



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 98287		2. Name of Corporation Blackstone Valley Drywall Inc.			
3. Street Address Principal Business Office 48 Neri's Way			City Pascoag	State RI	Zip 02859
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A GENERAL CONTRACTOR FOR THE CONSTRUCTION, REPAIRING AND REMODELING OF BUILDINGS AND PUBLIC WORKS OF ALL KINDS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward J. Makowski			Vice President Name None		
Street Address 48 Neri's Way			Street Address		
City Pascoag	State RI	Zip 02859	City	State	Zip
Secretary Name Susan F. Makowski			Treasurer Name Susan F. Makowski		
Street Address 48 Neri's Way			Street Address 48 Neri's Way		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
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 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
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



98287

File Date	1-31-05
Check No.	8343
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 herein are true and correct.

Signature of Officer
Edward J. Makowski
Print or Type Name of Officer
President
Title of Officer
1-27-05
Date



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 98287		2. Name of Corporation Blackstone Valley Drywall Inc.			
3. Street Address Principal Business Office 48 Neri's Way			City Pascoag	State RI	Zip 02859
4. Business Phone No. (401)		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A GENERAL CONTRACTOR FOR THE CONSTRUCTION, REPAIRING AND REMODELING OF BUILDINGS AND PUBLIC WORKS OF ALL KINDS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward J. Makowski			Vice President Name None		
Street Address 48 Neri's Way			Street Address		
City Pascoag	State RI	Zip 02859	City	State	Zip
Secretary Name Susan F. Makowski			Treasurer Name Susan F. Makowski		
Street Address 48 Neri's Way			Street Address 48 Neri's Way		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 8 2 8 7 *

File Date 1-20-04
Check No. 8183
By: L

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.

Edward J. Makowski 1-15-04
Signature of Officer Date

Edward J. Makowski
Print or Type Name of Officer

President
Title of Officer



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

98287

2. Name of Corporation

Blackstone Valley Drywall Inc.

3. Street Address Principal Business Office

48 Neri's Way

City

Pascoag

State

RI

Zip

02859

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

Edward J. Makowski

Street Address

48 Neri's Way

City

State

Zip

Pascoag

RI

02859

Secretary Name

Susan F. Makowski

Street Address

48 Neri's Way

City

State

Zip

Pascoag

RI

02859

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Susan F. Makowski

Street Address

48 Neri's Way

City

State

Zip

Pascoag

RI

02859

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 9 8 2 8 7 *

File Date: 2-28-03

Check No.: 8017

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.

Edward J. Makowski 2/24/03
Signature of Officer Date

Edward J. Makowski

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02



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

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 2002

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

48 Neri's Way

City

Pascoag

State

RI

Zip

02859

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

Edward J. Makowski

Street Address

48 Neri's Way

City

Pascoag

State

RI

Zip

02859

Secretary Name

Susan F. Makowski

Street Address

48 Neri's Way

City

Pascoag

State

RI

Zip

02859

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Susan F. Makowski

Street Address

48 Neri's Way

City

State

RI

Zip

02859

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

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 9 8 2 8 7 *

File Date:

2/25/02

Check No.:

2803

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.

[Signature]
Signature of Officer

2-21-02
Date

Edward J. Makowski

Print or Type Name of Officer

President

Title of Officer



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



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. **98287** 2. Name of Corporation **Blackstone Valley Drywall Inc.**
3. Street Address Principal Business Office **48 Neri's Way** City **Pascoag** State **RI** Zip **02859**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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 Edward J. Makowski Street Address 48 Neri's Way City Pascoag State RI Zip 02859	Vice President Name None Street Address City Pascoag State RI Zip 02859
Secretary Name Susan F. Makowski Street Address 48 Neri's Way City Pascoag State RI Zip 02859	Treasurer Name Susan F. Makowski Street Address 48 Neri's Way City Pascoag State RI Zip 02859

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

Director Name None Street Address City Pascoag State RI Zip 02859	Director Name None Street Address City Pascoag State RI Zip 02859
Director Name None Street Address City Pascoag State RI Zip 02859	Director Name None Street Address City Pascoag State RI Zip 02859

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

AUTHORIZED SHARES
Number of Shares **8,000** Class/Series **\$1.00** Par Value **PAR VALUE**

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

ISSUED SHARES
Number of Shares **200** Class/Series **Common** Par Value **\$1.00**

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: 4-9-01
Check No.: 02562
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.

[Signature] 4/4/01
Signature of Officer Date

Edward J. Makowski
Print or Type Name of Officer

President
Title of Officer



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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98287** 2. Name of Corporation **Blackstone Valley Drywall Inc.**
3. Street Address Principal Business Office **48 Neri's Way** City **Pascoag** State **RI** Zip **02859**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code _____

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 Edward J. Makowski Street Address 48 Neri's Way City Pascoag State RI Zip 02859 Secretary Name Susan F. Makowski Street Address 48 Neri's Way City Pascoag State RI Zip 02859	Vice President Name None Street Address City _____ State _____ Zip _____ Treasurer Name Susan F. Makowski Street Address 48 Neri's Way City Pascoag State RI Zip 02859
---	--

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

Director Name None Street Address City _____ State _____ Zip _____ Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____ Director Name Street Address City _____ State _____ Zip _____
---	--

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

8,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series 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



* 9 8 2 8 7 *

File Date: 2/7/00

Check No.: 2312

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.

Edward J. Makowski 2/3/00
Signature of Officer Date

Edward J. Makowski
Print or Type Name of Officer

President

Title of Officer



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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **98287** 2. Name of Corporation **Blackstone Valley Drywall Inc.**

3. Street Address Principal Business Office **48 Neri's Way** City **Pascoag** State **RI** Zip **02859**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code _____

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 Edward J. Makowski	Vice President Name None
Street Address 48 Neri's Way	Street Address _____
City Pascoag State RI Zip 02859	City _____ State _____ Zip _____
Secretary Name Susan F. Makowski	Treasurer Name Susan F. Makkowski
Street Address 48 Neri's Way	Street Address 48 Neri's Way
City Pascoag State RI Zip 02859	City Pascoag State RI Zip 02859

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

Director Name None	Director Name _____
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 AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	\$1.00	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 9 8 2 8 7 *

File Date: **Feb 23, 99**

Check No.: **2063**

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.

Edward J. Makowski 2/18/99
Signature of Officer Date

Edward J. Makowski

Print or Type Name of Officer

President

Title of Officer