

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINT	TED IN BLACK)	,			
1. Corporate ID No. 74903	2. Name of Corporation The Pool Docto	r of Rhode Island, Inc.			
3 Street Address Principal Business Of A D NOQS VIII		5. State of Incorporation	Coventry	State R1	Zip 02816 6. SIC Code
(401) 392 - 1300	<u>)</u>	RHODE ISLAND	, , , , , , , , , , , , , , , , , , ,		5884
7. Brief Description of the Character of SALES, SERVICE, AND II					
8. NAMES AND ADDRESSES (Prysiglent Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [] FILL IN SPA	ACES BEFORE USING	ATTACHMENTS
Konald Le	clerc		Debra le	clera	
221 New Lo	indon -	Toke	The Address New	Landa	Tioxo
Kichman d	state RI	124 07898	Richmond Redsurer Name	State R 1	2F0289A
Debra lelle	rc		Debra le	elere	
221 New C	on don-	Tolo	Street Address (QQL NQL)	Soman -	10Ko
2. NAMES AND ADDRESSES OF	State RI OF THE DIRECTOR	Zip DO FOR ATT	Lillmand	State	(21p) 2998
Director Name	illson		Director Name	Burns	G ATTACHMENTS
3.5 apntni	Pircl	Q	Street Hadress /	ATH	
EXPLOY Director Name	State P 1	240	Couln In	State 1	ar dile
Street Address	<u>, </u>	···			<u>'</u>
		T*	Street Address		
City S	State	Zīp	City'	State	Zip
10. SHARES AUTHORIZED (". AUTHORIZED SHARES		CHMENT) [11. SHARES ISSUED ("X"	BOX FOR ATTACHM	MENT)
	lass/Series .	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	symbo _	None-	>		
This report must be sign	ned in ink by either	the President, Vice Pre	esident, Secretary, Assistant S	ecretary, Treasurer, R	eceiver or Trustee
			Under penalty of perjury, including any accompany	I declare and affirm that	t I have examined this report, ments, and that all statements
File Date 2 10	5		contained herein arc true	and correct	1-78-85
Check No. 2141			Signature of Officer	= 1001	Date (2)
By:			Print or Type Name of Offi	cer	5 ku
FOR SECRETARY OF STATE	USE ONLY		The of Officer	rit	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2004

(FORM MUST BE TYPED OR		Filing Fee: \$50,00			
1. Corporate ID No. 74903	2. Name of Corp	oration Doctor of Rhode Island, Inc			
3. Street Address Principal But	Siness Office	HI Rd	Coventa	State R1	(2) 816
(40) 39)	-1300	5. State of Incorporation RHODE ISLAND		,	6. SIC Code 5884
7. Brief Description of the Cha SALES, SERVICE,	racter of Business Conduc AND INSTALLATION	ted in Rhode Island			
8. NAMES AND ADDRE		CERS: ("X" BOX FOR ATT		IN SPACES BEFORE USING	ATTACHMENTS
President Name Kanada (ellero		Vice President Name	Tilkan - Lo	alora
Street Address	Landan	Toro	Street Address	London To	N o
Richmono	State R1	12 DDP98	Richmar	ad state Ri	2ip 02P9B
Secretary Name	illson - (ecterc	De Surer Name	Tilson - Cecl	l e
221 New	Landon	Toka	Street Address 221 New	· Landon I	Oko
KILL MANDE	State Pl	TORS: ("X" BOX FOR AT	TACHMENT) ING	State RI LIN SPACES BEFORE USING	ATTACHMENTS
Director Name Street Address	Tilson		Director Name	Burns	
35 Atn	by Cir	Cla .	Street Address	Ave	
EX eter Director Name	State C	102 f2 2	City Comen to	1 State R1	24 OD A16
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	 ("X" BOX FOR ATTACHM	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	-,	<u> </u>	100	Common	none
This report must	be signed in ink by	either the President, Vice P	resident, Secretary, Assis	stant Secretary, Treasurer, Re	ceiver or Trustee
. :		(() I PM (•	, , , , , , , , , , , , , , , , , , ,	out of flastee
			Under penalty of 1	perjury, I declare and affirm that	I have examined this report,
File Date	- 7 4 9 0 3 120/04	*	including any accordance herein a	ompanying schedules and statem are true and correct.	ents, and that all statements
Check No	153		Signature of Officer	17 Jelle	Date
By:	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	_	Pringer Type Name	of Officer	1 Pre
4	F STATE USE ONLY		Presid	but	

Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPEL	OR PRINTED IN BLACK)	

-	V1011	11100	· DL	1 1 ,	 U21 1	10111	
•	C		m	ī.			

