



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division  
106 North Main Street  
Providence, RI 02903-1335  
401 222 3640

**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. <b>131290</b>		2. Name of Corporation <b>Quality Spraying Technologies, Inc.</b>			
3. Street Address Principal Business Office <b>150 Park Lane</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>(401) 861-2413</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>1057</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>OPERATION OF A COATING, FINISHING AND STENCILING COMPANY</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Michael T. D'Angelo</b>			Vice President Name <b>Michael T. D'Angelo</b>		
Street Address <b>150 Park Lane</b>			Street Address <b>150 Park Lane</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>Michael T. D'Angelo</b>			Treasurer Name <b>Michael T. D'Angelo</b>		
Street Address <b>150 Park Lane</b>			Street Address <b>150 Park Lane</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			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
<b>600 NO PAR VALUE</b>			<b>100 Shares</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



\*131290\*

File Date 2/17/05

Check No 0003619

By W.

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

2-4-05  
Date

Print or Type Name of Officer

Title of Officer



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7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A COATING, FINISHING AND STENCILING COMPANY				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Michael T. D'Angelo		Vice President Name Michael T. D'Angelo		
Street Address 150 Park Lane		Street Address 150 Park Lane		
City Providence	State RI	Zip 02907	City Providence	State RI
Secretary Name Michael T. D'Angelo		Treasurer Name Michael T. D'Angelo		
Street Address 150 Park Lane		Street Address 150 Park Lane		
City Providence	State RI	Zip 02907	City Providence	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600 NO PAR VALUE			100 Shares	Common
				No Par

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



\* 1 3 1 2 9 0 \*

File Date 1/29/04  
Check No. 001988  
By: KMC  
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.

Michael T. D'Angelo 1-20-04  
Signature of Officer Date  
Michael T. D'Angelo  
Print or Type Name of Officer  
President  
Title of Officer