





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. 128001		2. Name of Corporation Sonny Kern's Repair Service, Inc.			
3. Street Address Principal Business Office P.O. 1175, Coast Guard Road			City Block Island	State RI	Zip 02807
4. Business Phone No. 401-466-2861		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island HOME REPAIRS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sonny Kern			Vice President Name Same		
Street Address Coast Guard Road			Street Address "		
City Block Island	State RI	Zip 02807	City "	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address "			Street Address "		
City "	State	Zip	City "	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sonny Kern			Director Name		
Street Address Coast Guard Road			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) <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
1,000 NO PAR VALUE			100	A	—

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



\* 1 2 8 0 0 1 \*

File Date 3-8-04  
Check No. 165  
By: ICP  
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 3/5/04  
Print or Type Name of Officer President Sonny Kern  
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 02903-1335  
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 IN BLACK)

1. Corporate ID No. 128001		2. Name of Corporation Sonny Kern's Repair Service, Inc.		
3. Street Address Principal Business Office P.O. Box 1175		City Block Island	State RI	Zip 02807
4. Business Phone No. 203-762-9679		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Home Repair Service**

**8. NAME AND ADDRESS OF THE OFFICERS (SEE BOX FOR ATTACHMENT) ■ FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Cleveland C. Kern, Jr.			Vice President Name None		
Street Address P.O. Box 1175			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name Cleveland C. Kern, Jr.			Treasurer Name Cleveland C. Kern, Jr.		
Street Address P.O. Box 1175			Street Address P.O. Box 1175		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807

**9. NAME AND ADDRESS OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) ■ FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Cleveland C. Kern, Jr.			Director Name		
Street Address P.O. Box 1175			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES (SEE BOX FOR ATTACHMENT) ■**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	No Par Value		100	A	0

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



File Date: 4.9.03  
Check No.: 100  
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: 2/25/03  
Print or Type Name of Officer: CLEVELAND C. KERN, JR.  
Title of Officer: President