2. Name of Corporation

1. Corporate 112 No.	2. Ivanic of Corporatio	ru			
74903	The Pool Doct	or of Rhode Island, Inc.			
3. Street Address Principal Business Dusiness Phone No. NOO	seneck	Hill Rd.	Coventry	State R1	e. SIC Code P16
P. Brief Description of the Character	300 Of Business Conducted in R	RHODE ISLAND			5884
8. NAMES AND ADDRESS	SES OF THE OFFICE	ERS ("F" BOX FOR ATTACH	HOLLET J.	Servi () Fore using attachm	T ENTS
Reported 6	E, Leu	erc	Street Address	Leclere	•
221 New	Landon	Tipple	221 New	London	Toke
Richmond Secretary Name	KI	102898	Kichmon	1 1//1	02898
surfadress	lecle	rc	D-Rora Street Address	lecterc	·
221 New	state on di	n. Toke	3.4	u London	Tote
RI CHIMANO ADDRESS	SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	HILLIN SPACES B	. ,,,,	O) P9 F
Directod Name State Algorithms	Tillsor)	Conrad	Burns	
35 Ger		rele	City 11091		
Exeter	State R1	02822	Coven try	RI	02816
treet Address			Street Address		
Eity	State	Zip	City	State	Zip
10. SHARES AUTHORIZED JUTHORIZED SHARES		\	11. SHARES ISSUED (*X**) SSUED SHARES	OX FOR ATTACHMENT)	
Jumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	Commi	on None	100		()

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

	* 7 4 9 0 3 *
File Date: .	3.31-03 8800
Check No.:	
Ву:	2.

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have		
this report, including any accompanying schedules and		its, and
that all statements contained herein are true and correct	1.	
Signature of Officer & Leveline Date	-12)- <u>03</u>
Fond d'E. Ceclere		
President		
■ 5	Form 630	12/02

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FUKM	MUSI	ВE	TYPED	IN	BLACK)

1. Corporate ID No.

2. Name of Corporation

74903	The Pool D	octor of Rhode Island, Inc).		
3. Street Address Princip 4. Business Phone No. (401) 39	Nooseneo	RHODE ISLAND	Coventry	1 R1	2ip O A P 6. SIC Code 5884
NAMES AND President Name	ADURESSES OF THE OFF	S - SLIVICE FICERS ("X" BOX FOR ATTAC	Vice President Name	BEFORE USING AT	TACHMENTS
Street Valuess Ne	w London	c Tple 02898	221 New	illson - L London Di	Toke
KI Chmor Scretary Name 1) Ebra 110 Address 221 New	Tillson-	- -	Treasurer Name	illson - l	02898 Leclere Toke
City RICHMO 9. NAMES AND A Director Name	Addresses of the dir	OZPP ECTORS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACE	ES BEFORE USING A	D2P98
Bayon By gen	K. Tillsontry state	le zip	street dires rad	Burns Le Ave	Zip
Director Name None ireet Address	. K I	02822	Director Name None Street Address	KI	02816
Eity	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

File Date:

Class/Series

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

Common

None

None

 Δ

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



4-15-00

Check No.:

:____

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 between are true and correct.

finaled & Leder 3-1-02

Ronald & Levere

PRESIDENT
Title of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST	BE	TYPED	IN	BLACK)	
------------	----	-------	----	--------	--

3. Street Address Principal Business Office

1. Corporate ID No.

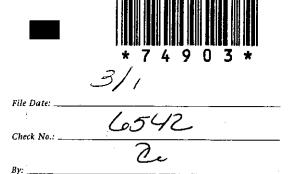
2. Name of Corporation

74903

The Pool Doctor of Rhode Island, Inc.

