

ID.# 68114

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

subject to a penalty fee of \$25.00.				er are some preservation by many (see	1.G.L. 7-1.2-1501(10a)) B	
1. gerporate IDNO.	2. Name Corporation	1 BARN	INC			
3. Street Address Product Business	NECK P	WE	Middletons	State T.	Ozar	
4. Bissings Prime Not 401-841-5514 State of Incorporation LACAND (12841)					)	
6 Brief Description of the Character of Business Conducted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
BRYAN C	E BABOO	cK	Vice Projection Name  FRANCE	SJ. BA	bock	
Street Attiges WASA	INBTON.	5/	Street Address WASH	ing for	\$	
NEWPORT	Sinte II.	ORYO	NEWPORT	State R.I.	0200	
FRANCE	STBA	peocle	BRY AW	EBAD	ROCK	
Street Address 40 Wash	waton S	n <del>/</del>	Street Address	ING FON	St.	
1/BWPOKT	Plate RI	24 orly	Voubret	P.C.	2820	
6. NAMES AND ADDRESSE	S OF THE DIRECTOR	ts: ("X" BOX FOR ATT	ACHMENT   FILL IN SPA	CES BEFORE USING A	TTACHMENTS	
Director Name	NON	IF	Director Name	NONE	~	
Street Address			Street Address			
City-	State	Zip	Cup	State	7.tp	
Director Name NOWE			Director Name NONE			
Street Address			Street Address		<u> </u>	
City	State	Zip	CUV	State	Zip	
1 <del>1   1   1   1   1   1   1   1   1   1</del>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currentl	v of record in the Offi	ice of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100		./	
	, , , , , , , , , , , , , , , , , , ,					
This report must be executed	d on behalf of the corp	poration 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.

FILED	
	Under penalty of perjury, I declare and affirm that I have examined this report
File Date	including any accompanying schedules and statements, and that all statements contained herein are true and contain.
Check No BY 6530556	BRYAN E. BABCOCK
By:	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	File