

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-277-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK	)				
1. Corporate ID No.	2. Name of Corporation	I ACKMOOD CAILS	WAVEDS INC		
25063		LACKWOOD SAILI		6. 4.	7:-
3. Street Address Principal Business Off	rice 		EAST GREENWITH	State A.C.	0281B
4. Business Phone No. 401 884–47	227	S. State of Incorporation RHODE ISLAND	,		6. SIC Code 1883
<b>7</b> ' '	Business Conducted in Rhoo		(n=10 0 000	ducte	
Sqilmaki 8. NAMES AND ADDRESSE			- Canuas pro	0.000	•
President Name Todd Johns H	tan		Vice President Name AMHW  Street Address	sekwood	
65 lake d	mu		BS Harn Sce	$\gamma$ $s+$	74.
N. Kingstonn	State AC	02652	Providence	State	02909
Street Address  Street Address	hum		Street Address	Pos	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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		and the second s			

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

	* 2 5 0 6 3 *	
Fîle Date:	7/3/98	
Check No.:	8010	
By:FOR SECRETAL	RY OF STATE USE ONLY	

Under penalty of perjuty, I declare and affirm that I have e	
this report, including any accompanying schedules and sta	tements, an
hat all statements contained herein are true and correct.	6/3/9
Signature of Officer Date	
Arthu H. Blockwood	
Print or Type Name of Officer	
VP	
Title of Officer	