

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOI PLEASE RE/ INSTRUCTIO	D (

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(FORM MUST BE TYPED IN	BLACK)		`			
1. Corporate ID No.	2. Name of Corporat					
55420	CO/OP S	ERVICES, INC.				
3. Street Address Principal Busi			City	State	Zip	
360 Plainfield	d Street		Providence	RI	02909	
4. Business Phone No.		5. State of Incorporal	tion		6. SIC Code	
		Rhod	e Island			
7. Brief Description of the Char The maintenance	acter of Business Conducted i Ce, service and		omobiles			
8. NAMES AND ADDE	RESSES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT)			
President Name			Vice President Name			
Raymond Thiba	ault		Raymond Thi	Raymond Thibault, Jr.		
Street Address			Street Address			
360 Plainfie	ld Street		same			
City	State	Zip	City	State	Zip	
Providence	RI	02909				
Secretary Name			Treasurer Name			
Raymond Thiba	ault		Raymond Thi Street Address	bault, Jr.		
same			same	<u> </u>		
City	State	Zip	City	State	Zip	
	OFGORG OF THE DID	CEORC (ava nov ron	ATTA CITATATA			
9. NAMES AND ADDI Director Name	RESSES OF THE DIRI	ECTURS 1"X" BOX FOR	Director Name			
Zuttivi iiume						
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 AUTHOR	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	IT)	
AUTHORIZED SHARES			ISSUED SHARES	Ø1 (Ø: 1	Day 37-1	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100	no par con	TIMOTA	None			
TOO	TIO POTE COM	.u.c11				

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

<del></del>	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 begin are true appl, correct.
File Date:	Barn Shotel 1/15/99
Check No.:	Raymond Thibault
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer
	Form 21 12 /96