



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 02903-13
401.222.30

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. 93591 | | 2. Name of Corporation PatCal, Inc. | | | |
| 3. Street Address Principal Business Office 6 Osprey Lane | | | City Westerly | State R.I. | Zip 02891 |
| 4. Business Phone No. 401-322-8397 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 0 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE OPERATION OF BUSINESS AND HOME IMPROVEMENT. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Patrick J. Callahan | | | Vice President Name None | | |
| Street Address 6 Osprey Lane | | | Street Address | | |
| City Westerly | State RI | Zip | City | State | Zip |
| Secretary Name Joyce A. Callahan | | | Treasurer Name None | | |
| Street Address 6 Osprey Lane | | | Street Address | | |
| City Westerly | State R.I. | Zip 02891 | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Patrick J. Callahan | | | Director Name None | | |
| Street Address 6 Osprey Lane | | | Street Address | | |
| City Westerly | State RI | Zip 02891 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| 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 None | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 10 NO PAR VALUE | | | None | | |

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



File Date 1/5/05
Check No. 2406
By: Y.
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 Patrick J. Callahan Date 1-4-05
Print or Type Name of Officer Patrick J. Callahan
Title of Officer President



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. 93591 | 2. Name of Corporation PatCal, Inc. | | |
| 3. Street Address Principal Business Office 6 Osprey Lane | City Westerly | State RI | Zip 02891 |
| 4. Business Phone No. 401-322-8397 | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 0 | |

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE OPERATION OF BUSINESS AND HOME IMPROVEMENT.

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---------------------------------------|-----------------------------|
| President Name Patrick J. Callahan | Vice President Name None |
| Street Address 6 Osprey Lane | Street Address |
| City Westerly | City |
| State RI | State |
| Zip 02891 | Zip |
| Secretary Name Joyce A. Callahan | Treasurer Name None |
| Street Address 6 Osprey Lane | Street Address |
| City Westerly | City |
| State RI | State |
| Zip 02891 | Zip |

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

| | |
|--------------------------------------|-----------------------|
| Director Name Patrick J. Callahan | Director Name None |
| Street Address 6 Osprey Lane | Street Address |
| City Westerly | City |
| State RI | State |
| Zip 02891 | Zip |
| Director Name None | Director Name None |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

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

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 10 NO PAR VALUE | | |

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

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| None | | |

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



* 9 3 5 9 1 *

File Date 1-8-04
Check No. 2018
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.

Patrick J. Callahan 1-7-04
Signature of Officer Date
Patrick J. Callahan
Print or Type Name of Officer
President
Title of Officer

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. **93591** 2. Name of Corporation **PatCal, Inc.**
3. Street Address Principal Business Office **6 Osprey Lane** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401-322-8397** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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

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

President Name **Patrick J. Callahan** Vice President Name **None**
Street Address **6 Osprey Lane** Street Address **None**
City **Westerly** State **RI** Zip **02891** City **None** State **None** Zip **None**

Secretary Name **Joyce A. Callahan** Treasurer Name **None**
Street Address **6 Osprey Lane** Street Address **None**
City **Westerly** State **RI** Zip **02891** City **None** State **None** Zip **None**

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

Director Name **Patrick J. Callahan** Director Name **None**
Street Address **6 Osprey Lane** Street Address **None**
City **Westerly** State **RI** Zip **02891** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**
Street Address **None** Street Address **None**
City **None** State **None** Zip **None** City **None** State **None** Zip **None**

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

AUTHORIZED SHARES **None**
Number of Shares Class/Series Par Value

10 NO PAR VALUE

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

ISSUED SHARES **None**
Number of Shares Class/Series Par Value

None

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



* 9 3 5 9 1 *

File Date: **1-17-03**

Check No.: **1689**

By: **UP**

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 **Patrick J. Callahan** Date **1-13-03**

Print or Type Name of Officer **Patrick J. Callahan**

Title of Officer **President**



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 02903-1333
401-222-3046

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. **93591** 2. Name of Corporation **PatCal, Inc.**
3. Street Address Principal Business Office **6 Osprey Lane** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401-322-8397** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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

carpentry and repairs

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

| | |
|---|--|
| President Name Patrick J. Callahan Street Address 6 Osprey Lane City Westerly State RI Zip 02891 | Vice President Name None Street Address City State Zip |
|---|--|

| | |
|--|---|
| Treasurer Name Joyce Callahan Street Address 6 Osprey Lane City Westerly State RI Zip 02891 | Treasurer Name None Street Address City State Zip |
|--|---|

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 **0**
Number of Shares **0** Class/Series Par Value
10 NO PAR VALUE

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

ISSUED SHARES **0**
Number of Shares **0** 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 3 5 9 1 *

File Date: 3.4.02
Check No.: 1394
By: PMC

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.
Patrick J. Callahan 3/1/02
Signature of Officer Date

Patrick J. Callahan 3/1/02
Print or Type Name of Officer

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. **93591** 2. Name of Corporation **Pattal, Inc.**
3. Street Address Principal Business Office **6 Osprey Lane** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401-322-8397** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Carpentry - Remodeling & Renovations

