



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)

Form with sections: 1. Corporate ID No. (72670), 2. Name of Corporation (Warren's Island Painting Co.), 3. Street Address (5 Kempfen Street), 4. Business Phone No. (401 849 7048), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (257), 7. Brief Description of Business (GENERAL PAINTING AND WATERPROOFING CONTRACTORS AND DECORATORS), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: David Warren, Vice President: None, Secretary: None, Treasurer: Sheila Warren), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: David Warren, Director: Sheila Warren), 10. SHARES AUTHORIZED (4,000 NO PAR VALUE), 11. SHARES ISSUED (2,000 Common).

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



72670

File Date: FILED 2252
Check No.: MAY 17 2005
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 of Officer: [Signature] Date: 2.19.05
Print or Type Name of Officer: DAVID B. WARREN
Title of Officer: PRESIDENT



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 02903-1331
401.222.3041

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: 72670
2. Name of Corporation: Warren's Island Painting Co.
3. Street Address Principal Business Office: 5 Kempson Street, City: Newport, State: RI, Zip: 02840
4. Business Phone No: (401) 849-7048
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 257

7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL PAINTING AND WATERPROOFING CONTRACTORS AND DECORATORS.

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS
President Name: David Warren, Vice President Name: NONE
Secretary Name: NONE, Treasurer Name: Sheila Warren

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS
Director Name: David Warren, Director Name: Sheila Warren

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [] AUTHORIZED SHARES: 4,000 NO PAR VALUE
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES: 2,000 Common None

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



* 7 2 6 7 0 *

File Date: 1-26-04
Check No.: 20929
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 of Officer: David B. Warren, Date: 1/16/04
Print or Type Name of Officer: DAVID B. WARREN
Title of Officer: PRESIDENT



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. **72670** 2. Name of Corporation **Warren's Island Painting Co.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
4. Business Phone No. **5 Kempson Street** 5. State of Incorporation **Newport** RI 6. SIC Code **02840**
(401) 849-7048 **RHODE ISLAND** **257**
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

Painting and waterproofing
President Name **David Warren** Vice President Name **NONE**
Street Address _____ Address _____
City **5 Kempson Street** State _____ Zip _____ City _____ State _____ Zip _____
Secretary Name **Newport** RI **02840** Treasurer Name _____
Street Address **NONE** **Sheila Warren**
City _____ State _____ Zip _____ **5 Kempson Street** State _____ Zip _____

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

Director Name **David Warren** Director Name **Sheila Warren**
Street Address _____ Address _____
City **5 Kempson Street** State _____ Zip _____ City **5 Kempson Street** State _____ Zip _____
Director Name **Newport** RI **02840** Director Name **Newport** RI **02840**
Street Address **NONE** 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 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2,000 Common None

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



File Date: 1-31-03
19309
Check No: _____
By: lp
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.

David B. Warren 1-24-03
Signature of Officer Date
DAVID B. WARREN
Print or Type Name of Officer
OWNER/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. 72670 2. Name of Corporation Warren's Island Painting Co.
3. Street Address Principal Business Office 5 Kempson Street City Newport State RI Zip 02840
4. Business Phone No. (401) 849-7048 5. State of Incorporation RHODE ISLAND 6. SIC Code 257

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

Painting and waterproofing

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

President Name <u>David Warren</u> Street Address <u>5 Kempson Street</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>	Vice President Name <u>NONE</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>NONE</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Treasurer Name <u>Sheila Warren</u> Street Address <u>5 Kempson Street</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>

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

Director Name <u>David Warren</u> Street Address <u>5 Kempson Street</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>	Director Name <u>Sheila Warren</u> Street Address <u>5 Kempson Street</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>
Director Name <u>NONE</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u>NONE</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>4,000</u>	<u>NO PAR</u>	<u>VALUE</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>2,000</u>	<u>Common</u>	<u>None</u>

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

File Date: 1/28/02
Check No.: 17620
By: DAE

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.

David B. Warren
Signature of Officer Date
DAVID B. WARREN
Print or Type Name of Officer
PRESIDENT - OWNER
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. **72670** 2. Name of Corporation **Warren's Island Painting Co.**
3. Street Address Principal Business Office **5 Kempson Street** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 849-7048** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **257**

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

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

President Name David Warren	Vice President Name NONE
Street Address 5 Kempson Street	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name NONE	Treasurer Name Sheila Warren
Street Address	Street Address 5 Kempson Street
City State Zip	City Newport State RI Zip 02840

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

Director Name David Warren	Director Name Sheila Warren
Street Address 5 Kempson Street	Street Address 5 Kempson Street
City Newport State RI Zip 02840	City Newport State RI Zip 02840
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

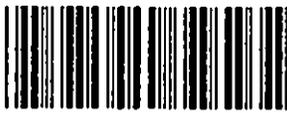
Number of Shares	Class/Series	Par Value
4,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2,000	Common	None

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



* 7 2 6 7 0 *

File Date: 1/29
Check No.: 15947
By: DC

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.

