

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

1999

PROFIT CORPO	ORATION A: 1-March 1 • Fil	NNUAL REPing Fee: \$50.00	ORT FOR THE	YEAR	PLE
(FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No. 70782	2. Name of Corporation Deep Rock Tra	ding, Inc.			
3. Street Address Principal Business C 4. 4/ Rocham 4. Business Phone No. 52/-524 7. Brief Description of the Character C Who/f Sc/ &	Bedw AV	RHODE ISLAND	City PRc V	state I	21p CJ /(6. SIC Code 0000
8. NAMES AND ADDRESS President Name Con cold	ES OF THE OFFICER	S ("X" BOX FOR ATTACH.	MENT) FILL IN SPACES BE Vice President Name Street Address	FORE USING ATTACHM カマル	MENTS
Street Address City PROV Secretary Name Tild Street Address		21p C290G	City Treasurer Name Street Address	State	Zip
SAINE city	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name On all Street Address City PROV	Cchen		Director Name Street Address City	BEFORE USING ATTAC	HMENTS Zip
Director Name Street Address			Director Name 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
2,000 SHS COMM N	O PAR VAL		100	Common	npv

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

	* 7 0 7 8 2 *	Under penalty of perjury, I declare and affirm that I have examined
		this report, including any accompanying schedules and statements, and that all statements contained Merein are true and correct.
File Date:	res Som D	that allystatements contained herein are true and correct.
Check No.:	OCT 2 2 1999	Signature of Officer Date Date
	By 1/h1) 232427	Print or Type Name of Officer
FOR SECRETAR	RY OF STATE USE ONLY	Title of Officer