STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 55420

2. Name of Corporation CO/OP SERVICES, INC.

3. Street Address Principal Business Office 360 Plainfield Street | *City* Providence | *State* RI | *Zip* 02909

4. Business Phone No. 944-0018

5. State of Incorporation Rhode Island

6. SIC Code 8953

7. Brief Description of the Character of Business Conducted in Rhode Island
Maintenance, service and repair of automobiles

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name Raymond Thibault
Street Address 360 Plainfield Street
City Prov. | *State* RI | *Zip* 02909

Vice President Name Raymond Thibault, Jr.
Street Address 360 Plainfield Street
City Prov. | *State* RI | *Zip* 02909

Secretary Name Raymond Thibault
Street Address same
City | *State* | *Zip*

Treasurer Name Raymond Thibault
Street Address same
City | *State* | *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100	no par	common	NONE		

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

File Date: 5/9/97
Check No.: 7390
By: 91659
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer | *Date*

Raymond Thibault, Pres.
Print or Type Name of Officer

Title of Officer

Form 31 12/96