

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 | <u> </u> | |
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| | | |

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Street Address State Zip Treasurer Name Street Address Street Address City Zip Z(p 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Sircei Address State Zip Street Address Street Address CuyState Ζip City State Zıp 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 no Par VI 4.000 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 com File Date SEP 0 3 2004 FOR SECRETARY OF STATE USE ONLY



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

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| PLLASE | READ |
| INSTRUC | TIONS |
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| | | Filing Fee: \$30,00 | • | | INSURUCE |
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| (FORM MUST BE TYPED OR P. | | | | | |
| 1. Carparate ID No. 68095 | 2. Name of Corpor | | | | |
| 3. Street Address Principal Busi | DOM N & 1 | ular Movers Inc. | | | |
| I MA = 11 | ness Office | | City | State D | Zip On Col |
| 4. Business Phone No. | 21 | | HOPE | 1/ | 02831 |
| | MC-MI | S. State of Incorporation | | | 6. SIC Code |
| 7. Brief Description of the Char | acter of Business Confluence | RHODE ISLA | ND | | 6638 |
| MOVE/MODULAR | HAWATE / TAA | 11 50/ / 261 | IPIMENT | | |
| 8. NAMES AND ADDR | | ICERS ("X" BOX FOR ATT | | EC BETORE HOMO AND | |
| President Name | _ | | Vice President Name | ES BEFORE USING ATTA | CHMENTS |
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| 1/0/6 | | 12431 | | | |
| Secretary Name | | · | Treasurer Name | 4.14 | • |
| Street Address | | | 9 | PME | |
| 5 | AME | | Street Address | | |
| City | State | Zip | City | State | ZIp |
| | | | | • | 2.19 |
| 9. NAMES AND ADDR | ESSES OF THE DIR | ECTORS ("X" BOX FOR A | TTACHMENT) FILL IN SPA | CES BEFORE USING AT | TACHMENTS |
| Director Name FRFF | 1111/ N | -, , , , <u>, , , , , , , , , , , , , , , </u> | Director Name | | |
| I (LL) Street Address | MAN DE | WARE | | | |
| 1 MA | 711 (7 | | Street Address | | |
| City | MAN DE IN ST State AZ | Zin | City | | |
| HODE | AZ | 02F3/ | City | State | Zip |
| Director Name | • • | 0 - 4 - 7 | Director Name | • | • |
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| Street Address | | | Street Address | | |
| a. | | | | | |
| City | State | Zip | City | State | Zip |
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| 4,000 NO PAR VALUE | | | NONG- | | |
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| his report must be sig | ned in ink by eith | er the President Vice | e President, Secretary, As | cictant Cocentant T | man Danier - m |
| | , == ================================= | Troblacht, Ticl | | sistant secretary, irea: | outer, Receiver or Itus |



| File Date: | |
|---------------------------------|--|
| Check No.: 1176 | |
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| OR SECRETARY OF STATE LISE ONLY | |

| | declare and affirm that I have examined |
|---|--|
| this report, including any a | eccompanying schedules and statements, and |
| that all statements contained | ed herein are true and correct. |
| Full significant Significant of Officer | Wentur 1/8/03 |
| Signbture of Officer | Date |
| FREEMAN | DEWARE |
| Print of Type Name of Officer | |
| Msuly | |
| Title of Officer | 5 (30 (344) |



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

| PROFIL CORPORATION | ANNUAL KEPUKI | ruk | THE YEAR | 201 |
|------------------------------------|---------------------|-----|----------|-----|
| Filing Perlod: January 1-March 1 • | Filing Fee: \$50.00 | | 1 | |
| (FORM MUST BE TYPED IN BLACK) | | | 1 | |

