

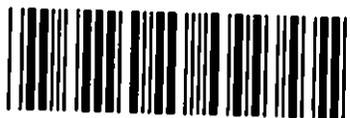


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 75391		2. Name of Corporation Grenier Construction Co., Inc.		
3. Street Address Principal Business Office 1645 Stony Lane		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-295-1181		5. State of Incorporation RHODE ISLAND		6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A CONSTRUCTION COMPANY INVOLVED IN THE CONSTRUCTION OF HOMES, BUILDINGS AND THE PERFORMANCE OF GENERAL CARPENTRY WORK.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Stephen H. Grenier		Vice President Name None		
Street Address 1645 Stony Lane		Street Address		
City North Kingstown	State RI	Zip 02852	City	State
Secretary Name Stephen H. Grenier		Treasurer Name Stephen H. Grenier		
Street Address 1645 Stony Lane		Street Address 1645 Stony Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Stephen H. Grenier		Director Name		
Street Address 1645 Stony Lane		Street Address		
City North Kingstown	State RI	Zip 02852	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	ISSUED SHARES	
600 NO PAR VALUE			Number of Shares	Class/Series
			100	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 1-11-05
Check No. 6439
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] 1/31/05
Signature of Officer Date
Stephen H Grenier
Print or Type Name of Officer
Pres
Title of Officer

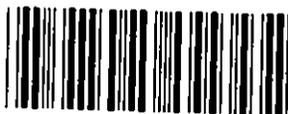


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 75391		2. Name of Corporation Grenier Construction Co., Inc.	
3. Street Address Principal Business Office 1645 Stony Lane		City North Kingstown	State RI
4. Business Phone No. (401) 295-1181		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A CONSTRUCTION COMPANY INVOLVED IN THE CONSTRUCTION OF HOMES, BUILDINGS AND THE PERFORMANCE OF GENERAL CARPENTRY WORK		6. SIC Code 34	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Stephen H. Grenier		Vice President Name None	
Street Address 1645 Stony Lane		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
Secretary Name Stephen H. Grenier		Treasurer Name Stephen H. Grenier	
Street Address 1645 Stony Lane		Street Address 1645 Stony Lane	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Stephen H. Grenier		Director Name	
Street Address 1645 Stony Lane		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		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
600 NO PAR VALUE			100
			none

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



* 7 5 3 9 1 *

File Date 1-9-04
Check No. 5518
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] 12/30/03
Signature of Officer Date
Stephen H Grenier
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. **75391**
2. Name of Corporation **Grenier Construction Co., Inc.**
3. Street Address Principal Business Office
1645 Stony Lane
4. Business Phone No. **(401) 295-1181**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Home Construction

City **North Kingstown** State **RI** Zip **02852**
6. SIC Code **34**



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

President Name
Stephen H. Grenier
Street Address

1645 Stony Lane
City State Zip
North Kingstown RI 02852

Vice President Name
None
Street Address

City State Zip

Secretary Name
Stephen H. Grenier
Street Address

1645 Stone Lane
City State Zip
North Kingstown RI 02852

Treasurer Name
Stephen H. Grenier
Street Address

1645 Stony Lane
City State Zip
North Kingstown RI 02852

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

Director Name
Stephen H. Grenier
Street Address

1645 Stony Lane
City State Zip
North Kingstown RI 02852

Street Address

City State Zip

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

600 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value

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



* 7 5 3 9 1 *

File Date: 2/5/03

Check No.: 4670

By: Slm

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.

