

FOR SECRETARY OF STATE USE ONLY

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

401.222.3010

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. 2. Name of Corporation 102806 OPUS by Collins, Inc. 3. Street Address Principal Business Office State 122 Manton Avenue, Suite 601 Providence 02909 RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 521-4060 RHODE ISLAND 2634 7. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTOR OF PROMOTIONAL PRODUCTS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joseph M. Collins Elizabeth A. Collins Street Address 122 Manton Avenue, Suite 601 122 Manton Avenue, Suite 601 State 7.10 State Providence | RI Providence Treusurer Name John F. Collins Joseph M. Collins Street Address Street Address 122 Manton Avenue, Suite 601 122 Manton Avenue, Suite 601 State State Providence RI 02909 Providence 02909 RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Sirvel Address City City Zip 7 10.0 Director Name Director Name None None Street Address Street Address City 7.ip 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 Cluss/Series Par Value 1,000 NO PAR VALUE 100 Common No Par 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, 2.3.00 Lignature of Officer Joseph M. Collins Print or Type Name of Officer President

Title of Officer



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

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

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)					
1. Corporate ID No.	2. Name of Corporatio	n			<del></del>	
102806	OPUS by Collin	ns, Inc.	•			
3 Street Address Principal Business			City	State	Zip	
122 Manton Aver	nue, Suite		Providence	RI	02909	
4. Business Phone No. 5 State of Incorporation (401) 521-4060					G. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island					2634	
DISTRIBUTOR OF PRO	MOTIONAL PRODUC	TS.				
8. NAMES AND ADDRESSES	S OF THE OFFICERS	: ("X" BOX FOR ATT	TACHMENT)     FILL IN S	PACES BEFORE USING	TATACHMENTE	
Presulent Name		,	Vice President Name	NOUS DEFORE OSING	3 WILLOUIWENIS	
Joseph M. Coll:	ins		Elizabeth A.	Collins		
Street Address	- Cook by a		Street Address			
122 Manton Aver	<del></del>	· · · · · · · · · · · · · · · · · · ·	122 Manton A	venue, Suite	601	
Providence	State RI	<sup>Ζίρ</sup> 02909	City	State	Zip	
Secretary Name	.L	1 02303	Providence	RI	] 02909	
John F. Collins	3		Joseph M. Co	llina		
Street Address			Street Address	riins	<del></del>	
122 Manton Aver	ue, Suite 6	501	122 Manton A	venue. Suite	601	
City	State	Zip	City	State	Zip	
Providence	RI	02909	Providence	RI	02909	
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	RS: ("X" BOX FOR A	· —.	SPACES BEFORE USIN	NG ATTACHMENTS	
None			Director Name			
Street Address	<del></del>	<del></del>	None Street Address	<del></del>		
City	State	Zip	City	State	Zip	
•••••••••••••••••••••••••••••••	. <b>J</b>	<u>.</u>				
Director Name None			Director Name	•••••	***************************************	
Sircei Address			None			
			Street Address		i	
City	State	Zip	City	State	Zip	
	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACH	MENT)	
AUTHORIZED SHARES		<del>_</del>	ISSUED SHARES	<del></del>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			100			
			100	Common	No Par	
This report must be s	signed in ink by cith	er the President, Vice	President, Secretary, Assistant	Secretary Treasurer I	Paceiver or Tourse	
·	•	,		becievary, ricasurer, r	Acceives of Tingles	
	IBN GBRAG HABA (BRO GANA A	11 I <b>11</b> 1				
	<u> </u>					
	B		Under penalty of perju	ry, I declare and affirm the	at I have examined this report,	
	<del>-0 2 8 0 6</del>	<b>*</b>	including any accompa	mying schedules and state	ments, and that all statements	
1/26/104			contained herein are tr	ue and correct.		
File Date 1000			V Jeseph	M. (alleris	1-22-04	
Check No. 4704			Signature of Officer		Date	
~			Joseph M.			
Ву:	<del></del>		Print or Type Name of C	fficer		
FOR SECRETARY OF STA	TE USE ONLY		President		_	
<del></del>		]	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

