

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 3049

PROFIT CORPORATION ANNIAL REPORT FOR THE VEAD

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 BLACKY	

1 Corporate II) No	2 Name of Corp.				
98287	1	e Valley Drywall Inc.			
3 Sircet Address Principal Busines 48 Neri's Way	s Office		City	State	Zψ
46 Neri's way			Pascoag	RI	02859
		5 State of Incorporation RHODE ISLAN	ID		6 SIC Gode 0
7 Bruef Description of the Characte TO ACT AS A GENER WORKS OFALL KIND 8. NAMES AND ADDRESSE President Name	· 3.		ON, REPAIRING AND REMODI	ELING OF BUILDINGS AND SPACES BEFORE USING	
Edward J. Mako	wski		Vice President Name	None	
Smet Addres 48 Neri's Way			Street Address		
$\epsilon_{i}n_{1}$	State	Zip:	City	State	Zip
Pascoag	RI	02859			'
Secretary Name	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	Treasurer Name		••••••
Susan F. Makow	ski		Sues	ın F. Makowski	
Sin et Address		<u>-</u>	: Street Address	i HGRUWSKI	 .
48 Neri's Way			48.3	Teri's Way	
Citi	Sutte	Zψ	: City	State	Zψ
Pascoag	RI	02859	Pascoag	RI	*
9. NAMES AND ADDRESSE		CTORS: ("X" BOX FOR		I KI IN SPACES BEFORE USII	02859 NG ATTACHMENTS
Furector Name	None	,	Director Name		A A A A A A A A A A A A A A A A A A A
Street Address	Notice		Charles & Alberta		
			Street Address		
Carr	State	700	• 22.		
•		Zφ	Gitv	State	Zip
Director Name	J		Director Name	l	
Short Addies			Street Address		.
Cdj	State	Zip	Cuy	State	Zφ
10. SHARES AUTHORIZED AUTHORIZED SEARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	 ("X" BOX FOR ATTACH	MENT)
Namber of Shares	Class Series	Par Value	Number of Shares	Class/Series	no Palos
· - <u>-</u> -			Commer of District	CHOVOCHO	Par Value
8,000 \$1.00 PAR VALUE			200	common	\$1.00
· · ·					
this report must be	signed in ink by	y either the President, Vice	e President, Secretary, Assist	ant Secretary, Treasurer,	Receiver or Trustee
	900	287°	Under penalty of po	erjury, I declare and affirm th	nat I have examined this re
File Date		_	meluding any acco	mpanying schedules and state true and correct.	ements, and that all staten
Check No 83	? <u>/-</u> .0 <u>5</u> - 4 <u>3</u>		Signature of Officer		Date
る	_			<u>Makowski</u>	
$s_v = -$	<u> </u>		Print or Type Name		
FOR SECRETARY OF S	TATE USE ONLY		Presiden	t	
			Title of Officer		



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

PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2004
Illing Dawlad Language 1 March 1	PHY P 440.00	

(FORM MUST BE TYPED OR PI		rumg ree: 350,00			
1. Corporate ID No	2. Name of Corp.	vration			
98287 3. Street Address Principal Busine	Blackston	e Valley Drywall Inc.	, , , , , , , , , , , , , , , , , , , 		
48 Neri's Way	z Ojjice		Pascoag	State RI	7.ip 02859
4. Bustness Phone No.		5. State of Incorporation			6. SIC Code
(401)		RHODE ISLAN	ID		0
7. Brief Description of the Character TO ACT AS A GENE WORKS OFALL KIN 8. NAMES AND ADDRESS	RAL CONTRACTO	led in Rhode Island	ON PERAIRING AND REMOD	ELING OF BUILDINGS A	ND PUBLIC
President Name	es of the offic J. Makowski	CERS: ("X" BOX FOR AT	Vice President Name	i spaces before usir Ione	NG ATTACHMENTS
Sircei Address 48 Neri	's Way		Street Address		
Cuy	State	Zip	City	State	Zip
Pascoag RI 02859 Secretary Name Susan F. Makowski		Treasurer Name	Susan F. Makows		
Sirve Address 48 Neri	s Way		Sircel Address	48 Neri's Way	
City Pascoag	State RI	<i>Ζφ</i> 02859	Cuy Pascoag	State RI	<i>Ζιρ</i> 02859
9. NAMES AND ADDRESS. Director Name Nor		CTORS: ("X" BOX FOR	ATTACHMENT) FILL.	in spaces before us None	ING ATTACHMENTS
Street Address			Street Address		
Gity	State	Zip	City	State	Zip
Director Name	•••••		Director Name		
Street Address			Street Address		
Cuy	State	Zip	City	State	Zip
10. SHARES AUTHORIZES AUTHORIZED SHARES	O ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			200	Common	\$1.00
This report must be	c signed in ink h	saither the Dessident Vic	Drawident Consum Assis	T. T.	
		Petrici die Fresident, vice		erjury, 1 declare and affirm	that I have examined this report.
File Date 1 70	<u> </u>		contained herein ar Signature of Officer		atements, and that all statements 1-15-0 Date
Check No.		-	Edward J. Print or Type Name		
FOR SECRETARY OF	STATE USE ONLY		<u>President</u> Tille of Officer		
					Form 630 Rev. 12/03



