Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations office of the secretary of state 3/805

FOURTH: If foreign corporation, address of its principal office FIFTH: Business address in Rhode Island 242 Allens Avenue, Providence, RI 02905 SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Oavid A. Cohen Director 145 East Hill Drive, Cranston, R. Foel H. Cohen Director 54 President Ave. Providence, R. Russell Cohen Director 8 Brown Street, Narragansett, M. Oavid A. Cohen President Foel H. Cohen Vice President Foel H. Cohen Secretary		Annual Report for the year 1984		
THIRD: Character of business, briefly stated, is rental of real estate and investment. FOURTH: If foreign corporation, address of its principal office FIFTH: Business address in Rhode Island 242 Allens Avenue, Providence, RI 02905 SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Oavid A. Cohen Director Director Director Server H. Cohen Director Oavid A. Cohen Director Oavid A. Cohen Director Oavid A. Cohen President Oolel H. Cohen Oolel H. Cohen Vice President Oolel H. Cohen Treasurer (If additional space is needed, attach rider) Seventh: Number of Shares authorized: No. of Shares Class Series 100 Common A None None EIGHTH: Number of Shares issued: No. of Shares Class Series Series 100 Common A None None Par Value or statement that shares are without pair value In Seventh of Shares issued: No. of Shares Class Series 100 Common A None None None Dated: Promet Corporation (Name of Corporation) Codden Title President	FIRST: The na	ume of the corporation	is Promet (Corporation
FOURTH: If foreign corporation, address of its principal office FIFTH: Business address in Rhode Island 242 Allens Avenue, Providence, RI 02905 SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Oavid A. Cohen Director Director Oavid A. Cohen Oavid A. Cohen Director Oavid A. Cohen Director Oavid A. Cohen Oavid A. Cohen Director Oavid A. Cohen	SECOND: It is	incorporated under t	he laws of	Rhode Island
FOURTH: If foreign corporation, address of its principal office FIFTH: Business address in Rhode Island 242 Allens Avenue, Providence, RI 02905 SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Odvid A. Cohen Director Sevent Ave. Providence, RI 02905 Brown Street, Narragansett, 1 Odvid A. Cohen Director Brown Street, Narragansett, 1 Odvid A. Cohen President Odvid A. Cohen President Odvid A. Cohen President Odvid A. Cohen Vice President Odvid A. Cohen Secretary Odvid H. Cohen Secretary Odvid H. Cohen Seventh: Number of Shares authorized: No. of Shares Class Series Par Value or statement that shares are without par value par value par value par value or statement that shares are without par value par value par value or statement that shares are without par value par value or statement that shares are without par value par value or statement that shares are without par value par value or statement that shares are without par value par value or statement that shares are without par value par value par value Odvid A. Common A None None Dated: Par Value Officers: (Name of Corporation) Dated: Promet Corporation Odvid A. Cohen Title President	THIRD: Chara	cter of business, briefl	y stated, is rental	of real estate
FIFTH: Business address in Rhode Island 242 Allens Avenue, Providence, RI 02905 SIXTH: Names and addresses of its directors and officers: [Addresses must include street and number, if any] Name Office Address Director 145 East Hill Drive, Cranston, R. Bussell Cohen Director Oavid A. Cohen Director 8 Brown Street, Narragansett, Providence, R. Bussell Cohen Director Oavid A. Cohen President Foel H. Cohen Vice President Foel H. Cohen Goel H. Cohen Treasurer (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: No. of Shares Class Series 100 Common A None None Far Value or statement that shares are without part value Office Address Par Value Or statement that shares are without part value Office Address A	and investment.		<u></u>	
SIXTH: Names and addresses of its directors and officers: [Addresses must include street and number, if any)] Name Office Oavid A. Cohen Director Oavid A. Cohen Director Oavid A. Cohen Director Oavid A. Cohen Director Oavid A. Cohen Objector Oavid A. Cohen Objector Oavid A. Cohen Objector Oavid A. Cohen	FOURTH: If fo	oreign corporation, a	ddress of its principa	l office
SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Odice Odi	Fifth: Busine	ess address in Rhode	Island	
Name Office Address David A. Cohen Director 145 East Hill Drive, Cranston, R. Sussell Cohen Director 8 Brown Street, Narragansett, Mayord A. Cohen Director 8 Brown Street, Narragansett, Mayord A. Cohen President Doel H. Cohen Vice President Doel H. Cohen Secretary Doel H. Cohen Treasurer (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: No. of Shares Class Series shares are without par value 100 Common A None 4,000 Common B None EIGHTH: Number of Shares issued: No. of Shares Class Series 33 1/3 Common A None 1512 1/3 Common B None Dated: Promet Corporation (Name of Corporation) By Title President Title President		242 Allens	Avenue, Provider	nce, RI 02905
Name Office Address David A. Cohen Director 145 East Hill Drive, Cranston, R. Doel H. Cohen Director 8 Brown Street, Narragansett, J. David A. Cohen Director 8 Brown Street, Narragansett, J. David A. Cohen President Doel H. Cohen Vice President Doel H. Cohen Secretary Doel H. Cohen Treasurer (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: No. of Shares Class Series Par Value or statement that shares are without par value 100 Common A None 100 Common B None EIGHTH: Number of Shares issued: No. of Shares Class Series Par Value or statement that shares are without par value No. of Shares Class Series Par Value or statement that shares are without par value 101 Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Common A None None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value None Shares Class Series Par Value or statement that shares are without par value	SIXTH: Names and addresses of its directors and officers:			
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Joel H. Cohen Director Brewing Brown Street, Narragansett, 1 David A. Cohen Director President Joel H. Cohen Joel H. C		Office		
Director 8 Brown Street, Narragansett, David A. Cohen President Joel H. Cohen Vice President Joel H. Cohen Secretary Joel H. Cohen Treasurer (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: No. of Shares Class Series or statement that shares are without par value of par value of par value of statement that shares are without par value 100 Common A None 4,000 Common B None EIGHTH: Number of Shares issued: No. of Shares Class Series or statement that shares are without par value 33 1/3 Common A None 1512 1/3 Common A None Dated: Promet Corporation None Promet Corporation Title President		Director		
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Dated: 2/9 1984 Promet Corporation (Name of Corporation) By Title President		_ '		par value
NAR 1 1984 President				
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<i>d</i> 29	,	1984 D	By Davie	a Cohen
(Heport must be signed by an officer)	,	Must T	9	
	•		(Heport must be	signed by an omicer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040