

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

Toporate ID No. 2. Name of Corporation Middle Bridge	Fnc		Zip	
ireet Address Principal Business Office Roal	NARRAGANSEIT	State C-±	0988 Z	
Business Phone No. 5. S	State of Incorporation			
	hodo Island			
Brief Description of the Character of Business Conducted in Rhode				
NAMES AND ADDRESSES OF THE OFFICERS: ("X	(" BOX FOR ATTACHMENT)   FILL IN S	PACES BEFORE USING A	TTACHMENTS	
sident Name	vice President Name	Vice President Name		
Kobert E Eddy	Savest Address	Sweet Address		
eer Address 95 Middle bridge Ro	oad 11 YELLOW	BIRCH Road	Zip	
Narvaganse H State Rt Zip	02882 Chy Narragans	sett State RI	2º0088 x	
Susan E. Prevce	Robert	Treasurer Name Robert E. Eddy		
385 DOROT ROOM	Street Address			
ity State Zij.		State	Zip	
MASON NH	OBOYEOR ATTACHMENT): THE	n spaces before using	ATTESHMENTS	
NAMES AND ADDRESSES OF THE DIRECTORS:	Director Name		<b>9</b> 6	
rector Name Robert E Edd/			<u>- 통 공학</u> 유	
reet Address 95 Middlebuidae Rd	Street Address			
95 Middlebridge Kd	in City	State	Zip	
Navragansett RI	୍ ବଞ୍ଚ ବ୍			
irector Name	Director Name			
Address	Street Address	<u> </u>	CO 117	
treet Address		State	Zip	
ity State Z	ip City	State	2.4	
 D. SHARES AUTHORIZED <i>("X" BOX FOR ATTACH</i>	MENT)	CX BOX FOR ATTACH	HMENT)	
UTHORIZED SHARES		SECTION MUST BE COMPLETED		
	ar Value Number of Shares	Class/Series	Par Value	
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300 COMM NO PAR VAL	OE / CE	CALLY MILLS FOR THE	1,000	
	ration by an authorized representative. If the			

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F	OR SECRETARY OF STATE US	E ONLY		

Inder penalty of perjury, I declare and neluding any accompanying schedule	I affirm that I have examined this report, s and statements, and that all statements
contained herein are true and correct.	0.0
Ralet & E	8/28/07
lignature	Date
Robert E. 1	<u> </u>
Print or Type Name	
President	<u> </u>
Title	Form 630 Rev. 08/06