David B. Warren 1-24-2001
Signature of Officer Date
DAVID WARREN
Print or Type Name of Officer
Owner - Pres. DWT
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. **72670** 2. Name of Corporation **Warren's Island Painting Co.**
3. Street Address Principal Business Office **5 Kempson Street** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 849-7048** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **257**
7. Brief Description of the Character of Business Conducted in Rhode Island
Painting and waterproofing

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

President Name David Warren			Vice President Name NONE		
Street Address 5 Kempson Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name NONE			Treasurer Name Sheila Warren		
Street Address			Street Address 5 Kempson Street		
City	State	Zip	City Newport	State RI	Zip 02840

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

Director Name David Warren			Director Name Sheila Warren		
Street Address 5 Kempson Street			Street Address 5 Kempson Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

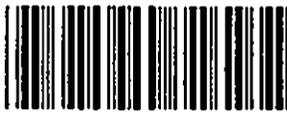
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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
2,000	Common	None

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



* 7 2 6 7 0 *

File Date: 1/12/00

Check No.: 14376

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.

Sheila Warren 12-04-00
Signature of Officer Date

Sheila A. Warren
Print or Type Name of Officer

Treasurer
Title of Officer

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. 72670		2. Name of Corporation Warren's Island Painting Co.		
3. Street Address Principal Business Office 5 Kempson Street		City Newport	State RI	Zip 02840
4. Business Phone No. (401) 849-7048		5. State of Incorporation RHODE ISLAND		6. SIC Code 257
7. Brief Description of the Character of Business Conducted in Rhode Island Painting and waterproofing				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name David Warren		Vice President Name NONE		
Street Address 5 Kempson Street		Street Address		
City Newport	State RI	Zip 02840	City	State
Secretary Name NONE		Treasurer Name Sheila Warren		
Street Address		Street Address 5 Kempson Street		
City	State	Zip	City Newport	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name David Warren		Director Name Sheila Warren		
Street Address 5 Kempson Street		Street Address 5 Kempson Street		
City Newport	State RI	Zip 02840	City Newport	State RI
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
4,000 SHS NO PAR VALUE			2,000	Common
				None

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



File Date: March 1, 99
Check No.: 12795
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.

Sheila A. Warren 02-05-99
Signature of Officer Date
Sheila A. Warren
Print or Type Name of Officer
Treasurer
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. **72670** 2. Name of Corporation **Warren's Island Painting Co.**
3. Street Address Principal Business Office **5 Kempsen Street** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 849-7048** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0257**

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

Painting and waterproofing

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

President Name David Warren Street Address 5 Kemper Street City Newport State RI Zip 02840 Secretary Name NONE Street Address City State Zip	Vice President Name NONE Street Address City State Zip	Treasurer Name Sheila Warren Street Address 5 Kemper Street City Newport State RI Zip 02840
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name David Warren Street Address 5 Kemper Street City Newport State RI Zip 02840	Director Name NONE Street Address City State Zip
Director Name Sheila Warren Street Address 5 Kemper Street City Newport State RI Zip 02840	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 SHS	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	2,000	Common	None

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



File Date: 2-12-98
Check No.: 10812
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: Sheila A. Warren Date: 1-29-98
Print or Type Name of Officer: Sheila A. Warren
Title of Officer: Treasurer



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. **72670** 2. Name of Corporation **Warren's Island Painting Co.**

3. Street Address Principal Business Office **5 Kempson Street** City **Newport** State **RI** Zip **02840**

4. Business Phone No. **(401) 849-7048** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0257**

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

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

President Name David Warren	Vice President Name NONE
Street Address 5 Kemper Street	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name NONE	Treasurer Name Sheila Warren
Street Address	Street Address 5 Kemper Street
City State Zip	City Newport State RI Zip 02840

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

Director Name David Warren	Director Name NONE
Street Address 5 Kemper Street	Street Address
City Newport State RI Zip 02840	City State Zip
Director Name Sheila Warren	Director Name NONE
Street Address 5 Kemper Street	Street Address
City Newport State RI Zip 02840	City State Zip

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
4,000 SHS NO PAR VALUE	2,000 COMMON NONE

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



File Date: 3.3.97
Check No.: 9396
By: TP

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.