3. Street Address Principa	ll Business Office		City	State	Zip
8280 NO	Gseneck the	e Road	Coventry	RI	02816
4. Business Phone No.		5. State of Incorporation RHODE ISLAN			6. SIC Code 5884
7. Brief Description of the	L – 1 S OO Character of Business Conducted				
pools	\$ S000 -	Senniro A.	Salesi		
8. NAMES AND A	ddresses of the off	ICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
President Name	1 P	4.	Vice President Name	_	P
Street Address	Lecerc		Debra III Street Address	eson-J.	ellere
221 new	London Ty	oke	221 news	fondon	Toke
Wyomis	Λ -	02898	Wyoming	State	02898
Secretary Avaine	illson - Z	Pa = 000	Treasufer Name	1	1
Street Address	recove of	ecerc.	Debra Tie	_	
221 new	London	Toke	221 New Fo	ndon T	pke
Wyomin	a, RI	02898	Wyoming,	RI	**************************************
9. NAMES AND A	DDRESSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMEN FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENTS
Kalph	Tillson		Conrad	Burns	
35 Gant	ry Circle		Street Address	e are.	
City	State		City	State	Zip
EXELET.	KI	02822	Coventry Director Name	KI	02816
no	ne		none		
Street Address			Street Address		•
City	State	Zip	City	State	Zip
10. SHARES AUTH	ORIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X"	POY FOR ATTACHMENT	r).
AUTHORIZED SHARES			ISSUED SHARES	DOX FOR ATTACHMENT	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR	VALUE		100	1 -	
				commo	n none
	-			and the second s	

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

signature of Officer		Dat
RONALD	E. LECLERC	
Print or Type Name		



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

riling Perioa: January 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

1. Corporate ID No. 74903	2. Name of Corporation The Pool Do	ctor of Rhode I	sland, Inc.	•	
3. Street Address Principal Business (4. Business Phone No. (401)343 7. Brief Description of the Character	seneck H	11 Rd s. State of Incorporation RHODE ISLAND	Coventry	State R1	21p Ost Code 16 5884
President Name		RS ("X" BOX FOR ATTACH		ORE USING ATTACHMI	ENTS
Ranald L	eclerc	 -	Short Address	Ummist	'uy
221 New C	anden 1	Ofe Anga	56 Smit	h St State DI	Zip
Debro III	son-Le	O2848 Ellere	Masurer Name Debra T	- 1715on - l	0) PP6
221 New	Condon-	Toke	221 New C	andon 1	Oke.
9. NAMES AND ADDRESS Director Name	es of the direct	ORS ("X" BOX FOR ATTAC	•	EFORE USING ATTACHI	0)299
Kalph Street Address Ph	Tillson	,	Director Name Corporation Street Address	Burns	
35 Jentr Exeter Director Name	Yate RI	Cle BJPH	City 10gue Director Name en try	Ave R1	07814
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED ("X" BI	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	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



File Date:	1-13-00	
rne Dute	5485	
Check No.: _	0-700	
Ву:	HMF-	
FOR SECRET	TARY 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 all statements contained herein are true and correct.



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 74903 The Pool Doctor, Inc. Street Address Street Address City State Zip City 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 100 SHS NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	bu 22,99	
Check No.:	J 4981	
Ву:	20.	•
FOR SECRETAR	RY 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.

Signature of Officer

Date

Ronald E. Leclerc

The of Officer Sident



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

PROF Filing Pe	IT CORP	ORATION A	NNUAL REP ling Fee: \$50.00	ORT FOR THE	YEAR <u>1998</u>	STOP PILASE READ INSER! CHONS
(FORM MUST	T BE TYPED IN BLA	скі				
1. Corporate I	D No. 74903	2. Name of Corporation The Pool Doct	or, Inc.			· · · · · · · · · · · · · · · · · · ·
3. Street Addre	ess Principal Business 2280 Noose	office neck Hill Road		City Coventry	State RI	^{Zip} 02816
4. Business Ph	one No. (401) 391-	1300	5. State of Incorporation RHODE ISLAND	· · · · · · · · · · · · · · · · · · ·		6. SIC Code 5884
7. Brief Descri	· _ · · .	of Business Conducted in Rh sales & servi				
8. NAMES President Nam	and the second of the second o	SES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) Vice President Name		north north of the
Street Address	Ronald Lec	lerc		Darrin Cummiskey Street Address		
	221 New Lo	ndon Turnpike		56 Smith Street		
City	Richmond	State RI	^{Zip} 02819	City Warwick	State RE	02886
Secretary Name	2			Treasurer Name		the second second second

