Name		• • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
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File Date:	8-30-99	
Check No.:	2901	
By:	AMK RY 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.

Robert Ja	inalreas.	مط	24.	1999
Signature of Officer		(Xxte	<del></del>	<del></del>
Robert	Lescarhon	, .		

int or Type Name of Officer

Title of Office



James R. Lungevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

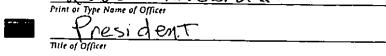
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PLEASE	READ THONS

1. Corporate ID No.	2. Name of Corpora				
	=	ation			
76185	Affordable	Siding Company, I	nc.		
3. Street Address Principal	Business Office	• • •	CIN	State	Zip
4. Business Phone No.	2 Street	5. State of incorporati	warw.ck	RI	62889
401-139-	7496 Character of Business Conducted	RHODE ISLA			0. SIC Code
VINVI SI	ding Windon	K + Ham. T	on Mich brondoots		
O. INAMES AND AD	DKESSES OF THE OFF	ICERS ("X" BOX FOR ATT	'ACHMENT)		
Rober	r Lescarbea	U	Vice President Name	4	
.68 Mer	le Street		Street Address		
Warwick	T Lescarbed le Street Sidie RI	2ip U2889	City	State	Zip
Secretary Name	WIA	l	Treasurer Name	14	•
Street Address	, ,,	•	Street Address		•
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9. NAMES AND AD	DRESSES OF THE DIRE	ECTORS (*X* BOX FOR A	TTACHMENT)		
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City Director Name Street Address City 10. SHARES AUTHO		Zip	Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED	State	Zip

ent, vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:	+ 76,185.
Check No.:	SUYS
By:FOR SECRETARY OF	F 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 1997

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

V BLACK	. N	rt.U	1 71	ne	MUSI	UKM	

1. Corporate ID No. **76185** 

2. Name of Corporation
Affordable Siding Company, Inc.

3. Street Address Principal Business (	Office		City	State	Zip
68 Merle	Street	T	Warwick	12 +	02889
4. Business Phone No. 401 - 132 -		5. State of Incorporation RHODE ISLAN	•	·	6. SIC Code 0414
7. Brief Description of the Character	of Business Conducted in R	thode Island			
Vinil sidi	na. Winde	ouls & Home	Im provemen	たっ	
8. NAMES AND ADDRESS	ES OF THE OFFICE	ERS ("X" BOX FOR ATTAC	HMENT)	, "3	
President Name			Vice President Name	.^	
Probert Le	escar bea	J		1' <del> </del>	
Succe Address Herle	Street		Street Address		
Warwick	Stage T	02389	City	State	Zip
Secretary Name	10	.,	Treasurer Name		
N	14		•		
Street Address	•		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	es of the direct	TORS (*X* BOX FOR ATT)	ACHMENT) Director Name Street Address		
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Street Address			Street Address		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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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.

Povert	Lescantien	3-1-	97
Signature of Officer	Date		

Robert Leccarbence	Print or Type Name of Officer	
	Robert	Leccastran

### **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	nn

1. CORPORATE ID NO	PLEASE TYPE OR PRINT IN BLACK INK.  ORPORATE ID NO 2. NAME OF CORPORATION									
76185	1	Affordable Siding Company, Inc.								
3. STREET ADDRESS PRIVOPAL BUSINESS OFF	na	ore startild comb	any, inc.	STATE	70.000					
68 Men)	le stree	STATE OF INCORPORATION RHODE ISLA	Waru	rick RI	25889					
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Vinyl Sidia	ng, Wind	lows, Ho	me Improv	le ments.						
PRESIDENT HAME  ROBESS  STREET ADDRESS	_Lescarb		WCE PRESIDENT NAME							
68 Merle	Street		STREET ADORESS							
Warwic <u>k</u>	STATE	0 289	aiy	STATE	ZP C006					
ECRETARY NAME	MA		TREASURER NAME	- <del> </del>	<del>to have above</del> to a supplied					
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	This re	port must be SIGNE	D IN INK by either the							
Presid	lent, Vice President,	Secretary, Assistant	Secretary, Treasurer, (	Receiver or Trustee						

File Date: //23/96
Check No: / 1903
By: 4714 / 17 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 of Officer

Title of Officer

1 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 BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	0076185			annial Renort for the	1995		
Name of Comor	Dete	ordable Sidin			1		
Name of Corporation:  Business entity organized under the laws of the State of:  For foreign entity, address and telephone number of principal office:				Business Entity is (check one):    Business Corporation (See RIGL Chapter 7-1.1)    Professional Service Corporation (See RIGL Chapter 7-5.1)			
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Phone: ( )					ne character of business condu		
Island (Provide stre	one of the principal office set address - Not P.O. Box) when Street.	of business entity in Rhod	<u> </u>	Vinyl Si	ding/Home	Improvements	
Phone: (401)	732-805	5	·				
		THE NAME	S OF THE	OFFICERS ARE:	<u> </u>		
Robert	14.24	,	STREET ADDRE	\$5	CITY/STATE	7JP CODE	
VICE PRESIDENT	<u> </u>	escarbeau 68 y			CITYSTATE	CRI 01889 ZIP CODE	
SECRETARY		STREET ADDRESS			CITY/STATE	ZIP CODE	
TREASURER			STREET ADDRE	SS	CITY/STATE	7JP CODE	
NAME	24 9 A	THE NAMES	OF THE	DIRECTORS ARE			
**************************************			STREET ADDRE	\$\$	CITY/STATE	7JP CODE	
NAME	175 (c) 16 (c) 17 (c)	STREET ADDR		ss	CITY/STATE	ZIP CODE	
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IUMBER OF SHARES AUTHORIZED (Rider may be attached)				NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)			
Number of Shares	Class / Seri	es	١	Number of Shares	Class / Series		
1000		pron Stock Par		100	Common Si	ac/<	
Date	2-31	au	By: Robe	olest J	ni Pai	Peresident	
orm 31 1/95			PRINT OR TYPE:	NAME OF OFFICER SIGNING	ant		
	DESIG	NATED REGISTER	ED AGEN	T FOR SERVICE (	F PROCESS:		
I FASE NOTE: IC	the registered office and/					<del></del>	

stered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED

ROBERT LESCARBEAU 68 MERLE STREET WARWICK

RI 02889