AMENDED

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 2005

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

1. Corporate ID No.	2. Name of Corporation		
99895	G. L. LAPIERRE & COMPANY, INC.		
3. Street Address Principal Business Office	City	State	Zip
673 DOUGLAS PIKE	HARRISVILLE	RI	02830
4. Business Phone No.	5. State of Incorporation		6. SIC Code
401-568-0994	RHODE ISLAND		7914

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

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

President Name	Vice President Name
GERALD LAPIERRE	JILL LAPIERRE
Street Address: 673 DOUGLAS PIKE	Street Address: 673 DOUGLAS PIKE
City: HARRISVILLE State: RI Zip: 02830	City: HARRISVILLE State: RI Zip: 02830
Secretary Name	**Treasurer Name**
LISA TOBIAS	SCOTT DUQUETTE
Street Address: 76 READ AVENUE	Street Address: 2285 OLD VICTORY HIGHWAY
City: COVENTRY State: RI Zip: 02816	City: HARRISVILLE State: RI Zip: 02830

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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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*
6000	NO PAR VALUE				

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

[redacted] [redacted]

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.

Gerald L. Lapierre 9/10/05
Signature of Officer *Date*

GERALD LAPIERRE
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date	10/13/05
Check No.	
By:	

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