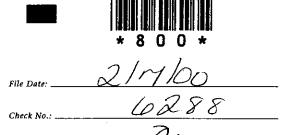


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT COR Filing Period: Janua	PORATION ary 1-March 1 •	ANNUAL RE Filing Fee: \$50.00	PORT FOR TH	E YEAR 200	OO STO
(FORM MUST BE TYPED IN 1. Corporate ID No. 800	2. Name of Corpora	tion TRIC, INC.			
3. Street Address Principal Busin 84	ED AVEN	5. State of Incorporation RHODE ISLAN		R.I.	2ip 03904 6. SIC Code 273
President Name	WORK ESSES OF THE OFFI EAN	CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES Vice President Name OAUI O	S BEFORE USING ATTA	CHMENTS
Street Address 184 ODE City NORTH PROV. Secretary Name	AVENUE State R.I.	^{zip} 02904	Street Address 31 How tice City NORTH PROV Treasurer Name	ello State f. I	21p 01904
No. PROV.	AVENUE_ State R. I.	^{zip} 02 90 4	No. PROV.	Avenue R. I.	
9. NAMES AND ADDR Director Name WONE Street Address	ESSES OF THE DIRE	CTORS ("X" BOX FOR AT)	Director Name Street Address	ES BEFORE USING ATT	FACHMENTS
City	State	Zip	City	State	Zip
Director Name VONE Street Address			Director Name NON Street Address	<u>e</u>	
City	State	Zip	City	State State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VA	LUE		NONE	•	

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



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.