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	Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and	trustee, this report must be exe	ecuted on behalf of	trie corporation by	ned this report. i	ost eę. ncluding anv acc	ompanying sche	dules and	
trustee, this report must be executed on behalf of the corporation by the 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.		Name of Authorized Represent					Date /	,	

Signature of Authorized Representative

PETER A. WHEALTON

MAIL TO:
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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BY 20341 DS