

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

subject to a penalty fee of \$25.00.

Street Address	siness Conducted in RI INERY THE OFFICERS: Costa		CHMENT) FILL IN SPACE Vice President Name	State R1	^{Zip} 02860		
1-401-722-7811 6. Brief Description of the Character of Bit MANUFACTURE MACH 7. NAMES AND ADDRESSES OF President Name Robert J. Street Address	INERY THE OFFICERS: Costa	RHODE ISLA	CHMENT) FILL IN SPACE Vice President Name				
MANUFACTURE MACH 7. NAMES AND ADDRESSES OF President Name Robert J. Street Address	INERY THE OFFICERS: Costa		· Vice President Name				
Robert J.			· Ton	S BEFORE USING AT	TTACHMENTS		
	ood Drive	Robert J. Costa			Jenniter T. Costa		
36 Birchwood Drive			86 Seaview Ave.				
SWANSEA Sta	^{re} MA	^{Zip} 02777	SWANSEA	State MA	^{zip} 02777		
Secretary Name Jennifer T. Costa			Treasurer Name Eleanor M. Costa				
Street Address 86 Seaview Ave			Street Address 86 Seaview Ave				
Swansea sta	MA	^{Zip} 02777	Swansea	State MA	^{Zip} 02777		
8. NAMES AND ADDRESSES OF Director Name Robert J.		: ("X" BOX FOR ATT	Director Name	ces before using a mifer T. Co			
Street Address 36 BIRCHWOOD DR.			Street Address 86 Seaview Ave.				
Swansea Sta	MA	02777	City Swansea Director Name	State MA	^{Zip} 02777		
Street Address			Street Address				
City Sta	te	Zip	City	State	Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION I		VENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value		
			300 SHARES	1 CLASS	NO PAR VALU		
This report must be executed on be this report must be executed on be file Date File Date Check No. FILED FEB 1 7 2008	chalf of the corpor	ration by an authorized ation by the receiver of	r trustee. Under penalty of perjury,	I declare and affirm that ing schedules and statem and correct.	I have examined this report, cents, and that all statements		
By: BY FOR SECRETARY OF STATE U	SE ONLY		Print or Type Name Vice Pres Title	ident	Form 630 Rev. 08/08		