

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

Form 630 Rev. 08/08

* In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00.	1501(e), each corporation j	failing or refusing to file its ann	ual report within thirty (30) days after	the time prescribed by law	(R.I.G.L, 7-1.2-1501(c&d)) is
1. Corporate 1D No. 3 75 2	2. Name of Corporation				
3. Street Address Principal Business		aseys Inc	1	State RT	Zip
One Cente 4. Business Phone No.	r Place	5. State of Incorporation	Providence	1 N:	02903
401-861-6	0200	R			
6. Brief Description of the Character					
Operate 7. NAMES AND ADDRESSES	a Kesta of the officers	: ("X" BOX FOR ATTA	CHMENT) [] FILL IN SPACI	ES BEFORE USING A	ATTACHMENTS
President Name Toccook 6 Franciscola To			Vice President Name		
Joseph Gr. Formicola, JR. Street Address			Street Address		
118 Pt.	Judith	Road	One Ce		<u>~e</u>
City Narr	State RI) ^{Zip} 0 2882	City PROV	State RI	^{Zip} 02903
Secretary Name FRONK Cappio			Treasurer Name Joseph G. Formicola, JR.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	1 .	'			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS 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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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		0
			Andrew Control	e total and a second	
This report must be executed	on behalf of the cor	poration by an authorize	d representative. If the corpor	ation is in the hands	of a receiver or trustee
this report must be executed				action is in the name.	or a recorder of tradition,
			Under penalty of perjury	, I declare and affirm th	at I have examined this report
		٦	including any accompan contained herein are true	ying schedules and state and correct.	ements, and that all statements
File Date FILED			Frank	Cann	8/20/09
, . <u> </u>			Signature,		Date
Check At 16 2 4 2009	279		FRANK Print or Type Name	(APRIC)
^B 'By	9//		Sanota a	J	
FOR SECRETARY OF STA	ATE USE ONLY		Title	1 -	