

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street. Providence. RI 02903-1335

401.222 3040

PROFIT CORP	ORATION	ANNUAL REP	ORT FOR THE	YEAR 2005	
riling rerioa: January ,	I - March I 🗶 📗	Filing Fee: \$50.00			
(FORM MUST BE TYPED II) 1 Corporate ID No.	V BLACK) 2. Name of Corp.	ge at on			
111790		ISTRIES, INC.			
3 Street Address Principal Bu		70 TT (120, 1170)	Con	•	
11825 Q STREET			Ciŋ: OMAHA	State	Zip
4 Business Phone No		5 State of Incorporation		NE	68137-3503
4028910009		NEBRASKA	···		6. SIC Code 7732
7 Brief Description of the Cha PROVIDE HUMAN RESC	aracier of Business Con DURCES ON TEMPO	nducted in Rhode Island	FULL-TIME BASIS.		7732
8. NAMES AND ADDRE President Name	SSES OF THE OF		TTACHMENT) TELL IN S	PACES BEFORE USING A	TTACHMENTS
Larry J. Courtna	ge		Kathy A. Court	nage	
Street Address			Street Address	J	
11825 Q Street			11825 Q Street	-	
(,iù.	State	Zip	City	State	Zip
Cmaha Secretary Name	NE	68137-3503	Omaha	NE	68137-3503
Scot A. Thompson			Treasurer Name		
Street Address			Robert L. Herb	olsheimer	
11825 Q Street			Street Address		
Circ	Crare	7	11825 Q Street		
Omaha	State NE	<i>Zip</i> 68137-3503	City	State	Zφ
9. NAMES AND ADDRE			Omaha ATTACHMENT) FILL IN	NE SPACES BEFORE USING	68137-3503 ATTACHMENTS
Thomas L. Hansen			Director Name		
Street Address			Street Address		
11825 Q Street			Street Address		
Cuy .	State	Zıp	Ciny	State	-
Omaha	NE	68137-3503	City	жае	Zıp
Director Name			Director Name		
Street Address			Street Address		
ŗŵ.	State	Zıp	Cuy	State -	Zıp
10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (**.	X" BOX FOR ATTACHMEN	ם מ
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
00,000 COMM \$.10 P	AR VALUE		10175		\$.10

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



*111790) FB(01/0	5/05 11:20:17 A M °
File Date_	l	10	05
Check No_	20	38C)o S
B1	W	<u>.</u>	
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.

Robert L. Herbolsheimer Print or Type \aine of Officer

Treasurer

Title of Officer Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222 3040

(FORM MUST BE TYPED IN) 1. Corporate ID No. 111790	2. Name of Corp.	oration ISTRIES, INC.			
3 Street Address Principal Busi			Ciņ:	State	Zip
11825 Q STREET			OMAHA	NE	68137-
4 Business Phone No. 4028910009		5. State of Incorporati NEBRASKA	on		6. SIC Code 7732
7. Brief Description of the Char PROVIDE-HUNAN RESOU	acter of Business Col REES- ON TEMPO	nducied in Rhode Island DRARY, - PART-TIMEOI	R FULL-TIME-BASIS.—		
8. NAMES AND ADDRES President Name				PACES BEFORE USING A	TTACHMENTS
Larry J. Courtnage	e		Katheen A. Cou	rtnage	
Street Address			Street Address	remage	
11825 Q Street			11825 Q Street		
City	State	Zip	City	State	7:-
Omaha	NE	68137-3503	Omaha	NE NE	<i>Zip</i> 68137-3503
Secretary Name			Treasurer Name	110	60137-3303
Scot Thompson			Robert L. Herb	olsheimer	
Street Address			Street Address		
11825 Q Street			11825 Q Street		
Cin·	State	Zıp	City	State	Zip
Omaha	NE	68137-3503	Omaha	NE	68137_3503
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) TILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Thomas L. Hansen					
Street Address			Street Address		
11825 Q Street					
Tity	State	Zip	Cin:	State	2
Omaha	NE	68137-3503	N "/"	State	Z_{ip}
Director Name			Director Name		
Street Address			Street Address		
în;	State	Zıp	Cin	State	Zıp
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR	ATTACHMENT)		X* BOX FOR ATTACHMEN	77) 🗆
tumber of Shares	Class/Series	For Value	ISSUED SHARES Number of Shares	Cluss/Series	Par Value
00,000 COMM \$.10 PA	R VALUE		10,000		. 10

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



111790 FBC	02/23/04 04:34:53 PM
File Daie	<u> 31-00</u>
Check No	2560
B <u>v-</u>	<u> </u>
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.

