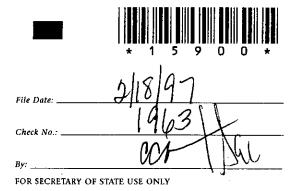


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT COR Filing Period: Januar		N ANNUAL R Filing Fee: \$50.00	EPORT 199	7	PLEASE REALINSTRUCTION BLFORE	
(FORM MUST BE TYPED IN BL.	ACK)				COMPLETING THIS FORM	
1. Corporate ID No.	2. Name of Corpor	ation	•			
15900	J. E. KISEI	J. E. KISELICA, INC.				
3. Street Address Principal Busines.	s Office		City	State	Zip	
20 Wagner Road 4. Business Phone No.		5. State of Incorporation	Westerly	RI	02891 6. SIC Code	
(401) 322-1681 7. Brief Description of the Characte	401) 322–1681 of Description of the Character of Business Conducted in)		0034	
General Contract 8. NAMES AND ADDRES President Name		ICERS ("X" BOX FOR ATTACH	MENT) Vice President Name			
Joseph E. Kiselica Street Address		Joseph E. Kiselica Street Address				
20 Wagner Road	State	Zip	City	State	Zip	
Westerly Secretary Name	RI	02891	Treasurer Name			
Joseph E. Kisel Street Address	ica.		Street Address			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) Director Name			
Joseph E. Kisel	ica		Street Address		٠	
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED AND ISSUED ("X" BOX FOR ATTACHMENT)	ISSUED SHARES		y National and	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
500 NO PAR			500	Common	No 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. JOSEPH E. KISEILA