

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

James R. Langevin, Secretary of State Corporations Division 100

1999

North Main Street, Providence,	RI 02903-1335
	401-222-3040

FITTING FETTOM: JUNU (FORM MUST BE TYPED IN	iary 1-March 1 • i				ENSTRUCTION
1. Corporate ID No.	2. Name of Corporation	n Di 4000000 041	HAVEDO INO	•	And the second s
25063		& BLACKWOOD SA	LMAKERS, INC.	State	Zip
3. Street Address Principal Bus 4. Business Phone No.	6 4	5. State of Incorporation RHODE ISLAN	. East Grænw		6. SIC Code 1883
401-864-	- UZZ+ aracter of Business Conducted in			· · · · · · · · · · · · · · · · · · ·	1000
Build (8. NAMES AND ADD	and repair	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTACHI	MENTS
President Name	1	, 21.0 (11.	Vice President Name	7	
lodd	Johns ton		Street Address	Dackwood	
Street Address	K-		85 Har	-ison st	
North Ring Secretary Name	John NI	02652_	City Providen a Treasurer Name	State (J)	02909
Street Address	Am		Street Address	In	
City	State	Zip	City	State	Zip
9. NAMES AND ADD Director Name	DRESSES OF THE DIREC	CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTAC	HMENTS
Street Address			Street Address	•	
City	State	Zip	City	State	<u>Zip</u>
Director Name	101		Director Name	OP	
Street Address	V		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	RIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR V	AL COM	8	No) ~~	<u></u> ;

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truster

	* 2 5 0 6 3 *			
File Date:	Fab 2,99			
Check No.:	10790			

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Office Title of Officer

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and