



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 86405		2. Name of Corporation CHUM'S SPIRITS LTD.			
3. Street Address Principal Business Office 444 Hill Road			City Pascoag	State RI	Zip 02859
4. Business Phone No. (401) 568-2570		5. State of Incorporation Rhode Island			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island The retail sale of alcoholic beverages, non-alcoholic beverages and related items					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Maurice A. Pelkey			Vice President Name Brian Pelkey		
Street Address 444 Hill Road			Street Address 456 Hill Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Maurice A. Pelkey			Treasurer Name Brian Pelkey		
Street Address 444 Hill Road			Street Address 456 Hill Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	common	no par value	100	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.

Maurice A. Pelkey 2-8-05
Signature of Officer Date

Maurice A. Pelkey
Print or Type Name of Officer

President
Title of Officer

File Date 2-10-05
Check No. 5239
By: KB
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 86405		2. Name of Corporation CHUM'S SPIRITS LTD.			
3. Street Address Principal Business Office 444 Hill Road			City Pascoag	State RI	Zip 02859
4. Business Phone No. (401) 568-2570		5. State of Incorporation RHODE ISLAND			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island THE RETAIL SALE OF ALCOHOLIC BEVERAGES, NON-ALCOHOLIC BEVERAGES AND RELATED ITEMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Maurice A. Pelkey			Vice President Name Brian Pelkey		
Street Address 444 Hill Road			Street Address 456 Hill Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Maurice A. Pelkey			Treasurer Name Brian Pelkey		
Street Address 444 Hill Road			Street Address 456 Hill Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	Common		100	common	no par value

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



* 8 6 4 0 5 *

FILED

File Date

JAN 15 2004

Check No.

By: **47586 AM**

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.

Maurice Pelkey 1-14-04 ✓
Signature of Officer Date

Maurice A. Pelkey

Print or Type Name of Officer

President

Title of Officer



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **86405** 2. Name of Corporation **CHUM'S SPIRITS LTD.**
3. Street Address Principal Business Office **444 Hill Road** City **Pascoag** State **RI** Zip **02859**
4. Business Phone No. **(401) 568-2570** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**
7. Brief Description of the Character of Business Conducted in Rhode Island
beverages and related items

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Maurice A. Pelkey	Vice President Name Brian Pelkey
Street Address 444 Hill Road	Street Address 456 Hill Road
City State Zip Pascoag RI 02859	City State Zip Pascoag RI 02859
Secretary Name Maurice A. Pelkey	Treasurer Name Brian Pelkey
Street Address 444 Hill Road	Street Address 456 Hill Road
City State Zip Pascoag RI 02859	City State Zip Pascoag RI 02859

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE common

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common no par value

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



* 8 6 4 0 5 *

File Date: 2/24/03
Check No.: 4360
By: [Signature]

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] 2-20-03
Signature of Officer Date

Maurice A. Pelkey
Print or Type Name of Officer
President



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86405** 2. Name of Corporation **CHUM'S SPIRITS LTD.**

3. Street Address Principal Business Office **444 Hill Road** City **Pascoag** State **RI** Zip **02859**

4. Business Phone No. **(401) 568-2570** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**

7. Brief Description of the Character of Business Conducted in Rhode Island **retail sale of alcoholic beverages, non-alcoholic beverages and related items**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Maurice A. Pelkey	Vice President Name Brian Pelkey
Street Address 444 Hill Road	Street Address 456 Hill Road
City Pascoag State RI Zip 02859	City Pascoag State RI Zip 02859
Secretary Name Maurice A. Pelkey	Treasurer Name Brian Pelkey
Street Address 444 Hill Road	Street Address 456 Hill Road
City Pascoag State RI Zip 02859	City Pascoag State RI Zip 02859

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

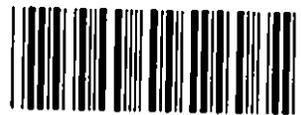
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
100 NO PAR VALUE	COMMON	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	COMMON	no par value

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



* 8 6 4 0 5 *

File Date: 2.22.02

Check No.: 3982

By: [Signature]