Rolling State Solling

2/21/04

Robert L. Herbolsheimer

Print or Type Name of Officer

Treasurer

Form 630 12'01



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State

Form 630 12/01

AND PROVIDENCE PLANTATIONS Office of the Secretary of State				Corporations Division (Corporations Division (Corporations Division (Corporations) (100 North Main Street, Providence, RI 02903-133 (100 North Main Street, Providence, RI 02003-133 (100 North Main Street, Providence, RI 02003-133 (100 North Main Street, Providence, RI 02003-133 (100 North Main Street, RI 02003-1		
(FORM MUST BE TYPED II	I - March I ● V BLACK)		ORT FOR THE	YEAR 2003		
1. Carparate ID No. *111790*	2. Nume of Corp C & A INDL	oration JSTRIES, INC.				
3. Street Address Principal Bu			City	State		
11825 Q STREET	-		OMAHA	NE NE	<i>Zip</i> 68137-	
4. Business Phone No.		5. State of Incorporation	π		6. SIC Code	
4028910009		NEBRASKA			7732	
7. Brief Description of the Ch PROVIDE HUMAN RESC	uracter of Business Co	nducted in Rhode Island ORARY, PART-TIME OR	PHILL TIME DAGE			
		FICERS ("X" BOX FOR AT				
		TICERS X BOX FOR AL	Vice President Name	PACES BEFORE USING A	TTACRMENTS	
Larry J. Courtna	ge		Kathy A. Court	nage		
Street Address		·	Street Address	•		
11825 Q Street			11825 Q Street	:		
Ciry	State	Zip	City	State	Zip	
Omaha Secretary Name	NE	68137-3503	Omaha	NE	68137-3503	
Scot A Thompsen			Treasurer Name			
		•	Robert L. Herb	olsheimer		
Siree Address 11825 Q Street			Street Address			
Ciny	-	_	11825 Q Street			
Omaha	State NE	Zip	City	State	Zip	
•	_	68137-3503	Omaha	NE	38137-3503	
Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS	
Tom Hanson			Director Name			
Street Address		• .	Street Address		-	
11825 Q Street			Sireel Address			
City	State	Zip	C':	_		
Omaha	NE	68137-3503	City	State	Zip	
Director Name		, 3303	Director Name			
			Sirector Name			
Street Address			Street Address			
City·	State	<u>-</u> 21p	City	_	_	
		c.p	City	State	Zip	
10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	II. SHARES ISSUED (*)	X" BOX FOR ATTACHMEN	רו מיי	
AUTHORIZED SHARES			ISSUED SHARES		<i>,,</i> \Box	
Number of Shares .	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100,000 COMM \$.10 P	AR VALUE		10,000			
,			10,000		\$.10	
his report must be six-						
na report must be sign	eu in ink by cithe	er the President, Vice Pro	esident, Secretary, Assi	stant Secretary, Treasu	irer, Receiver or Trustee	
	I i i i i i i i i i i i i i i i i i i i	I				
• 1 1		lł	Under penalty of pe	rjury, I declare and affirm t	hot I have examined	
			this report, including	g any accompanying sched	ules and statements	
**111790* 3/20/0311:4	15:46 AM*	$\overline{}$	and that all statemen	its contained herein are tru	e and correct.	
File Date	£(0.2 <u>k</u> f)		Beach	4001	•/ /	
1 HE DOILE	<u> </u>	-	Valer / Ma	elibleen 3	120/03	
Check No. 2514	84		Signature of Officer	_	ale	
		-		<u>erbolsheimer</u>		
B_{V} : $\{\{f\}\}$	17		Print or Type Name of	Officer		

Treasurer



Edward S. Inman, III. Secretary of State Corporations Division 190 North Main Street, Providence, RI 02903 1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _



Filing Period: January 1-March 1	•	Filing Fee: \$50.00	7 O K	1 L	
(FORM MUST BE TYPED IN BLACK)					

1 Corporate ID No.	2 Name of Corpo	talion			
111790	C & A INDL	JSTRIES, INC.			
4 Business Phone No.	astreet	5 State of Incorporation	Omaha	State NE	7.19 68137 6. SIC Code
402 - 891 7 Brief Description of th Tempory	1 - 0009 he Character of Business Conducted PlpSupply service	NEBRASKA In Rhode Island			7732
O. NAMES AND /	ADDRESSES OF THE OFF	FICERS (*X* BOX FOR ATTAC		S BEFORE USING ATTAC	— —
President Name Lairy J Street Address 7	. Courtnage		Vice President Name Kathy A.		HMENIS
11825 6	Streat		Street Address 0 11845 O S		
Omaha	State NE	7.ip	City	State	Zip
Sectetary Name	ME	68137	Omaha	NE	68137
	A. Thompson		Robert L. H Street Addiess	lerbolsheimer	2 ,
11825	Q Street		11825 Q Str	reet	
Omaha	State NE	68137	Omoha	State	1.68137
Director Name	DDRESSES OF THE DIR	ECTORS ("X" BOX FOR ATT)		EES BEFORE USING ATTA	CHMENTS
Thomas 1	tansen		Director Name		
11925 W	Street		Street Address		
Omaha	Hansen Street State NE	^{zip} 68137	City	State	Zip
Duector Name			Director Name		
Street Address			Street Address		
Caty	State	Zφ	City	State	Zip
10. SHARES AUTH AUTHORIZED SHARES	ORIZED ("X" BOX FOR ATTA	ICHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class (Same	
100,000 COMM \$.1	10 PAR VALUE		e e e e e e e e e e e e e e e e e e e	Class/Series	Par Value
			1000	Commo	10

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



	3602	
File Date		<u> </u>
Check No	220320_	
By	2_	
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.

Robert L. Helbelshermer

1 casurer Title of Officer



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. 111790 2. Name of Corporation
C & A INDUSTRIES, INC. 3. Street Address Principal Business Office 11825 a Street 68137 4. Business Phone No. State of Incorporation 6 SIC Code NEBRASKA Paao - 198 - 604 7*73*⊋ 7. Brief Description of the Character of Business Conducted in Rhode Island FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Larry Street Address Street Address City City Zip Omaha rΕ 68137 A. Wolf Kathy L. Herbolsheimer Street Address Q Street NE 68137 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Same as officers Street Address Street Address City City Zip State Zip Director Name Director Name Street Address Street Address State Zio City State 7.10 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ALTIMORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 10,000 COMM \$1.00 PAR VALUE Common 10,000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee \$ (8.040) (18.01) (18.01) (18.01) (18.01) (18.01) (18.01)

Title of Officer

	* 1 1 1 7 9 0 *
	3/5
File Date:	
Check No.:	194500
Rys	<u> </u>
FOR SECRETARY O	DE STATE USE ONLY

Under penalty of perjury, I declare and aftirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct L. Herbolsheimer Print or Type Name of Officer ireasurer