

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

* In accordance with R.I.G.L 7-1.2-1501(e), each corporation falling or refusing to file its annual report within thirty (30) days after the time prescribed by				
law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation				
1417/ VAN & COMPANY I	NC.	· _ · · · · · · · · · · · · · · · · · ·	726	
3. Street Address Principal Business Office	City D	State OT	02860	
547 WEEDEN STREET	TAWTUCKET		02000	
4. Bustness Phone No.				
6. Brief Description of the Character of Business Conducted in Rhode Island				
MANUFACTURING OF WOOD CASES - INDUSTRIAL, MEDICAL, ETC. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name	Vice President Name	1/2 Hran	ح ا	
ALBERT P. VAN HERPE	KOBERT L.	VAN HERP	E	
Street Address 18 LAKEVIEW DRIVE	Street Address PRAY F	TILL ROAD		
CHERROUSE State RI 210 02814	CHEPACHET	State RI	02814	
Secretary Name ROBFRT L. VAN HERPE	Treasurer Name ALBERT P	VAN HERPE		
Street Address	Street Address			
146 PRAY HILL ROAD	18 LAKEVIEW	DRIVE		
CHEPACHET State RI 21 02814	CHEPACHET	State RI	202814	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name	Director Name			
HLBERT F. VANITERPE	Street Address			
Street Address AVEVIEW DRIVE	OFF CONTRACTOR			
State O Zib .	City	State	Zip	
CHEPACHET RI 102814	6 6 7 84271100000000000000000000000000000000000			
Director Name	Director Name			
ROBERT L. VANHERPE	Charles & Advances	<u></u>		
Street Address PRAY HILL ROAD	Street Address			
City State D Zip 40 St. (City	State	Zip	
CHEPACHET KI 100814			ļ	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)	10. SHARES ISSUED ("X"	BOX FOR ATTACHME	NT)	
AUTHORIZED SHARES	ISSUED SHARES — THIS SECTION		I	
Number of Shares Class/Series Par Value	Number of Shares	Class/Series	Par Value	
1,000 No PAR VALUE	1,000	Common		
		<u> </u>	<u> </u>	
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.				

	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.
File Date	Celled Vanterpe
JAN 2 5 2008	Signature Date
Check No.	MATOT O VALHEBOT
NO 63/1/	ALDENI P. VAN FIERTE
By 1/2	Print or Type Name
Ву:	- POESNENT
FOR SECRETARY OF STATE USE ONLY	I RESINCIO
- 41.00	Title