

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 315601

1. Entity Name
PRU-LESCO, INC.



Principal Place of Business

438 E. MAIN RD
301
MIDDLETOWN, RI 02842

Mailing Address

438 E. MAIN RD
301
MIDDLETOWN, RI 02842



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0314839

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DOUMATO, GABRIEL
STREET ADDRESS	123 OCEAN AVENUE
CITY ST ZIP	NEWPORT, RI 02840
TITLE	TD
NAME	PAYNE, GENE L
STREET ADDRESS	650 DOUGLAS AVENUE., SUITE 1026
CITY ST ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	SYDLOWSKI, PAUL
STREET ADDRESS	456 POPPASQUASH ROAD
CITY ST ZIP	BRISTOL, RI 02809
TITLE	D
NAME	VIENS, ROBERT
STREET ADDRESS	1269 NORTH ROAD
CITY ST ZIP	DAYVILLE, CT
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/20/04-80044-003 150.00

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gabriel Doumato Gabriel Doumato

Date

Daytime Phone #

1/9/04 (401) 851-6920