



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 02903-1335
401.222.3040

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 68095		2. Name of Corporation F+R MODULAR MOVERS INC.			
3. Street Address Principal Business Office 1 MAIN ST		City HOPE		State RI	Zip 02831
4. Business Phone No. 401 828 0804		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island MOVE MODULAR HOMES / TRAILERS / EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FREEMAN DEWARRE			Vice President Name		
Street Address 1 MAIN ST			Street Address		
City HOPE	State RI	Zip 02831	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name FREEMAN DEWARRE			Director Name		
Street Address 1 MAIN ST			Street Address		
City HOPE	State RI	Zip 02831	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
4,000 no par value			NONE		

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

FILED

File Date
SEP 03 2004
Check No.
By: 110434000

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
FREEMAN DEWARRE
Date
9/3/04
Print or Type Name of Officer
President
Title of Officer



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 02903-1335
401-222-3040

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.

68095

2. Name of Corporation

F & R Modular Movers Inc.

3. Street Address Principal Business Office

1 MAIN ST

City

HOPE

State

RI

Zip

02831

4. Business Phone No.

401 828-0804

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6638

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

MOVE/MODULAR HOMES/TRAILERS/EQUIPMENT

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

FREEMAN DEWARE

Vice President Name

SAME

Street Address

1 MAIN ST

Street Address

City

HOPE

State

RI

Zip

02831

City

State

Zip

Secretary Name

Street Address

SAME

Treasurer Name

SAME

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

FREEMAN DEWARE

Director Name

Street Address

1 MAIN ST

Street Address

City

HOPE

State

RI

Zip

02831

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

4,000 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



* 6 8 0 9 5 *

File Date:

1-10-03

Check No.:

1176

By:

Freeman Deware

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.

Freeman Deware

1/8/03

Signature of Officer

Date

FREEMAN DEWARE

Print or Type Name of Officer

President

Title of Officer

Form 630 1202



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 02903-1335
401-222-3040



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.

68095

2. Name of Corporation

F & R Modular Movers Inc.

3. Street Address Principal Business Office

1 Main Street

City

Hope

State

RI

Zip

02816

4. Business Phone No.

(401) 828-0804

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6638

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

Haul / move modular homes/ trailers/ equipment

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

President Name

Freeman Deware

Street Address

15 Metro Drive

City

Coventry

State

RI

Zip

02816

Vice President Name

None

Street Address

City

State

Zip

Secretary Name

Freeman Deware

Street Address

15 Metro Drive

City

Coventry

State

RI

Zip

02816

Treasurer Name

Freeman Deware

Street Address

15 Metro Drive

City

Coventry

State

RI

Zip

02816

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

Number of Shares

Class/Series

Par Value

4,000 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



* 6 8 0 9 5 *

File Date:

3/14/02

Check No.:

198

By:

Comp

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.

Freeman Deware 3/12/02
Signature of Officer Date

FREEMAN DEWARE
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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. **68095** 2. Name of Corporation **F & R Modular Movers Inc.**

3. Street Address Principal Business Office

1 Main St P.O. Box 120

City **HOPE**

State **RI**

Zip **02831**

4. Business Phone No.

401 828-0804

5. State of Incorporation
RHODE ISLAND

6. SIC Code
8838

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

Hand Modular Homes

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

ROBIN LEROUX

Vice President Name

NONE

Street Address

52 TAFT STREET

Street Address

City **COVENTRY** State **RI** Zip **02816**

City State Zip

Secretary Name

ROBIN LEROUX

Treasurer Name

ROBIN LEROUX

Street Address

52 TAFT ST

Street Address

52 TAFT ST

City **COVENTRY** State **RI** Zip **02816**

City **COVENTRY** State **RI** Zip **02816**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Director Name

NONE

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)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

4,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

0

NO PAR

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



* 6 8 0 9 5 *

File Date: **3/8**

Check No.: **2443**

By: **RL**

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 **Robin Leroux** Date **2/2/01**