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|-----------------------|---|--|---|--|
| 2. Name of Corpor | ation | | • | · |
| F & R Mod | ular Movers Inc. | | | |
| ffice | | Спу | State | Zip |
| | 5. State of Incorporation | Норе | ŔI | 02816 6. SIC Cade |
| of Ausiness Conducted | | D | | 6638 |
| lar home: | s/ trailers/ e | quipment | | |
| | • | | BEFORE USING ATT | ACHMENTS |
| | | None Street Addiess | | |
| State | Zip | City | State | Zip |
| RI | 02816 | | | |
| • • | | Treasurer Name | • • • • | · · · · · · · · · · · · · · · · · · · |
| | | Freeman Dew | are | |
| | | 15 Metro Dr | rive | |
| State RI | ^{Zip} 02816 | Coventry | State RI | ^z / ₀ 02816 |
| ES OF THE DIR | RECTORS ("X" BOX FOR AT | | S BEFORE USING A | TTACHMENTS |
| | | | | • |
| | | Street Address | | |
| State | Zip | City | State | ZIp |
| | | Director Name | •• | •• |
| 2 | | N | lone | |
| | | Street Address | | |
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| (*X* BOX FOR AT | TACHMENT) | | X* BOX FOR ATTACHM | ENT) |
| | F & R Mod F & F & F & F & R Mod F & F & F & R Mod F & F & F & F & R Mod F & F & F & F & R Mod F & F & F & F & R Mod F & F & F & F & R Mod F & F & F & F & R Mod F & F & F & F & R Mod F & F & F & F & R Mod F & F & F & F & R Mod F & F & F & F & F & R Mod F & F & F & F & F & R Mod F & F & F & F & F & R Mod F & F & F & F & F & R Mod F & F & F & F & F & F & R Mod F & F & F & F & F & F & F & R Mod F & F & F & F & F & F & F & F & F & F | F&R Modular Movers Inc. F&R Modular Movers Inc. | 2. Name of Carporation F & R Modular Movers Inc. (ffice City Hope 5. State of Incorporation RHODE ISLAND If Ausiness Conducted in Rhode Island 11 ar homes/ trailers/ equipment ES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES Vice President Name None Street Address State Zip City RI 02816 Treasurer Name Freeman Dew Street Address 15 Metro Dr State Zip Coventry ES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE Director Name None Street Address State Zip City Director Name None Street Address State Zip City Director Name None Street Address State Zip City Director Name City Director Name None Street Address State Zip City Director Name 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | F&R Modular Movers Inc. Iffice City State Hope RI S. State of Incorporation RHODE ISLAND If Business Conducted in Rhode Island Dilar homes/ trailers/ equipment ES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATT Vice President Name None Street Address State Zip City State State Zip City State State Zip Coventry RI ES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Address 15 Metro Drive City State RI Coventry RI ES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Address None Street Address State Zip City State None Street Address State None Street Address |

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

LSSUED SHARES

Number of Shares

None



Class/Series

Par Value

FOR SECRETARY OF STATE USE ONLY

Number of Shares

4,000 NO PAR VALUE

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 hereig

Class/Series

Par Value



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 B | | ************************************** | | | INSTRUCT |
|---|----------------------------|---|---|---------------------------|---------------------------------|
| 68095 | F & R Mod | iular Movers Inc. | | | |
| 3. Street Address Principal Busine Mury 4. Business Phone No. | P.O. Bur | S. State of Incorporation RHODE ISLAND | HOPE | State RI | ^{Zip} U283/ 6.88586 |
| HOL & S. S. O P. Brief Description of the Charac HOWL M 8. NAMES AND ADDRI | well by Buspiess Monducied | in Rhode Island Fouls | | | |
| President Name | ESSES OF THE OFF | ICERS ("X" BOX FOR ATTACH | MENT) FILL IN SPAC Vice President Name | ES BEFORE USING ATTA | CHMENTS |
| KOBIN | LEROUX | | NO | INE | |
| 52 TAF | T STRE | ET | Street Address | | |
| COVENTRY | State RI | 02816 | City | State | Zip |
| treet Address | LEROU | <i>' Y</i> | Treasurer Syme RoBIV Street Address | LEROUX | • • • •• |
| 52 TAF | r st | | | er st | |
| COVENTRY | State RI | 02816 | CHY LE OVENT | TRY RI | zip 028/6 |
| F. NAMES AND ADDRE Director Name | SSES OF THE DIRE | ECTORS (*X* BOX FOR ATTAC | CHMENT) FILL IN SPA Director Name | CES BEFORE USING AT | ACHMENTS |
| itreet Address | onl | _ | Stieel Addiess | one | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| treet Address | | | Street Address | | |
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| O. SHARES AUTHORIZ UTHORIZED SHARES | ED ("X" BOX FOR ATTA | ACHMENT) | 11. SHARES ISSUED |) (*X* BOX FOR ATTACHMEN | τ) |
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| | nea in ink by eith | er the President, Vice Pr | esident, Secretary, A | ssistant Secretary, Treas | urer, Receiver or Trus |

