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Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 315601 (5)

1. Corporation Name  
PRU-LESCO, INC.



Principal Place of Business: 541 PAWTUCKET AVE PAWTUCKET RI 02860  
Mailing Address: 541 PAWTUCKET AVE PAWTUCKET RI 02860-6046

3. Date Incorporated or Qualified: 04/05/1967  
3a. Date of Last Report: 02/09/1996  
4. FEI Number: 05-0314839  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COFFEY, ROBERT N	
STREET ADDRESS	181 COWESETT GREEN DR.	
CITY-ST-ZIP	WARWICK, RI 00000	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	COFFEY, JACQUELYN R	
STREET ADDRESS	181 COWESETT GREEN DR	
CITY-ST-ZIP	WARWICK, RI.	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOTTICELLO, HENRY	
STREET ADDRESS	21 HALLMARK DR	
CITY-ST-ZIP	WARWICK RI	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DOUMATO, GABRIEL	
STREET ADDRESS	64 ALUMNI AVENUE	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOULETTE, GREGORY	
STREET ADDRESS	60 APPLE HOUSE DRIVE	
CITY-ST-ZIP	GRANSTON RI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FIELDER, WILLIAM
3.3 STREET ADDRESS	5 Jerome Avenue
3.4 CITY-ST-ZIP	Warwick, RI 02889
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VIENS, ROBERT
5.3 STREET ADDRESS	1269 North Road
5.4 CITY-ST-ZIP	Dayville, CT 06241
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gabriel Doumato* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 (401) 726-8484  
Date Daytime Phone #

CR2E034 (9/96)