

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-133: 401-277-3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 97 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				_
0019816 3. Street Address Principal Business Off		erprises, Ind	City	State	Zip
400 Narraganse	•	EB-2 5. State of Incorporation	Warwick	RI	02888 6. SIC Code
(401) 467-5755 7. Brief Description of the Character of		Rhode Islan	nd		7286* *
	: Consulting				
8. NAMES AND ADDRESSE President Name	S OF THE OFFICER	S ("X" BOX FOR ATTACHN	MENT) Vice President Name		
Leon M. Kayari	.an		Street Address		
400 Narraganse	tt Parkway,	EB-2	City	State	Zip
Warwick Secretary Name	RI	02888	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
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 ATTACHM	MENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES Number of Shares 100	Class/Series	Par Value 0	ISSUED SHARES O Number of Shares	Class/Series	Par Value

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

	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.
File Date: FILED	8/1/98
Check No.: 9FD () 2 1009	Signature of Officer Date
Check No.: 1945	Leon M. Kayarian
BV: BN/M 2/0.22/	Print or Type Name of Officer
by:	President
FOR SECRETARY OF STATE USE ONLY	
/ / \	Title of Officer