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| Check No.: | 2443 |
| By: | Zi |
| | DF 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 berein are true and correct. Signature of Officer



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. 2. Name of Corporation 68095 & R Modular Movers Inc. 3. Street Address Principal Business Office P.O. Box 120 Imain Street 4. Business Phone No. 401-828-08*04* 6638 RHODE ISLAND 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 Non Vice President Name 120A-C Street Address City Zip State City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address City State Zio City State Zip Director Name Director Name Street Address Street Address City Zio State City State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 4,000 SHS NO PAR VALUE 10 Pal

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

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| File Date: | MAR U 2 2000 |
| Ву: | SECT OF STATE |
| 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 II statements contained have a set true and correct.

| that all statements contained herein are true | and correct. |
|---|--------------|
| Rock our | 3/8/00 |
| Signature of Officer | Date |
| Robin Leroux | |
| Print or Type Name of Officer | |
| | |

Title of Officer



Jumes 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

1999

STOP PLEASE READ INSTRUCTIONS

| (FORM MUST BE TYPED IN BL) | (CK) | | | | |
|---|--|------------------------------------|-------------------------------------|-----------------------------|--|
| 1 Corporate ID No 68095 | 2. Name of Corporation F & R Modula | r Movers Inc. | | | |
| 4. Business Phone No. (401) & T. 7. Brief Description of the Characte | OFOY rol Business Conducted in Ri | , | Hope | State RT | 2ip |
| #C \ \(\sigma \) 8. NAMES AND ADDRES | odular of session of the office | LLONCO ERS ("X" BOX FOR ATTACHN | (ENT) FILL IN SPACE | S BEFORE USING ATTACH | MENTS |
| President Name | Leron | <u>~</u> . | Vice President Name | None | |
| Street Address | G S+ | ~ | Street Address | | |
| Coventry | State C. | 7ip O.J. & 16 | City | State State | Zip |
| Secretary Name | Lerous | | Treasurer Name | Leron | ······································ |
| Street Address 52 Ta | C+ S+ | | _ | Taft St | |
| Coverto | State RI | 02816 | Coventy | State RI | 028/6 |
| 9. NAMES AND ADDRES Director Name | SES OF THE DIRECT | TORS ("X" BOX FOR ATTAC | HMENT) FILL IN SPA Director Name | CES BEFORE USING ATTAC | CHMENTS |
| Street Address | 20ne | | Street Address | Non- | e : |
| City | : State | Zip | City | State | Zip |
| Director Name Street Address | 10ne | | Director Name Street Address | None | |
| City | State | Zip | City | State | Zıp |
| 10. SHARES AUTHORIZE | D ("X" BOX FOR ATTACE | IMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMENT) | ्र • |
| Number of Shares 4,000 SHS NO PAR | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 4,000 ONO NO PAR | VALUE | | Non |) C . | |
| This report must be sign | n ed in ink by either | the President, Vice Pr | esident, Secretary, As | ssistant Secretary, Treasur | er, Receiver or Trustee |
| 19811 | B Ellet Ibili 2010 (Blet 2011 | 188! | - | · | |
| | | | | | |

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 Date
Robin Lesour

Title of Officer



(FORM MUST BE TYPED IN BLACK)

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

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

I. Corporate ID No. 2. Name of Corporation 68095 F & R Modular Movers Inc. $\gamma \alpha i \gamma$ RHODE ISLAND 6638 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 Vice President Name 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name NON Street Address Street Address City 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) 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

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.: | 1419 | | |
| Ву: | <u> </u> | | |
| 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.



