



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103791  
 2. Name of Corporation Ultimate Uphostery Inc.  
 3. Street Address Principal Business Office 1454 MAIN ST City W WARWICK State RI Zip 02893  
 4. Business Phone No. 4018284555  
 5. State of Incorporation RHODE ISLAND  
 6. SIC Code 0  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
 OPERATION OF UPHOSTERY BUSINESS.

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

President Name RICHARD FONTAINE Vice President Name  
 Street Address 1454 MAIN STREET Street Address  
 City WEST WARWICK State RI Zip 02893 City State Zip  
 Secretary Name Treasurer Name  
 Street Address Street Address  
 City State Zip City State Zip

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

Director Name RICHARD FONTAINE Director Name  
 Street Address 1454 MAIN STREET Street Address  
 City WEST WARWICK State RI Zip 02893 City State Zip  
 Director Name Director Name  
 Street Address Street Address  
 City State Zip City State 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
300	NO PAR VALUE		300	COMMON	NO PAR.

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



1 0 3 7 9 1

\*103791 DBC 01/25/05 12:32:01 PM\*  
 File Date **FILED**  
 Check No. 7268  
 FEB 24 2005  
 By: *RF*  
 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.

*Richard Fontaine* 2-1-05  
 Signature of Officer Date  
 RICHARD FONTAINE  
 Print or Type Name of Officer  
 PRESIDENT  
 Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 103791		2. Name of Corporation Ultimate Uphostery Inc.	
3. Street Address Principal Business Office 1454 MAIN ST		City W WARWICK	State RI
4. Business Phone No. 4018284555		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF UPHOSTERY BUSINESS.			6. SIC Code 0

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

President Name Richard Fontaine			Vice President Name		
Street Address 1454 Main Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Richard Fontaine			Treasurer Name		
Street Address 1454 Main Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip

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

Director Name Richard Fontaine			Director Name		
Street Address 1454 Main Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
300	NO PAR VALUE		300	Common	no par

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



1 0 3 7 9 1

\*103791 DBC 01/12/04 04:02:02 PM\*

File Date 2-3-04

Check No. 6587

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] 1-31-04  
Signature of Officer Date

Richard Fontaine  
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 IN BLACK)

1. Corporate ID No. **103791** 2. Name of Corporation **Ultimate Upholstery Inc.**  
3. Street Address Principal Business Office **1454 Main Street** City **West Warwick** State **RI** Zip **02893**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**  
7. Brief Description of the Character of Business Conducted in or From Rhode Island  
**upholstery business**

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

President Name <b>Richard Fontaine</b>	Vice President Name
Street Address <b>1454 Main Street</b>	Street Address
City State Zip <b>West Warwick RI 02893</b>	City State Zip
Secretary Name <b>Richard Fontaine</b>	Treasurer Name
Street Address <b>1454 Main Street</b>	Street Address
City State Zip <b>West Warwick RI 02893</b>	City State Zip

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

Director Name <b>Richard Fontaine</b>	Director Name
Street Address <b>1454 Main Street</b>	Street Address
City State Zip <b>West Warwick RI 02893</b>	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  
**300 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**300 common no-par**

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



\* 1 0 3 7 9 1 \*

File Date: 2/3/03

Check No.: 5899

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] 1-30-03  
Signature of Officer Date

Print or Type Name of Officer

Title of Officer



**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. **103791** 2. Name of Corporation **Ultimate Uphostery Inc.**  
3. Street Address Principal Business Office **1454 Main Street** City **West Warwick** State **RI** Zip **02893**  
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  
**upholstery business**

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

President Name **Richard Fontaine**  
Street Address **1454 Main Street**  
City **West Warwick** State **RI** Zip **02893**

Vice President Name  
Street Address  
City State Zip

Secretary Name **Richard Fontaine**  
Street Address **1454 Main Street**  
City **West Warwick** State **RI** Zip **02893**