Stephen H. Grenier 2/8/03
Signature of Officer Date

Stephen H. Grenier
Print or Type Name of Officer

President
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. **75391** 2. Name of Corporation **Grenier Construction Co., Inc.**

3. Street Address Principal Business Office **1645 Stony Lane** City **North Kingstown** State **RI** Zip **02852**
4. Business Phone No. **(401) 295-1181** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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

Home Construction

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

President Name **Stephen H. Grenier**
Street Address **1645 Stony Lane**
City **North Kingstown** State **RI** Zip **02852**

Vice President Name **None**
Street Address
City State Zip
Treasurer Name **Stephen H. Grenier**
Street Address **1645 Stony Lane**
City **North Kingstown** State **RI** Zip **02852**

Secretary Name **Stephen H. Grenier**
Street Address **1645 Stony Lane**
City **North Kingstown** State **RI** Zip **02852**

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

Director Name **Stephen H. Grenier**
Street Address **1645 Stony Lane**
City **North Kingstown** State **RI** Zip **02852**

Director Name
Street Address
City State Zip

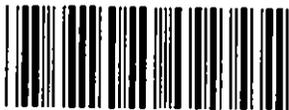
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

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

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



* 7 5 3 9 1 *

File Date: 1-7-02
Check No.: 3853
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] 12/29/01
Signature of Officer Date
STEPHEN H GRENIER
Print or Type Name of Officer
Pres
Title 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. **75391** 2. Name of Corporation **Grenier Construction Co., Inc.**

3. Street Address Principal Business Office **1645 Stony Lane** City **North Kingstown** State **RI** Zip **02852**

4. Business Phone No. **401-295-1181** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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

Home Construction

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

President Name **Stephen H. Grenier** Vice President Name **None**
Street Address **1645 Stony Lane** Street Address
City **N. Kingstown** State **RI** Zip **02852** City State Zip
Secretary Name **Stephen H. Grenier** Treasurer Name **Stephen H. Grenier**
Street Address **1645 Stony Lane** Street Address **1645 Stony Lane**
City **N. Kingstown** State **RI** Zip **02852** City **N. Kingstown** State **RI** Zip **02852**

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

Director Name **Stephen H. Grenier** Director Name
Street Address **1645 Stony Lane** Street Address
City **N. Kingstown** State **RI** Zip **02852** City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR VALUE

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

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

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



* 7 5 3 9 1 *

File Date: 1/9

Check No.: 3049

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.

X [Signature] Date 01/03/01

Stephen H. Grenier
Print or Type Name of Officer

President
Title of Officer

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. **75391** 2. Name of Corporation **Grenier Construction Co., Inc.**

3. Street Address Principal Business Office **1645 Stoney Lane** City **North Kingstown** State **RI** Zip **02852**
4. Business Phone No. **295-1181** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

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

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

President Name Stephen H. Grenier	Vice President Name None
Street Address 1645 Stoney Lane	Street Address
City State Zip North Kingstown RI 02852	City State Zip
Secretary Name Stephen H. Grenier	Treasurer Name Stephen H. Grenier
Street Address 1645 Stoney Lane	Street Address 1645 Stoney Lane
City State Zip North Kingstown RI 02852	City State Zip North Kingstown RI 02852

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

Director Name Stephen H. Grenier	Director Name
Street Address 1645 Stoney Lane	Street Address
City State Zip North Kingstown RI 02852	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
600 SHS NO PAR VALUE			

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

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

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



File Date: 1/6/00
Check No.: 1902
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: 12/28/99
Print or Type Name of Officer: Stephen Grenier
Title of Officer: President



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. **75391** 2. Name of Corporation **Grenier Construction Co., Inc.**
3. Street Address Principal Business Office **1645 Stoney Lane** City **North Kingstown** State **RI** Zip **02852**
4. Business Phone No. **295-1181** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**
7. Brief Description of the Character of Business Conducted in Rhode Island
Home Construction

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

President Name Stephen H. Grenier	Vice President Name None
Street Address 1645 Stoney Lane	Street Address
City State Zip North Kingstown RI 02852	City State Zip

Secretary Name Stephen H. Grenier	Treasurer Name Stephen H. Grenier
Street Address 1645 Stoney Lane	Street Address 1645 Stoney Lane
City State Zip North Kingstown RI 02852	City State Zip North Kingstown RI 02852