Deborah Leclerc Street Address Street Address 221 New London Turnpike City Zip Richmond 02819 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Ronald Leclerc Darrin Cummiskey Street Address Street Address 221 New London Turnpike 56 Smith Street City City RI Richmond 02819 Warwick RΙ 02886 Director Name Director Name Street Address Street Address Zip City

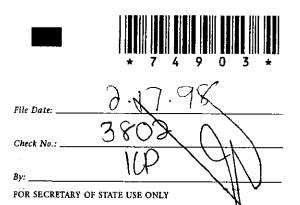
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES ISSUED SHARES

Number of Shares Number of Shares Class/Series

100 SHS NO PAR VALUE Common 1 00 None Common

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

Ronald Leclerc Print or Type Name of Officer

President

Title of Officer





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

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

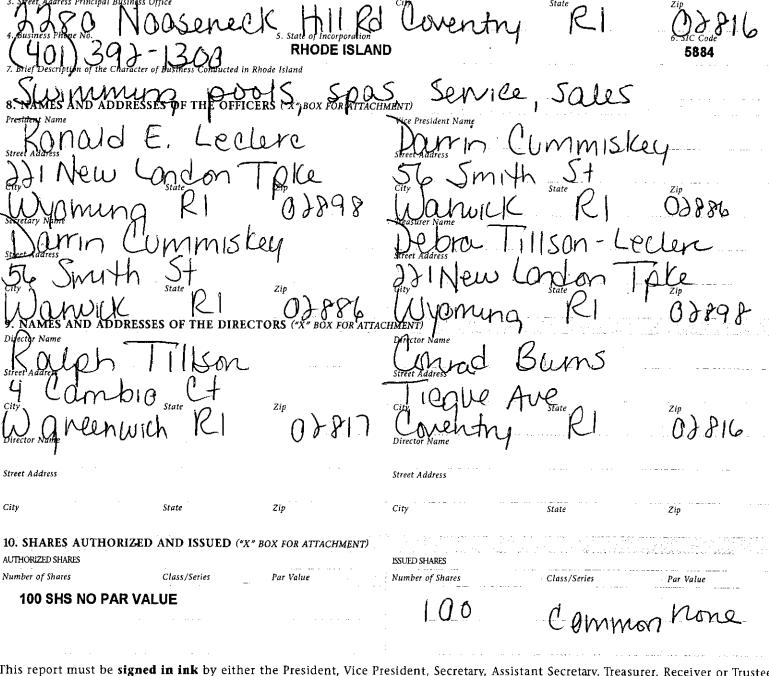
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

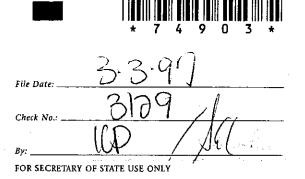
2. Name of Corporation

74903

The Pool Doctor, Inc.



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

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence Plant Island 02003 1335 (101) 277 2010