Sheila A. Warren 2-24-97
Signature of Officer Date
Sheila A. Warren
Print or Type Name of Officer
Treasurer
Title of Officer

**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) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 72670		2. NAME OF CORPORATION Warren's Island Painting Co.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 5 Kempsen Street		CITY Newport	STATE RI		
		ZIP CODE 02840			
4. BUSINESS PHONE NO. (401) 849-7048		5. STATE OF INCORPORATION RHODE ISLAND			
6. SIC CODE 8888					
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Painting and waterproofing.					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME David Warren		VICE PRESIDENT NAME			
STREET ADDRESS 5 Kemper Street		STREET ADDRESS			
CITY Newport	STATE RI	ZIP CODE 02840			
SECRETARY NAME		TREASURER NAME Sheila Warren			
STREET ADDRESS		STREET ADDRESS 5 Kemper Street			
CITY	STATE	ZIP CODE			
			CITY Newport		
			STATE RI		
			ZIP CODE 02840		
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME David Warren		DIRECTOR NAME			
STREET ADDRESS 5 Kemper Street		STREET ADDRESS			
CITY Newport	STATE RI	ZIP CODE 02840			
DIRECTOR NAME Sheila Warren		DIRECTOR NAME			
STREET ADDRESS 5 Kemper Street		STREET ADDRESS			
CITY Newport	STATE RI	ZIP CODE 02840			
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		2,000	Common	None

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: 3/1/96
Check No.: 7955
By: KP

Signature of Officer: *David Warren*
Print or Type Name of Officer: David Warren
Title of Officer: President

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



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

0072670

1995

Corporate ID: _____ Annual Report for the year: _____

Warren's Island Painting Co.

Name of Corporation: _____

Business entity organized under the laws of the State of: RI Business Entity is (check one):

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

painting and waterproofing

Phone: () _____

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

5 Kempsen Street

Newport, RI 02840

Phone: (401) 849-7048

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
David Warren	5 Kemper Street	Newport, RI	02840

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Sheila Warren	5 Kemper Street	Newport, RI	02840

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
David Warren	5 Kempsen Street	Newport, RI	02840

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Sheila Warren	5 Kempsen Street	Newport, RI	02840

NAME	STREET ADDRESS	CITY/STATE	ZIP 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
4,000	common / no par	2,000	common / no par

Date 02-08 19 95

By: Sheila C. Warren

Sheila A. Warren

PRINT OR TYPE NAME OF OFFICER SIGNING

Treasurer
 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.

TURNER C. SCOTT
 122 TOURO STREET
 NEWPORT RI 02840

PAID

JUN 05 1995

SEC'Y OF STATE

Ch # 386 mac

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

CA# 6008 mac
2500

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

Corporate ID: 0072670 Annual Report for the year: 1994

Name of Business Entity: Warren's Island Painting Co.

Business entity organized under the laws of the State of RI
Federal Taxpayer Identification Number [REDACTED]
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)
5 Kempsen Street
Newport, RI 02840
(401) 849-7048
Phone (_____) _____

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:
Turner C. Scott, Esquire
122 Touro Street
Newport, RI 02840
Brief statement of the character of business conducted in Rhode Island:
painting and waterproofing
Date of Organization: May 21, 1993
Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER / <input type="checkbox"/> PRESIDENT	_____	_____	_____
<input type="checkbox"/> CHIEF FINANCIAL OFFICER / <input type="checkbox"/> VICE PRESIDENT	_____	_____	_____
<input type="checkbox"/> CLERK OF RECORDS / <input type="checkbox"/> SECRETARY	_____	_____	_____
<input type="checkbox"/> CHIEF FINANCIAL OFFICER / <input type="checkbox"/> TREASURER	_____	_____	_____

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>David Warren</u>	<u>5 Kemper Street</u>	<u>Newport, RI</u>	<u>02840</u>
<u>Sheila Warren</u>	<u>5 Kemper Street</u>	<u>Newport, RI</u>	<u>02840</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
<u>4,000</u>	<u>common</u>	<u>2,000</u>	<u>common</u>
	<u>no par</u>		<u>no par</u>

Date February 1 1994
By Sheila A. Warren
Treasurer

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

TURNER C. SCOTT
122 TOURO STREET
NEWPORT RI 02840

FILED
APR 07 1994
By MEDY