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

Director Name Stephen H. Grenier	Director Name
Street Address 1645 Stoney Lane	Street Address
City State Zip North Kingstown RI 02852	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
600 SHS NO PAR VALUE			

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

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

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



* 7 5 3 9 1 *

File Date: 1-13-99

Check No.: 1214

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] 12/29/98
Signature of Officer Date

Stephen H Grenier
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. **75391** 2. Name of Corporation **Grenier Construction Co., Inc.**
3. Street Address Principal Business Office **1645 Stoney Lane** City **North Kingstown** State **RI** Zip **02852**
4. Business Phone No. **295-1181** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**
7. Brief Description of the Character of Business Conducted in Rhode Island **Home Construction**

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

President Name Stephen H. Grenier Street Address 1645 Stoney Lane City North Kingstown State RI Zip 02852	Vice President Name None Street Address City State Zip
Secretary Name Stephen H. Grenier Street Address 1645 Stoney Lane City North Kingstown State RI Zip 02852	Treasurer Name Stephen H. Grenier Street Address 1645 Stoney Lane City North Kingstown State RI Zip 02852

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

Director Name Stephen H. Grenier Street Address 1645 Stoney Lane City North Kingstown State RI Zip 02852	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	Class/Series	Par Value
600 SHS NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100		none

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



* 7 5 3 9 1 *

File Date: 1.14.98

Check No.: 1432

By: WP

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.

Stephen H. Grenier 1/5/98
Signature of Officer Date

STEPHEN H. GRENIER
Print or Type Name of Officer

President
Title of Officer



BENEFIT CORPORATION ANNUAL REPORT 1997

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

ALL INFORMATION MUST BE TYPED IN BLACK

1. Corporate ID No. **75391**

2. Name of Corporation **Grenier Construction Co., Inc.**

3. Street Address Principal Business Office
1645 Stoney Lane City **N. Kingstown** State **RI** Zip **02852**

4. Business Phone No. **295-1181**

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **0034**

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

Home Construction

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

President Name **Stephen H. Grenier** Vice President Name **None**

Street Address **1645 Stoney Lane** Street Address

City **N. Kingstown** State **R.I.** Zip **02852** City State Zip

Secretary Name **Stephen H. Grenier** Treasurer Name **Stephen H. Grenier**

Street Address **1645 Stoney Lane** Street Address **1645 Stoney Lane**

City **N. Kingstown** State **R.I.** Zip **02852** City **N. Kingstown** State **R.I.** Zip **02852**

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

Director Name **Stephen H. Grenier** Director Name

Street Address **1645 Stoney Lane** Street Address

City **N. Kingstown** State **R.I.** Zip **02852** City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR VALUE			100		None

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



File Date: 1/10/97

Check No.: 889

By: lcr/wlc

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 Stephen H. Grenier Date 1/5/97

Print or Type Name of Officer Stephen H. Grenier

Title of Officer President

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-31

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 75391		2. NAME OF CORPORATION Grenier Construction Co., Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1645 Stony Lane		CITY N. K	STATE R.I.
4. BUSINESS PHONE NO. 401-295-1181		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 0034
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND HOME CONST.			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Stephen H Grenier		VICE PRESIDENT NAME SAME	
STREET ADDRESS ABOVE		STREET ADDRESS	
CITY I I	STATE I I	ZIP CODE I I	
SECRETARY NAME SAME		TREASURER NAME SAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Stephen H Grenier		DIRECTOR NAME	
STREET ADDRESS 1645 Stony Lane		STREET ADDRESS	
CITY N. K	STATE RI	ZIP CODE 02852	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VALUE				

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 1/11/96
Check No: 243
By: [Signature]
For Secretary of State Use Only

[Signature]
Signature of Officer
STEPHEN H GRENIER
Print or Type Name of Officer
PRESIDENT
Title of Officer
12/18/95
Date

DETACH BOTTOM BEFORE RETURNING