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

| | |
|---|---------------------|
| President Name Patrick Callahan | Vice President Name |
| Street Address 6 Osprey Lane | Street Address |
| City Westerly State RI Zip 02891 | City State Zip |
| Secretary Name Joyce Callahan | Treasurer Name |
| Street Address 6 Osprey Lane | Street Address |
| City Westerly State RI Zip 02891 | City State Zip |

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

| | |
|---|----------------|
| Director Name Patrick Callahan | Director Name |
| Street Address 6 Osprey Lane | Street Address |
| City Westerly State RI Zip 02891 | City State Zip |
| Director Name Joyce Callahan | Director Name |
| Street Address 6 Osprey Lane | Street Address |
| City Westerly State RI Zip 02891 | City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) **10 NO PAR VALUE**

| | | |
|------------------------------|--------------|-----------|
| Number of Shares None | Class/Series | Par Value |
|------------------------------|--------------|-----------|

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) **None**

| | | |
|------------------------------|--------------|-----------|
| Number of Shares None | 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 3 5 9 1 *

4-17-01

File Date: _____
Check No.: **1033**
By: **[Signature]**

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.

Patrick Callahan **1/26/01**
Signature of Officer Date

PATRICK Callahan
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 02903-13
401-222-30

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. **93591** 2. Name of Corporation **PatCal, Inc.**
3. Street Address Principal Business Office **110 Beach St** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401-348-0107** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction - Remodeling & Renovations

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

| | |
|---|---------------------|
| President Name Patrick Callahan | Vice President Name |
| Street Address 110 Beach ST | Street Address |
| City Westerly State R.I Zip 02891 | City State Zip |
| Secretary Name Joyce Callahan | Treasurer Name |
| Street Address 110 Beach ST | Street Address |
| City Westerly State R.I Zip 02891 | City State Zip |

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

| | |
|---|----------------|
| Director Name Patrick Callahan | Director Name |
| Street Address 110 Beach ST | Street Address |
| City Westerly State R.I Zip 02891 | City State Zip |
| Director Name Joyce Callahan | Director Name |
| Street Address 110 Beach ST | Street Address |
| City Westerly State R.I Zip 02891 | City State Zip |

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

| Number of Shares | Class/Series | Par Value |
|------------------------|--------------|-----------|
| 10 NO PAR VALUE | 0 | |

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

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| NONE | | |

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



* 9 3 5 9 1 *

File Date: 3/6/00

Check No.: 711

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.

Patrick Callahan 1/25/00
Signature of Officer Date

Patrick Callahan
Print or Type Name of Officer

President
Title of Officer

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. **93591** 2. Name of Corporation **PatCal, Inc.**
3. Street Address Principal Business Office **110 Beach St.** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401-348-0107** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Carpentry - Renovations & Repairs

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

President Name **Patrick Callahan**
Street Address **110 Beach ST**
City **Westerly** State **RI** Zip **02891**

Secretary Name **Joyce Callahan**
Street Address **110 Beach ST**
City **Westerly** State **R.I** Zip **02891**

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

Director Name **Patrick Callahan**
Street Address **110 Beach ST**
City **Westerly** State **R.I** Zip **02891**

Director Name **Joyce Callahan**
Street Address **110 Beach ST**
City **Westerly** State **R.I** Zip **02891**

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

AUTHORIZED SHARES
Number of Shares **10** Class/Series **NO** Par Value **NO PAR VALUE**

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

ISSUED SHARES
Number of Shares **None** Class/Series Par Value

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



File Date: Feb 18, 1999
Check No.: 471
By: [Signature]

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.

Patrick J. Callahan 1/26/99
Signature of Officer Date

Patrick J Callahan
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **93591** 2. Name of Corporation **PatCal, Inc.**
3. Street Address Principal Business Office **110 Beach Street** City **Westerly** State **R.I.** Zip **02891**
4. Business Phone No. **401-348-0107** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **02891**
7. Brief Description of the Character of Business Conducted in Rhode Island

Carpentry-Renovations and Repairs

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

| | |
|---|---|
| President Name Patrick J. Callahan Street Address 110 Beach Street City Westerly State R.I. Zip 02891 | Vice President Name None Street Address None City None State None Zip None |
| Secretary Name Joyce A. Callahan Street Address 110 Beach Street City Westerly State R.I. Zip 02891 | Treasurer Name Patrick J. Callahan Street Address 110 Beach Street City Westerly State R.I. Zip 02891 |

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

| | |
|--|--|
| Director Name Patrick J. Callahan Street Address 110 Beach Street City Westerly State R.I. Zip 02891 | Director Name None Street Address None City None State None Zip None |
| Director Name Joyce A. Callahan Street Address 110 Beach Street City Westerly State R.I. Zip 02891 | Director Name None Street Address None City None State None Zip None |

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

10 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value

None

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



File Date: 1.22.98

Check No.: 206

By: UP

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.

Patrick J. Callahan 1/20/98
Signature of Officer Date

Patrick J. Callahan
Print or Type Name of Officer

President
Title of Officer