

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 failing or refusing to file its annu- subject to a penalty fee of \$25.00.	al report within thirty (30) days after	the time prescribed by law (R.	I.G.L. 7-1.2-1501(c <b>∂·li</b> )) is ♀	
1. Corporate 1D No O00506090 2. Name of Corporation ASCO SERVICES 1-	Inc		言いる。	
3. Street Address Principal Business Office 50-60 Hanover Road	CILY Florham Park	siate Well Jersey	759300	
4 Business Phone No. 966-2469 5. State of Incorporation NEW Je.	rsey		P	
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC		S BEFORE USING ATT	ACHMENTS TO	
Armand J. Usioli	Vice President Name  DAVID C. N	7000		
50-60 Hanover Road		orissant A		
Giv Florhani Paril State WJ 2107932	St Louis	State	2.63136	
Christopher G. Walch		uan	`	
50-60 Hanover Road	Street Address 50-60 Har	over Road	_	
Florham Park State NJ 2107932	Florham Park	State	07932	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			ITACHMENTS	
E.K. FREDRY	Armand J	Morsil		
8000 W Florissant Ave	<u> </u>	anover Ro	1	
City St LOUIS Shall MO 12/10 63/36	FlorhamPort	State	21001932	
Eamon ROWAN	Director Name ( 100)	$e^{\gamma \gamma}$		
SUPER Address SO-60 Hanover Road	Street Address			
Floring Park State N.J 200932	City	State	Ζip	
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
	ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.	100	CNP	\$0.00	
This report must be executed on behalf of the corporation by an authorize	d representative. If the corpor	ration 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
FILED File Date	contained herein are true full contect.
JUL 1 5 2009 18:00	Signature Date
Check No. By 04463/- Ala WY L-701 6002	Christ opher 6 uplch
By CERTOS/- NO SNOW	Print or Type Name
FOR SECRETARY OF STATE USE ONLY OF STATE OF STAT	<u>Secretary</u>
SECRETARIO OF STATE O	Title Form 630 Rev. 08/08