Treasurer Name  
Street Address  
City State Zip

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

Director Name **Richard Fontaine**  
Street Address **1454 Main Street**  
City **West Warwick** State **RI** Zip **02893**

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 **300 NO PAR VALUE** Class/Series Par Value

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

ISSUED SHARES  
Number of Shares **300** Class/Series **common** Par Value **no-par**

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



\* 1 0 3 7 9 1 \*

File Date: **2/4/02**  
Check No.: **500**  
By: **RF**

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 **Richard Fontaine Jr** Date **1-30-02**  
Print or Type Name of Officer **Richard J. Fontaine Jr**  
Title of Officer **President**

FOR SECRETARY OF STATE USE ONLY

**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. **103791** 2. Name of Corporation **Ultimate Uphostery Inc.**  
3. Street Address Principal Business Office **1454 Main St.** City **West Warwick** State **RI** Zip **02893**  
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

upholstery business

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

President Name Richard Fontaine Street Address 1454 Main St. City West Warwick State RI Zip 02893	Vice President Name  Street Address  City  State  Zip
Secretary Name Richard Fontaine Street Address 1454 Main St. City West Warwick State RI Zip 02893	Treasurer Name  Street Address  City  State  Zip

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

Director Name Richard Fontaine Street Address 1454 Main St. City West Warwick State RI Zip 02893	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)**

Number of Shares	Class/Series	Par Value
300	NO	PAR VALUE

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

Number of Shares	Class/Series	Par Value
300	Common	no-par

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



\* 1 0 3 7 9 1 \*

File Date: 2/27  
Check No. 5290  
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.  
Signature of Officer: [Signature] Date: 2/24/01  
Print or Type Name of Officer: RICHARD J. FONTAINE JR  
Title of Officer: PRES

**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. **103791**      2. Name of Corporation **Ultimate Uphostery Inc.**

3. Street Address Principal Business Office  
**1454 Main Street**      City **West Warwick**      State **RI**      Zip **02893**

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  
**upholstery business**

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

President Name <b>Richard Fontaine</b> Street Address <b>1454 Main Street</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>	Vice President Name  Street Address  City      State      Zip
Secretary Name <b>Richard Fontaine</b> Street Address <b>same as above</b> City      State      Zip	Treasurer Name  Street Address  City      State      Zip

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

Director Name <b>Richard Fontaine</b> Street Address <b>1454 Main Street</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>	Director Name  Street Address  City      State      Zip
Director Name  Street Address  City      State      Zip	Director Name  Street Address  City      State      Zip

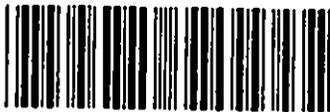
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>300</b>	<b>NO</b>	<b>PAR VALUE</b>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>300</b>	<b>n/a</b>	<b>none</b>

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



\* 1 0 3 7 9 1 \*

File Date: 3/3/00

Check No.: 7358

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.

[Signature]      Date 2-29-00

Print or Type Name of Officer

Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103791 2. Name of Corporation Ultimate Upholstery, Inc  
3. Street Address Principal Business Office 1454 Main Street Warwick RI 02893  
4. Business Phone No. (401)828-4555 5. State of Incorporation Rhode Island 6. SIC Code 9050  
7. Brief Description of the Character of Business Conducted in Rhode Island Upholstery business

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

President Name Richard Fontaine	Vice President Name
Street Address 1454 Main Street	Street Address
City Warwick	City
State RI	State
Zip 02893	Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name Richard Fontaine	Director Name
Street Address 1454 Main Street	Street Address
City Warwick	City
State RI	State
Zip 02893	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
300	N/A	No Par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
300	N/A	No Par

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

File Date: 7-30-99  
Check No.: 6938  
By: AMF

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: Richard Fontaine Date: 7-28-99  
Print or Type Name of Officer: Richard Fontaine  
Title of Officer: President