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. 2. Name of Corporation 68095 F & R Modular Movers Inc. 3. Street Address Principal Business Office P.O. BOX 120 1 main 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-828-0804 **RHODE ISLAND** 6638 7. Brief Description of the Character of Business Conducted in Rhode Island Hawling modular Homes 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE None

City State Director Name Director Name

City

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Street Address

Street Address

Street Address

City State Zip

Street Address

State

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

AUTHORIZED SHARES Number of Shares Class/Series Par Value

ESSUED SHARES Number of Shares

Class/Series

Par Value

Zip

4,000 SHS NO 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: | 7-3-97 |
| Check No.: | 114 |
| By:FOR SECRETA | RY 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.

F T CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
nce, Rhode Island, 02903-1335 • (401) 2

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Filing Period: January 1-March 1

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For Secretary of State Use Only

| iling Fee: \$50.00 | -William I | | 4 | Trovidence, Raiode Isl | rand 02903-1335 + (401) 277-30 |
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| 1. CORDRATE D NO. | 2. MAKE OF CORPORATION | PLEASE TYPE OR P | RINT IN BLACK INK. | | |
| 68095 | • | Modular Morres | • | | *************************************** |
| 3 STRET ACIDRESS PRINCIPAL BUSINESS OF | FROE | Modular Movers | Inc. | STATE | ĎP CODE |
| (BUSINESS PHONE 110. | St. | S STATE OF PROORPORATION | ! Hope | RI | 1 5360: |
| (401) 828- (| 0804 | RHODE ISI | AND | | 6638 |
| | ol modolo | er Home | | | |
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| Presi | This dent, Vice Preside | report must be SIGNE nt, Secretary, Assistan | ED IN INK by either that Secretary, Treasurer, | e Popolius - T | |
| | | - | Under penalty of | l periuse I doeless and ne | rm that I have examined this |
| | | 1 | report, including all statements co | any accompanying scheduntained herein are true and | rm that I have examined this ales and statements, and that d correct. |
| File Date: 2-29- | 96 | ! | Signature of Office | cer | enso |
| Check No: | | | Rob | in Lero | ur |
| 5 | | · | Print or Type Nam | ne of Officer | |

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

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: | 0068095 | Annual Report for the year: |
|---|---|---|
| Name of Corporation | F & R Modular Mov | • |
| Business entity organize For foreign entity, addre | ess and telephone number of principal office: | Business Entity is (check one): [Business Corporation (See RIGL Chapter 7-1.1) [Professional Service Corporation (See RIGL Chapter 7-5.1) |
| Island (Provide street ad 960 T; | of the principal office of business entity in Rhode ddress - Not P.O. Box): OGUE. AUC TRY. R. O.J. 8/6 | Transportation of modular |
| Phone: (401) 8 | 28-080Y | |
| PRESIDENT | THE NAMES | OF THE OFFICERS ARE: OFFICERS ARE: |
| Pobin I | Lerour 52 To | |
| F-REMAN SECRETARY | | etto Dr. Coventry CI 2876 TREET ADDRESS CITY/STATE OF TIP COOF |
| TREASURER | <u> </u> | TREET ADDRESS CITY/STATE ZIP CODE |
| NAME | THE NAMES | OF THE DIRECTORS ARE: |
| .,,,,,,,, | , | TREET ADDRESS CITY/STATE ZIP CODE |
| NAME | WI | TREE ADDRESS CITY-STATE Z-P-CODE. |
| NAME | | REET ADDRESS CITY/STATE 7JP CODE |
| NUMBER OF SHARES | AUTHORIZED (Rider may be attached) | NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) |
| Number of Shares | Class / Series | Number of Shares Class / Series |
| 4000 | without par vale | N/A |
| Date | 3/10 , 19 SS E | Robin Lerour |
| Form 31 1/95 | - | RINT OR TYPE NAME OF OFFICER SIGNING |
| DIELON NOTE 10: | | ED AGENT FOR SERVICE OF PROCESS: |
| PLEANE NOTE: If the | registered office and/or registered agent indicate | od balani je imagregat. Karon () most ka filad |