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] 2/20/02
Signature of Officer Date

Maurice A. Pelkey
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86405** 2. Name of Corporation **CHUM'S SPIRITS LTD.**

3. Street Address Principal Business Office City State Zip
444 Hill Road **Pascoag** **RI** **02859**

4. Business Phone No. 5. State of Incorporation
 RHODE ISLAND

6. SIC Code
3251

7. Brief Description of the Character of Business Conducted in Rhode Island **retail sale of alcoholic beverages, non-alcoholic beverages and related items**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<i>President Name</i> Maurice A. Pelkey <i>Street Address</i> 444 Hill Road <i>City</i> <i>State</i> <i>Zip</i> Pascoag RI 02859 <i>Secretary Name</i> Maurice A. Pelkey <i>Street Address</i> 444 Hill Road <i>City</i> <i>State</i> <i>Zip</i> Pascoag RI 02859	<i>Vice President Name</i> Brian Pelkey <i>Street Address</i> 456 Hill Road <i>City</i> <i>State</i> <i>Zip</i> Pascoag RI 02859 <i>Treasurer Name</i> Brian Pelkey <i>Street Address</i> 456 Hill Road <i>City</i> <i>State</i> <i>Zip</i> Pascoag RI 02859
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<i>Director Name</i> None <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i> <i>Director Name</i> <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i>	<i>Director Name</i> <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i> <i>Director Name</i> <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i>
---	--

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

AUTHORIZED SHARES

<i>Number of Shares</i>	<i>Class/Series</i>	<i>Par Value</i>
100 SHS NO PAR VALUE	COMMON	

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

ISSUED SHARES

<i>Number of Shares</i>	<i>Class/Series</i>	<i>Par Value</i>
100	common	no par value

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



* 8 6 4 0 5 *

2/27

File Date: _____

3641

Check No.: _____

[Signature]

By: _____

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.

Maurice A. Pelkey 2/23/01

Signature of Officer *Date*

Maurice A. Pelkey

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86405** 2. Name of Corporation **CHUM'S SPIRITS LTD.**
3. Street Address Principal Business Office City State Zip
444 Hill Road Pascoag RI 02859
4. Business Phone No. 5. State of Incorporation 6. SIC Code
RHODE ISLAND 3251

7. Brief Description of the Character of Business Conducted in Rhode Island **retail sale of alcoholic beverages, non-alcoholic beverages and related items**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Maurice A. Pelkey Street Address 444 Hill Road City State Zip Pascoag RI 02859	Vice President Name Brian Pelkey Street Address 456 Hill Road City State Zip Pascoag RI 02859
Secretary Name Maurice A. Pelkey Street Address 444 Hill Road City State Zip Pascoag RI 02859	Treasurer Name Brian Pelkey Street Address 456 Hill Road City State Zip Pascoag RI 02859

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE Street Address NONE City State Zip NONE NONE NONE	Director Name NONE Street Address NONE City State Zip NONE NONE NONE
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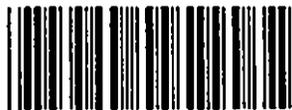
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100 SHS NO PAR VALUE	COMMON	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no par value

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



* 8 6 4 0 5 *

File Date: 3/6/00
Check No.: 3293
By: [Signature]

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] 3-6-00 ✓
Signature of Officer Date
Maurice A. Pelkey
Print or Type Name of Officer
President
Title of Officer

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. 86405		2. Name of Corporation CHUM'S SPIRITS LTD.	
3. Street Address Principal Business Office 444 Hill Road		City Pascoag	State RI
4. Business Phone No. (401) 568-2570		5. State of Incorporation RHODE ISLAND	Zip 02859
6. SIC Code 3251			
7. Brief Description of the Character of Business Conducted in Rhode Island retail sale of alcoholic beverages, non-alcoholic beverages and related items			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Maurice A. Pelkey		Vice President Name Brian Pelkey	
Street Address 444 Hill Road		Street Address 456 Hill Road	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
Secretary Name Maurice A. Pelkey		Treasurer Name Brian Pelkey	
Street Address 444 Hill Road		Street Address 456 Hill Road	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
100 SHS NO PAR VALUE		100	common
Par Value		Par Value	
		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: Feb 8, 99
Check No.: 2846
By: [Signature]