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

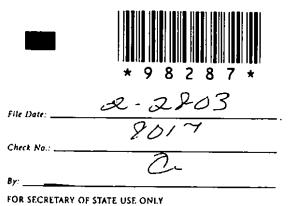
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

210P
PLEASE READ INSTRUCTIONS
MATRICUITATE

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98287 Blackstone Valley Drywall Inc. 3. Street Address Principal Business Office City State Zip 48 Neri's Way RΙ 02859 Pascoag 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND Λ 7. Brief Description of the Character of Business Conducted in Rhode Island Construction of drywalls 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Edward J. Makowski None Street Address Street Address 48 Neri's Way City State ZIp City State Zip RI Pascoag 02859 Secretary Name Treasurer Name Susan F. Makowski Susan F. Makowski Street Address Street Address 48 Neri's Way 48 Neri's Way City State Pascoag RI 02859 02859 Pascoag RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address City State Zip City State Zip Director Name Director Name None None Street Address Street Address City State ZIP City State Z.ip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) . AUTHORIZED SHARES ESSURED 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

200



8,000 \$1.00 PAR VALUE

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.

Educard J. 11 Johnston 2/34/03

Common

Signature of Officer Date

Edward J. Makowski

Print or Type Name of Officer
President

- trestaene

Title of Officer

Form 630 12/02

\$1.00



Edward S. Inman, 111. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

ZIp

02859

6. SIC Code

State

RI

FILL IN SPACES BEFORE USING ATTACHMENTS

State

<u>Edward J. Makowski</u>

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

5. State of Incorporation

02859

RHODE ISLAND

City

Pascoag

Vice President Name

None

City

Street Address



inng Terrous Junuary 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

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

2. Name of Corporation

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

RI

Blackstone Valley Drywail Inc.

I. Corporate ID No.

98287

4. Business Phone No.

Street Address

Pascoag

City

48 Neri's Way

3. Street Address Principal Business Office

Edward J. Makowski

FOR SECRETARY OF STATE USE ONLY

48 Neri's Way

Construction of drywalls

Secretary Name		·	Treasurer Name		
Susan F. Makow	ski		Susan F. Mako	wski	
Street Address			Street Address		
48 Neri's Way			48 Neri's Way		
Clly	State	Zip	City	State	Zip
Pascoag	RI	02859	Pascoag	RI	02859
9. NAMES AND ADD Director Name	RESSES OF THE DIF	RECTORS ("X" BOX FOR	·	CES BEFORE USING ATT	TACHMENTS
None			None		
Street Address			Street Address		
City	State	Zip	City	State	ZIp
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	IZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED) ("X" BOX FOR ATTACHMEN	Τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VAL	.UÉ		,	0.000,000,00	i di value
			200	Common	\$1.00
This report must be s	igned in ink by eit	her the President, Vi	ب ce President, Secretary, As	ssistant Secretary, Treas	urer, Receiver or Trustee
	* 9 8 2 8 7	*	Under penalty of	perjury, I declare and affire	n that I have examined
File Date: 2/25	162.		that all statement	ing any accompanying sch s contained herein are true	edules and statements, and and correct.
File Date:			6:17	// /.	1-21-02
Charles 280	23		Signature of Officer		Date Date

