

CO/OP SERVICES INC.

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

State

2003 PROFIT CORPORATION ANNIIAL REPORT FOR THE VEAR

	ary 1-March 1		FOR	1111	ILAK	
FORM MUST BE TYPED OR P	RINTED IN BLACK)					
I. Corporate ID No.	Name of Corporat	ion				
55420	CO/OP SERV	ICES INC.				

3. Street Address Principal Business Office		City	State	Zip
360-Plainfield Street 4. Business Phone No.	5. State of Incorporation	Providence	RI	02909 6. SIC Code
4019440018 7. Brief Description of the Character of Business Conducted in R	RHODE ISLAND			8953
The maintenance, service and 8. NAMES AND ADDRESSES OF THE OFFICE President Name			DRE USING ATTACHMI	ENTS
Meelad Chammas Street Address 374 Plainfield Street		Meelad Chammas Street Address 374 Plainfield S	treet	
Providence State RI	02909	^{City} Providence	State RI.	^{Zip} 02909
Secretary Name		Treasuret Name		
Meelad Chammas Street Address		Meelad Chammas		
374 Plainfield Street	a).	374 Plainfield St	treet State	7in
Providence State RI	^{Zip} 02909	Providence Providence	RI	^{Zip} 02909
9. NAMES AND ADDRESSES OF THE DIREC Director Name N/A	TORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Name	FORE USING ATTACH!	MENTS
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 ATTACK	HMENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	

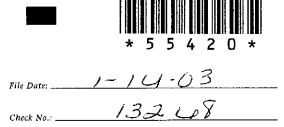
City

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

ISSUED SHARES

Number of Shares

-10~



Class/Series

common

Par Value

no par value

AUTHORIZED SHARES

100 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Number of Shares

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 herein are true and correct.

Class/Series

canmon

Toncelad Charm	140-03	
Signature of Officer	Date	

Signature of Officer		Date	
MEELAD	CHAMMAS		
Print or Type Name	of Officer		

Title of Officer **⊲∰** 5

President

Form 630 12/02

Par Value

no par value