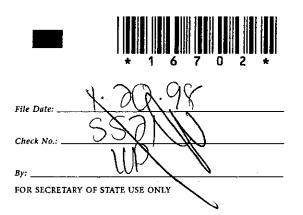


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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

(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No. <b>16702</b>	2. Name of Corpora HI-Tech, Inc			•	
3. Street Address Principal Business 11 SUNNYSI	· · · · · · · · · · · · · · · · · · ·	VE	JOHNSTON	State RI	029/9
4. Business Phone No. 401-331-078		5. State of Incorporation RHODE ISLAN		- <del>,</del> -	6. SIC Code 1883
7. Brief Description of the Character PRECISION	r of Business Conducted  METAL ST	in Rhode Island  AMPINS + 1	TOOL BUILDING		
8. NAMES AND ADDRES					* .
President Name	•		Vice President Name		
Thomas Dolan					
Street Address			Street Address		
16 Plains Road	State	Zip	City	State	Zip
Essex : Secretary Name	CT	06426	Treasurer Name		
David L. Reynolo Street Address	ds, Asst. Sec	cretary	Street Address		•
157 Church Stree	et, 19th Floo	or			
City	State	Zip	City	State	Zip
New Haven	CT	06510			
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) Director Name		
Thomas Dolan					
Street Address			Street Address		
16 Plains Road					
City	State	Zip	City	State	Zip
Essex Director Name	CT	06426	Director Name		
	_				
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000 SHS NO PAR V	<b>AL</b>		100	Common	Without 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 compained herein are true and correct.

David L. Reynolds

Assistant Secretary

Title of Officer

Agnature of Officer

1/13/98

Print or Type Name of Officer