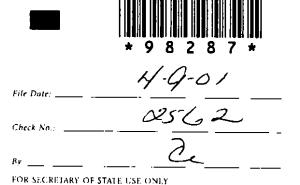
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PLIASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLA	ic k)				
1 Corporate ID No.	2 Name of Corpora				
98287	Blacksto	ne Valley Drywal	ll Inc.		
3. Street Address Principal Business	Office		City	State	Zip
48 Neri's Way 4. Business Phone No.		S. State of Incorporation RHODE ISLA		RI	02859 6 SIC Code 0
7. Brief Description of the Character	of Business Conducted				
Construction of 8. NAMES AND ADDRESS President Name	f drywalls SES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTA	CHMENTS
Edward J. Makov	wski		None Street Address		
48 Neri's Way	State	Ζιρ	City	State	Zip
Pascoag Secretury Name	RI	02859	Iteosurer Name		
Susan F. Makows	ski		Susan F. Makowsl	(i	
48 Neri's Way Pascoag	State RI	7ip 02859	48 Neri's Way Cny Pascoag	State RI	z _{ip} 02859
9. NAMES AND ADDRESS Director Name	SES OF THE DIR		-	BEFORE USING ATT	
None Street Address			None Street Address		
City	State	Zip	City	State	Zip
Duector Name			Director Name		
None Direct Address			None Street Address		
City	State	Zip	City	State	Z:p
10. SHARES AUTHORIZEI authorized shares) ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMEN	T)
Number of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR	VALUE		200	Common	\$1.00

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 Date Date Date

Edward J. Makowski

Print or Type Name of Officer
President

Title of Officer



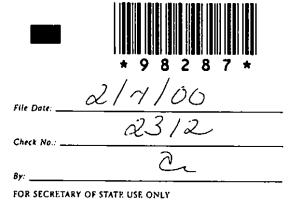
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98287 Blackstone Valley Drywall Inc. 3. Street Address Principal Business Office State 02859 48 Neri's Way Pascoag RT5. State of Incorporation RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Construction of drywalls
8. NAMES AND ADDRESSES OF THE OFFICERS (*x* box for attachment) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Edward J. Makowski None Street Address Street Address 48 Neri's Way State City State Zip Pascoag RI 02859 Secretary Name Treasurer Name Susan F. Makowski Susan F. Makowski Street Address Street Address 48 Neri's Way 48 Neri's Way City City State Pascoag RI02859 Pascoag RI 02859 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address City State Zip City Director Name Director Name Street Address Street Address City State Zip City 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 Par Value 8,000 \$1.00 PAR VALUE 200 \$1.00 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 L. 10 Judanistic 2/3/00

Edward J. Makowski.
Print or Type Name of Officer

President

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

STOP PILAN READ INVERTIONS

	,	3 1 2 4 1 4 2 3 1 3 4			INVIRUCIIO
(FORM MUST BE TYPED IN BL					
1. Corporate ID No. 98287	2. Name of Corpore Blackstone	o Valley Drywall Inc.			. 🔄
3. Street Address Principal Busines			City	State	Z.lp - ·
48 Neri's Wa	аy		Pascoag	ŔI	02859
4. Business Phone No.		5. State of Incorporation RHODE ISLAN	~		6. SIC Code
7. Relef Description of the Characte Construction					
8. NAMES AND ADDRES	•		MANTE MILINSDACES	PERODE LICING ATTAC	TIPLET NEW CO.
President Name		ICERS (A BOX FOR ATTAC	Vice President Name	S BEFORE USING ATTAC	HMENIS
Edward J. Ma	akowski		None		
Street Address			Street Address		
48 Neri's Wa	зу				
City	State	Zip	City	State	7:-
Pascoag	RI	02859		Jint	Zip
Secretary Name		020))	Treasurer Name		
Susan F. Mak	cowski			Makkowski	
Street Address			Street Address	Makkowski	
48 Neri's Wa	ìv		48 Neri'	c May	
Clly	State	Zip	City	State	71-
Pascoag	RI	02859	Pascoag	RI	Zip
9. NAMES AND ADDRES			CHMENT) FILL IN SPAC	ES BEFORE USING ATTA	02859 ACHMENTS
None			Director Name		
Street Address			•		
SHEET MARKETS			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	•••••••••••	
Street Address			Street Address		-
City	State	Zip	City	State	Zip
	D ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ((*X* BOX FOR ATTACHMENT,	
10. SHARES AUTHORIZE AUTHORIZED SHARES			DOUGD STURIES		
	Class/Series	Par Volue	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

	* 9 8 2 8 7 *
File Date:	ph 23,99
Check No.:	<u> </u>
By:	
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 harein are true and correct.

Exhaul	4. 1	11/als	rucki	4/	18/9	35
Ignature of Officer		7		Date		

Edward J. Makowski

President

Title of Officer