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.
Maurice A. Pelkey 2-5-99
Signature of Officer Date
Maurice A. Pelkey
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86405** 2. Name of Corporation **CHUM'S SPIRITS LTD.**
3. Street Address Principal Business Office **444 Hill Road** City **Pascoag** State **RI** Zip **02859**
4. Business Phone No. **(401) 568-2570** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**

7. Brief Description of the Character of Business Conducted in Rhode Island **retail sale of alcoholic beverages, non-alcoholic beverages and related items**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **Maurice A. Pelkey**
Street Address **444 Hill Road**
City **Pascoag** State **RI** Zip **02859**

Vice President Name **Brian Pelkey**
Street Address **456 Hill Road**
City **Pascoag** State **RI** Zip **02859**

Secretary Name **Maurice A. Pelkey**
Street Address **444 Hill Road**
City **Pascoag** State **RI** Zip **02859**

Treasurer Name **Brian Pelkey**
Street Address **456 Hill Road**
City **Pascoag** State **RI** Zip **02859**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **None**
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par value

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



* 8 6 4 0 5 *

File Date: 2/24
Check No.: 2372
By: KUB

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.

Maurice A. Pelkey 2-21-98
Signature of Officer Date

MAURICE A. PELKEY
Print or Type Name of Officer

President
Title of Officer



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. 86405		2. Name of Corporation CHUM'S SPIRITS LTD.	
3. Street Address Principal Business Office 444 Hill Road		City Pascoag	State RI
4. Business Phone No. (401) 568-2570		Zip 02859	6. SIC Code 3251
5. State of Incorporation RHODE ISLAND		7. Brief Description of the Character of Business Conducted in Rhode Island retail sale of alcoholic beverages, non-alcoholic beverages and related items	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name MAURICE A. PELKEY		Vice President Name BRIAN PELKEY	
Street Address 444 Hill Road		Street Address 456 Hill Road	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
Secretary Name MAURICE A. PELKEY		Treasurer Name BRIAN PELKEY	
Street Address 444 Hill Road		Street Address 456 Hill Road	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	
100 SHS NO PAR VALUE			
		Number of Shares	Class/Series
		100	common
			Par Value
			no par value

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



* 8 6 4 0 5 *

File Date: 3 31 97
Check No.: 1815
By: MP

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.

J Maurice A. Pelkey 2/28/97
Signature of Officer Date

MAURICE A. PELKEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

**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, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 86405		2. NAME OF CORPORATION CHUM'S SPIRITS LTD.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 444 Hill Road			CITY Pascoag	STATE RI	ZIP CODE 02859
4. BUSINESS PHONE NO. (401) 568-2570		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 3251
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND the retail sale of alcoholic beverages, non-alcoholic beverages, and related items					

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME MAURICE A. PELKEY			VICE PRESIDENT NAME BRIAN PELKEY		
STREET ADDRESS 444 Hill Road			STREET ADDRESS 456 Hill Road		
CITY Pascoag	STATE RI	ZIP CODE 02859	CITY Pascoag	STATE RI	ZIP CODE 02859
SECRETARY NAME MAURICE A. PELKEY			TREASURER NAME BRIAN PELKEY		
STREET ADDRESS 444 Hill Road			STREET ADDRESS 456 Hill Road		
CITY Pascoag	STATE RI	ZIP CODE 02859	CITY Pascoag	STATE RI	ZIP CODE 02859

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME None			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS	NO PAR VALUE		100	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.

Maurice A. Pelkey
Signature of Officer

MAURICE A. PELKEY

Print or Type Name of Officer

PRESIDENT

Title of Officer

1/28/96
Date

File Date:

1/31/96

Check No:

1125

By:

COA

For Secretary of State Use Only