## of rations island and frovidence framations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

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all entries must be completed in full o	R THE FORM WILL	BE RETURNED.		
Corporate ID: 0070208	Annual Report f	for the year: 1994		
Name of Corporation Scharphors TINC	<b>).</b>	• • • • • • • • • • • • • • • • • • • •		
Susiness entity organized under the laws of the State of: or foreign entity, address and telephone number of principal office:	Busines	Business Entity is (check one):  [ Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)		
(401) 172 5020	Brief stateme	Brief statement of the character of business conducted in Rhode Island:		
chone: (401) 273 - 5830 Address and telephone of the principal office of business entity in Rhod sland (Provide street address - Not P.O. Box):				
Prov. RD			· · · · · · · · · · · · · · · · · · ·	
hone: ()				
THE NAMI	ES OF THE OFFICERS	ARE:	±	
PASQUE V COTTELLESSA	STREET ADDRESS  9 Jenni	FOR CITYSTATE	VAN. ROCCODE	
PASQUALE U CONTElles	A 7 JAM	For CINCLE C	VAN ABODE	
PASQUE U Cortellessa	4 9 Trum	For Civie Of	VAN RAPODE	
REASURED A Schude U	STREET ADDRESS	CITY/STATE	ZIP CODE	
	S OF THE DIRECTORS			
AME	STREET ADDRESS	CITY/STATE	ZIP CODE	
AME	STREET ADDRESS	CITY/STATE	ZIP CODE	
AME	STREET ADDRESS	CITY/STATE	ZIP CODE	
UMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SH	ARES ISSUED AND OUTSTANDING	(Rider may be attached)	
umber of Shares Class / Series	Number of Shan	es Class / Series		
800				
ate 4/28, 19 15	By: PASYU	le V atill		
•	PRINT OR TYPE NAME OF OFFICER S	SIGNING PASOWINE U	whilest	
orm 31 1/95	TITLE OF OFFICER SIGNING	Drec		

LEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

APR 28 1995 By KC#35-14LOU