Print or Type Name of Officer **Robin Leroux**

Title of Officer **President**



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 02903-1335
401-222-3040



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. **68095** 2. Name of Corporation **F & R Modular Movers Inc.**

3. Street Address Principal Business Office

1 Main Street P.O. Box 120

City

Hope

State

RI

Zip

02831

4. Business Phone No.

401-828-0804

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6638

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

Haul modular Homes

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Robin Leroux

Vice President Name

None

Street Address

Street Address

City

City

State

State

Zip

Zip

Coventry RI 02816

Secretary Name

Robin Leroux

Treasurer Name

Robin Leroux

Street Address

Street Address

City

City

State

State

Zip

Zip

Coventry RI 02816

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Director Name

None

Street Address

Street Address

City

City

State

State

Zip

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

City

State

State

Zip

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

4,000 SHS NO PAR VALUE

0

no par

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



* 6 8 0 9 5 *

File Date:

PAID MAR 02 2000

Check No.:

SECY OF STATE

By:

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.

Robin Leroux

Signature of Officer

Date

Robin Leroux

Print or Type Name of Officer

Pres. Leroux

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 02903-1335
401-222-3040



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. **68095** 2. Name of Corporation **F & R Modular Movers Inc.**

3. Street Address Principal Business Office **1 Main Street P.O. Box 120 Hope RI 02831**
4. Business Phone No. **(401) 828-0804** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6638**

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

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

President Name Robin Leroux	Vice President Name None
Street Address 52 Taft St	Street Address
City Coventry State RI Zip 02816	City State Zip
Secretary Name Robin Leroux	Treasurer Name Robin Leroux
Street Address 52 Taft St	Street Address 52 Taft St
City Coventry State RI Zip 02816	City Coventry State RI Zip 02816

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

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS 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 **March 17, 99**

Check No. **1877**

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.

Robin Leroux 3/16/99
Signature of Officer Date

Robin Leroux
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 02903-1335
401-277-3040

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.

2. Name of Corporation

68095

F & R Modular Movers Inc.

3. Street Address Principal Business Office

1 Main Street (P.O. Box 120)

City

Hope

State

RI

Zip

02831

4. Business Phone No.

(401) 828-0804

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6638

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

Haul modular Homes

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

President Name

Robin Leroux

Street Address

52 Taft St

City

Coventry

State

RI

Zip

02816

Secretary Name

Robin Leroux

Street Address

52 Taft St

City

Coventry

State

RI

Zip

02816

Vice President Name

Freeman Deware

Street Address

15 Metro Drive

City

Coventry

State

RI

Zip

02816

Treasurer Name

Robin Leroux

Street Address

52 Taft St

City

Coventry

State

RI

Zip

02816

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

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

Number of Shares

Class/Series

Par Value

4,000 SHS 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



* 6 8 0 9 5 *

File Date: 1998

Check No.: 14129

By: KID

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: Robin Leroux Date: 2/24/98

Print or Type Name of Officer: Robin Leroux

Title of Officer: President



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 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

68095

2. Name of Corporation

F & R Modular Movers Inc.

3. Street Address Principal Business Office

1 Main St P.O. Box 120

City

Hope

State

RI

Zip

02831

4. Business Phone No.

401-828-0804

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6638

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

Hauling modular Homes

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

President Name

Robin Leroux

Street Address

52 Taft St

City

Coventry

State

RI

Zip

02816

Vice President Name

Freeman Deware

Street Address

15 Metro Drive

City

Coventry

State

RI

Zip

02816

Secretary Name

Robin Leroux

Street Address

52 Taft St

City

Coventry

State

RI

Zip

02816

Treasurer Name

Robin Leroux

Street Address

52 Taft St

City

Coventry

State

RI

Zip

02816

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

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 SHS NO PAR VALUE

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



* 6 8 0 9 5 *

File Date: 2-3-97

Check No.: 1164

By: LLP

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.

