

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

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***	THE VEAR	2003
PROFIT	CORPORATION ANNUAL REPORT FOR THE YEAR	

I. Corporate ID No. 65606	2. Name of Corpora R B Howes 8	ation	oithin thirty (30) days after the time prescribed by law	nava ingana zawana nangana sahana	Zip		
3. Street Address Principal Business Office 60 OCEAN STATE ROAD		NORTH KINGSTOWN	State RI	02852			
4. Business Phone No.	RHODE ISLA			Special income a signer consideration	and the state of t		
6. Brief Description of the Char SALE AND MARKETING	COMPANY FOR A	DIOMOTIAE ROPE C	ONDITIONS	name, who colours office	nno emma emma emma emma.		
President Name	SES OF THE OFF	ICERS ('X" BOX FOR	ATTACHMENT FILL INSPACES BEFORE USING ATTACHMENTS Vice President Name Robert B. Howes				
Robert B. Howes	Robert B. Howes			Street Address			
Street Address			60 Ocean State Drive				
60 Ocean State Dr	rive	The second of th		State	Zip		
City	State	Zip	<i>City</i> North Kingstown	RI	.02852		
North Kingstown	RI	02852	NOTEN KINGSCOWN Treasurer Name	» , , , , , , , , , , , , , , , , , , ,	a some a second a second		
Secretary Name	,		Robert B. Howes				
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8 NAMES AND ADDRE Director Name Robert B. Howes	SSES ON THE DIK		Director Name	195. (Uppells Hillish) Harmer Common			
Street Address			::				
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North Kingstown	RI	02852	Division Name	e i le a comporte de la composition de			
Director Name			Director Name	and the second s	an waren arrena weraren erakenen er		
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City	State	Zip	City	State	Zip		
9 SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT) 📋	10. SHARES ISSUED ("X" B	OX FOR ATTACHMEN	p□		
AUTHORIZED SHARES	ap, seguit, regime interest		ISSUED SHARES	Class/Series	Par Value		
Number of Shares	Class/Series	Par Value	Number of Shares	Citab Derica	Application of the second seco		
1,500 COMM NO PAR VALUE			100	common	none		
The state of the s	and the second of the second	SACTOR SACRET SA					
This report must be avacuted an behalf	of the corporation by an author	orized representative. If the corpor	ution is in the hands of a receiver or trustee, this rep	ort must be executed on behalf o	f the corporation by the receiver or truste		
inis report must be executed on behalf	and the control of an eastern						
ILANNA SINIL							
	TUM TENE TIL		Under penalty of perju	ov I declare and affirm	that I have examined		

/1 70 03:08:01 AM* *65606 D FOR SECRETARY OF STATE USE ONLY

File Date

Check No

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Date

Robert B. Howes

Print or Type Name

President Title

Form 630 12/05