FREEMAN DEWARE

960 TIOGUE AVENUE COVENTRY RI 02816 E Saus Good South

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Filling free \$50.00. Payable to Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

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

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| 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 | Business Entity is (check one) |
| Federal Taxpayer Identification Number _C\$\(\sigma \frac{546}{57} \frac{38}{38}\) | Business Corporation (See RIGL Chapter 7.1.1) |
| For foreign entity, address and telephone number of principal office | [] 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 |
| | _ *** *** |
| Address and telephone of the concepts of figure 1. | Coventry RI walls |
| Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): | · — — · — — — — — — — — — — — — — — — — |
| - 960 Tugue Ave | Buck statement of the character of business conducted in Rhode Island - Moving Modular Houses |
| - Coventy RI 028/6 | |
| | Date of Organization: |
| Phone 1 <u>401 5 3 8 0 504</u> | Date of Qualification to do business in Rhode Island (if foreign entity) |
| THE NAME | |
| THE NAMES OF THE NAMES OF THE NAMES | S OF THE OFFICERS ARE: |
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| | Z PC(0): |
| SAME THE NAMES OF | OF THE DIRECTORS ARE: STREET ADDRESS |
| NAVE | C-TYSTA (b. 719 COR |
| | ZIF COG |
| | TREEL VIDUESC CITOVIATE AND LOOP |
| NUMBER OF SHARES AUTHORIZED (If Applicable) | NUMBER OF SHARES ISSUED AND OUTSTANDING (II Applicable) |
| NUMBER 4000 | NUMBER |
| CLASS | CLASS |
| SERIES | SERIES |
| PAR VALUE OR | |
| WITHOUT PAR LANGOST PAR | PAR VALUE OR WITHOUT PAR |
| | |
| Date | W. Jak Jewy |
| a management of the control of the c | Robin Leroux |
| Ps(| DOLO J. J. L. DOLO DELCE SECURG |
| <u> </u> | |
| [N=91 194 | |
| DESIGNATED REGISTERED OR RE | ESIDENT AGENT FOR SERVICE OF PROCESS: |
| *UnASE NOTE: If the Corporation has changed its registered office and | d/or registered or resident agent, bornt 9 or Form LLC 3 must be filed |

FREEMAN DEWARE 960 TIOGUE AVENUE COVENTRY RI 02816 FILED JUL 0 5 1994

CH#673

243 JB.

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 IE | 0058095 | ***** | | Annual Report for | the year | 1993 |
|-------------------------|---------------------------------|--------------------|---------------|-----------------------|---|---|
| First: | The name of the corpor | ation is | | R Modular i | | |
| SECOND | : It is incorporated und | er the laws of | Rha | le Isla | ncl | |
| THIRD: | Character of business, b | oriefly stated, is | Han | ling mo | dula | Hones |
| Fourth | : If foreign corporation | address of its | principal off | ice N/A | ······································ | |
| Г ІЕТ Н : | Business address in Rhoo | de Island | 960 RI | 71054 | 2 Ac | <u>e</u> |
| | Names and addresses of | | | Address (including | (A | ttach rider if necessary) |
| | | _ | | | | |
| Robin | Leroux | Vice Presid | 52 | TAP S | t Cc | verty E |
| SEVENTH: | Number of Shares autl | Treasurer | ************ | | *************************************** | |
| No. of Share | es Class | | | Series PAI(| or s share | Par Value tatement that es are without par value |
| EIGHTH: | Number of Shares issued | l: | | JAN 2 0 SEC'Y OF S | STATE or st | Value Par Value atement that s are without par value |
| Dated | 1/ 22 19 | | F-+R | Modular | Move | us Inc. |
| (Repo | ort must be signed by an office | | y Co | Preside | Lecor W. | |