Robin Leroux 1/25/97
Signature of Officer Date

Robin Leroux
Print or Type Name of Officer

President
Title of Officer

F & R 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) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 68095		2. NAME OF CORPORATION F & R Modular Movers Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1 Main St.		CITY Hope	STATE RI
4. BUSINESS PHONE NO. (401) 828-0804		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 02831 6638

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Haul modular Homes

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Robin Leroux		VICE PRESIDENT NAME Freeman Deware	
STREET ADDRESS 52 Taft St.		STREET ADDRESS 15 Metro Dr.	
CITY Coventry	STATE RI	CITY Coventry	STATE RI
ZIP CODE 02816		ZIP CODE 02816	
SECRETARY NAME Robin Leroux		TREASURER NAME Robin Leroux	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		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
4,000 SHS	NO PAR VALUE		4,000 SHS		

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.

Robin Leroux
Signature of Officer

Robin Leroux
Print or Type Name of Officer

President 2/5/96
Title of Officer

File Date: 2-29-96

Check No:

By:

For Secretary of State Use Only

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0058095 Annual Report for the year: 1995

Name of Corporation: F & R Modular Movers Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

N/A

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

960 TIOGUE AVE
COVENTRY RI 02816

Phone: (401) 828-0804

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

Transportation of modular
Homes

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>Robin Leroux</u>	<u>52 Taft St.</u>	<u>Coventry RI</u>	<u>02816</u>
VICE PRESIDENT	<u>Freeman Deware</u>	<u>15 Metro Dr.</u>	<u>Coventry RI</u>	<u>02816</u>
SECRETARY				

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>N/A</u>		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>4000</u>	<u>without par value</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>N/A</u>	

Date 3/10, 19 95

By: Robin Leroux
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FREEMAN DEWARE
960 TIOGUE AVENUE
COVENTRY RI 02816

FILED

MAR 09 1995

01-001568

Filing fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903 1335
401-277 3040

File Annually
LLC Sept 1 - Nov. 1
CORP Jan. 1 - March 1

Corporate ID: 0068095 Annual Report for the year: 1994

Name of Business Entity: F & R Modular Movers Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number 05-0465738

For foreign entity, address and telephone number of principal office

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

960 Tigue Ave
Coventry RI 02816

Phone: 401 528-0804

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Robin Leroux
52 Traft St
Coventry RI 02816

Brief statement of the character of business conducted in Rhode Island

Moving modular Houses

Date of Organization: 5/5/92 5/7/92

Date of Qualification to do business in Rhode Island (if foreign entity)

N/A

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (See RIGL 7-1.1)

☐ CHIEF FINANCIAL OFFICER OR ☒ VICE PRESIDENT (See RIGL 7-1.1)

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (See RIGL 7-1.1)

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (See RIGL 7-1.1)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Robin Leroux</u>	<u>52 Traft St</u>	<u>Coventry RI</u>	<u>02816</u>
<u>Same</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>
<u>Same</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>
<u>Same</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 4000

CLASS

SERIES

PAR VALUE OR

WITHOUT PAR Without PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR

WITHOUT PAR

Date: 4/11/94

By:

Robin Leroux
Robin Leroux

PRINT OR TYPE NAME OF OFFICER SIGNING

X President
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

FREEMAN DEWARE
260 TIGUE AVENUE
COVENTRY RI 02816

FILED

JUL 05 1994

By RE59
CL#673

Filing Fee \$50.00

24379

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0068095

Annual Report for the year 1993

FIRST: The name of the corporation is F & R Modular Movers Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Hauling modular homes

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 960 Tiogue Ave
Coventry RI 02816

SIXTH: Names and addresses of its directors and officers:

Name

Office

(Attach rider if necessary)
Address (including number, street, zip code)

Name	Office	Address (including number, street, zip code)
Director		
Director		
Director		
Robin Leroux	President	52 Taft St. Coventry RI 02816
"	Vice President	
"	Secretary	
"	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

4000

PAID

No par
value

JAN 20 1993

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

SEC'y OF STATE

Dated 1/22 1993

F & R Modular Movers Inc.
(Name of Corporation)

By Rob Leroux

Title President

(Report must be signed by an officer)