Filing Period: Januar Filing Fee: \$50.00	y 1-March 1			Providence, Rhode I	sland 02903-1335 • (401) 277-304(
1. CORPORATE ID NO.	2. NAME OF CORPORATION		PRINT IN BLACK INK.		the first contract of the first of the speciment of the state of the s
74903 3. STREET ADDRESS PRINCIPAL BUSIN		Pool Doctor, Inc.	CITY	STATE	ZIP CODE
228 NO.	roseneck	HIL Rol	Coventry	RI	OJP16
(401) 39) - 7. BRIEF DESCRIPTION OF THE CHARAC	1360 TER OF BUSINESS CONDUCTED IN RHOD	RHODE IS	SLAND	THE STREET STREET STREET	5884
Pool 4	Spa Sey	uce y S	ales		On the second section of the section of the second section of the section of the second section of the sect
PRESIDENT NAME Kon a La	E. Lecler	AMES AND ADDR	VICE PRESIDENT NAME	Cummisk	7(.
221 New	Landan TK	Tle	STREET ADDRESS	th Bhee	, /
LUG Brung	RI	02898	Warwick	state R1	ZIP CODE OJPS6
Dann (ummiskey	Bilings of Videon and the University State (1994) (Special Scholars, Vol. 18 (1994)	SHEET ADDRESS YOU	1.115on-	lectere
Ste Smy	4 STATE WI	ZIP CODE	201 New	Landon 1	ZIP CODE
DIRECTOR NAME		UTTO MES AND ADDR	ESSES OF THE DI	RECTORS	08898
STREE ADDRESS Ph	2. T.1150r)	STREET ADDRESS AND E	sums	Principal de la Company de la
4 Cank	DIO CT.	ZIP CODE Od P17	10gve/	Tue STATE	ZIP CODE
W. Greenw	l Coldinario de Status, se con	o, om validenset ogsåveret en fryske som som	DIRECTOR NAME	attatanamina (historia), ende a legen especie ja	0)816
STREET ADDRESS	The state of the s		STREET ADDRESS	от на применения на применения в на применения в на применения на применения на применения в на применения в н	Militaria, mariimata da magayayayaya makana ara arangayayayaya ku di asaan aranii saabaa saana saana saana saa
JIY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	10. S AUTHORIZED SHARES	HARES AUTHORI	ZED AND ISSUED	SOLOMARES	Control of the second of the s
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
S 100 WSHE	NO PAR VALUE		100		none
P	Thi resident, Vice Presid	s report must be SIGI ent, Secretary. Assist:	NED IN INK by either thant Secretary, Treasurer	ie Receiver or Truste	2
	,	,, , , , , , , , , , , , , , , , , , ,	Under penalty o	of perjury, I declare and a	affirm that I have examined this
File Date: 2	5/94		ail statements of	ontained herein are true i	and correct.
Check No:	2388	· ·	Signature of Offi	a E. Lea	lerc
By:	cofu		Print or Type Na	me of Officer	1-18-96
ror secretary (of State Use Only	DET. 011 DOTTO	Title of Officer	•	Date

State of knoole Island and Providence Flantadions Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED	AT.T	ENTRIES MUST B	E COMPLETED	IN FULL	OR THE	FORM '	WILL BE RETURNED.
--	------	----------------	-------------	---------	--------	--------	-------------------

Corporate ID: 05-0475469 7	4903 A	annual Report for the y	rear: 1995		
Name of Corporation: THE POOL DOC Business entity organized under the laws of the State of: R For foreign entity, address and telephone number of principal office Phone: () Address and telephone of the principal office of business entity in I Island (Provide street address - Not P.O. Box): 2280 NOSENECK HILL RD	TOR I	Business Entity is (cf Business Corpo Professional Se	neck one): ration (See RIGL Chapter rvice Corporation (See RIG	GL Chapter 7-5 iducted in Rhod	
Phone: (401) 392 - 1300					
	AMES OF THE	E OFFICERS ARE:			
PRESIDENT	STREET ADDR		CITY/STATE		ZIP CODE
RONALD E. LECLERC 221	NEW LON	DON TPK.	RICHMOND	<u> </u>	<u> </u>
DARRIN CUMMISKEY 50	6 SMIT	H ST	WARNICK	RI	1 <u>8855</u> 0
DARRIN CUMMISKEY 56	SMIT!	H ST	WARWICK	RT	OZER CODE
J		INDON TPK.	RICHMOND	RI	38850
THE NA	MES OF THE STREET ADDR	DIRECTORS ARE:	CITY/STATE		ZIP CODE
NAME SA.	STREET ADDR	ESS	CITY/STATE	,	ZIP CODE
NAME 7	STREET ADDR	ESS	CHY/STATE	•	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES IS	SUED AND OUTSTANDIN	IG (Rider may be	attached)
Number of Shares Class / Series		Number of Shares	Class / Series		
100 COMMON		100	COMMO)N .	
Date MARCH 15T 1995		mald 5	Peclera RODALD E	LECLER	<u> </u>
Form 31 1/95	PRINT OR TYPE	E NAME OF OFFICER SIGNING CER SIGNING	PRES	MENT	
DESIGNATED REGIS			F PROCESS:		
T. T. O. D. C		incorrect Form 0 must			

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

FILED JUN 1 5 1995

CONRAD R. BURNS 867 MOGUE AVE. COVENTRY RI 02816.