

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 CORPORED Filing Period: January 1 - M. (FORM MUST BE TYPED OR PRIS	farch 1 • Filing	UAL REPORT Fee: \$50.00	T FOR THE YE	AR200	05
1. Corporate ID No. 128001	2. Name of Corporation Sonny Kern's Re	pair Service, Inc.			
3. Street Address Principal Business of P.O. Box 1175	Office		Block Islan	State RI	^{Zip} 02807
4. Business Phone No. 203 - 762 - 96 7. Brief Description of the Character	of Business Conducted in R	5. State of Incorporation RHODE ISLAND backer Island	·	7	6. SIC Code
7. Brief Description of the Character HOME REPAIRS 8. NAMES AND ADDRESSES			CHMENT) ☐ FILL IN	N SPACES BEFORE USIN	G ATTACHMENTS
President Name Cleveland	C. Kern	Jr.	Vice President Name		
P.O. Box 11	15		Street Address		
BlockIsland	State RI	Zip 02807	City	State	Zip
Screet Address	2. Kern, -	<u> </u>	Treasurer Name	J. C. Kern,	Jr.
\sim $^{\prime}$	15		Street Address P.O. Box	1175	
Block Island 9. NAMES AND ADDRESSES	State RI OF THE DIRECTORS	21p 62807	Block Islan	State	02 807
Director Name	C. Kern	_	Director Name	IN SPACES BEFORE US	ING ATTACHMENTS
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Block Island	State RI	^{Zip} りつ807	City	State	Zip
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Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ISSUED SHARES	 ("X" BOX FOR ATTACH	IMENT)
Number of Shares	Class Series F	Par Value	Number of Shares	Class/Series	Par Value
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This report must be si	gned in ink by either	the President, Vice Pr	esident, Secretary, Assist	ant Secretary, Treasurer.	Receiver or Trustee
			Under penalty of pe including any acco	rjuly 1 declare and affirm th	nat I have examined this report, ements, and that all statements
File DateFIL			contained herein fro	cyrus aydd cyfrecs.	4/16/2005
Check No. APR 1 S	2005 213		Signature of Officer	J C. Kern	Date!
Ву	<u>M3</u>		Print or Type Name of	of Officer	, , , , , , , , , , , , , , , , , , ,
FOR SECRETARY OF STAT	E USE ONLY		Title of Officer		



State of Rhode Island and Providence Plantations $Office\ of\ the\ Secretary\ of\ State$

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Filing Period: January 1 - M (FORM MUST BE TYPED OR PRI		ling Fee: \$50.00					
1. Corporate ID No. 128001	2. Name of Corporati	rion S Repair Service, Inc.					
3. Street Address Principal Business Office			City	State	Zip		
P.O. 1175 Co. 4. Business Phone No. 401 — 46. C. — 4	ast Gund	5 State of Incorporation	Blook Islan	d RI	02807		
401-466-	2861	RHODE ISLAN	D		0. 370 Olive		
7. Brief Description of the Character HOME REPAIRS	of Business Conducted	in Rhode Island		**			
8. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT) [FILL I	N SPACES BEFORE USIN	NG ATTACHMENTS		
President Name	_		Vice President Name				
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Coast Gu	und Road		Street Address				
Sonny K Street Address Coast Gu City Block Island	State RI	^{Zip} 02807	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address		.	Same Street Address				
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City City	State	Zip	City	State	Zip		
9. NAMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR A	: TTACHMENT) ~ FILL	IN SPACES BEFORE US	ING ATTACHMENTS		
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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This report must be	signed in ink by ei	ther the President, Vice	President, Secretary, Assis	stant Secretary, Treasurer	, Receiver or Trustee		
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					that I have examined this report.		
* 1	<u>2800</u> NY	1 7*	including any accordained herein a	ompanying schedules and some true and correct.	Atements, and that all statements		
File Date	<u> </u>	-	Signature of Off	John Ke	3/5/04		
Check No		_	Signature of Office	o Colle V.			
By:			Print or Type Name	of Officer	` <u>`</u>		
FOR SECRETARY OF STA	ATE USE ONLY	-	Title of Officer	ident			
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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 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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4. Business Phone No.	eran ayili an iyo garayan ayan ayan ayan ayan ayan ayan aya	5. State of Incorpora		KI	02807	nickementan ;
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Cleveland C. Kern,	Jr.		- None			
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Block Island	RI	02807				
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This report must be signe d	l in ink by eithe	r the President, Vice I	President, Secretary, Assista	int Secretary, Tre	asurer, Receiver or Tr	ustee
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1 2 8	10111		Under penalty of pering	rv-I declare and affir	rm that I have examined	Í
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Militaria de Sevicio de Terro Esperanto.		7.57° c.	and that all gratements	contained herein are	true and correct	
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Charles 12/1		\$1.80 B	Signature of Officer		Date	_
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FOR SECRETARY OF STATE U	INE ONLY		Title of Officer	as y KrantA	Form 630	0.12/01