FORM MUST BE TYPED OR PRIN	VTED IN BLACKS				
1. Corporate 1D No.	2. Name of Corpo	ration		•	
102806	OPUS by C	Collins, Inc.			
1 22 Manton Ay Business Principal Busines 122 Manton Ay Business Phane No.	enue; Suit	6.01 5. State of Incorporat	coy Providence	State RI	Zip 02909
(401) 521–406 Brief Description of the Charact	er of Business Conducted	RHODE ISLA	AND		2634
Distributor c	of promotio	nal products	•		
3. NAMES AND ADDRE. President Name	SSES OF THE OF	FICERS (*X* BOX FOR AT	TACHMENT) TELL IN SPACES Vice President Name	BEFORE USING	ATTACHMENTS
Joseph M. Col			Elizabeth A. Street Address	. Collins	
122 Manton Av	enue, Suit	e 601	122 Manton A		
Providence	RI	02909	Providence	State RI	zip 02909
ecretary Name John F. Colli	ns		Treasurer Name  Joseph M. Co		
			£		
**			Street Address		
122 Manton Av		e 601		Avenue, Si	uite 601
122 Manton Av Providence	State RI	zıp 02909	122 Manton A	State R T	<i>Zip</i> 02909
122 Manton Av  try Providence NAMES AND ADDRES  irector Name None	State RI	zıp 02909	122 Manton A City Providence ATTACHMENT) FILL IN SPACE Director Name None	State R T	<i>Zip</i> 02909
122 Manton Av  Ity Providence . NAMES AND ADDRES  itector Name None  seet Address	State RI	zıp 02909	122 Manton A City Providence ATTACHMENT) FILL IN SPACE Director Name	State R T	<i>Zip</i> 02909
122 Manton Av  Ity Providence NAMES AND ADDRES  itector Name None reet Address	State RI	zıp 02909	122 Manton A City Providence ATTACHMENT) FILL IN SPACE Director Name None Street Address City	State RI ES BEFORE USIN	ZIP 02909 IG ATTACHMENTS
122 Manton Av	State RI	zıp 02909	122 Manton A City Providence ATTACHMENT) FILL IN SPACE Director Name None Street Address City Director Name	State RI ES BEFORE USIN	ZIP 02909 IG ATTACHMENTS
"'' Providence	State RI	zıp 02909	122 Manton A City Providence ATTACHMENT) FILL IN SPACE Director Name None Street Address City	State RI ES BEFORE USIN	ZIP 02909 IG ATTACHMENTS
122 Manton Av	State RI	zıp 02909	122 Manton A City Providence ATTACHMENT) FILL IN SPACE Director Name None Street Address City Director Name None None	State RI ES BEFORE USIN	ZIP 02909 IG ATTACHMENTS
122 Manton Av  Ity Providence NAMES AND ADDRES  Itector Name None Itector Name None Itector Name None Address	State RI SSES OF THE DIR State	Zip  02909  ECTORS ("X" BOX FOR A	122 Manton A City Providence ATTACHMENT) FILL IN SPACE Director Name None Street Address  City  Director Name None Street Address  City  11. SHARES ISSUED (**)	State RI ES BEFORE USIN  State	ZIP 02909 IG ATTACHMENTS ZIP
122 Manton Av  Ity Providence NAMES AND ADDRES  Itector Name None Itector Name None None Itector Name None State Address  Ity  O. SHARES AUTHORIZE	State RI SSES OF THE DIR State	Zip  02909  ECTORS ("X" BOX FOR A	122 Manton A City Providence ATTACHMENT) FILL IN SPACE Director Name None Street Address  City  Director Name None Street Address  City  City  City  City  City	State RI ES BEFORE USIN  State	ZIP 02909 RG ATTACHMENTS  ZIP  ZIP
122 Manton Avity Providence NAMES AND ADDRES itector Name None rect Address ity  Sector Name None rect Address ty  SHARES AUTHORIZE THORIZED SHARES	State RI SSES OF THE DIR State  State D (*X* BOX FOR ATT	ZIP  O 2909 ECTORS ("X" BOX FOR A ZIP ZIP ZIP	122 Manton A City Providence ATTACHMENT) FILL IN SPACE Director Name None Street Address City Director Name None Street Address City 11. SHARES ISSUED (**) ISSUED SHARES	State RI ES BEFORE USIN  State  State  State	Zip 02909 IG ATTACHMENTS  Zip  Zip  CHMENT)

Th



File Date:	27.03	
Check No.:	3587	
_	77	

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 rue and correct.

Joseph M. Collins

Print or Type Name of Officer

President

Title of Officer

Form 630 12102



FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORI	y I-March 1	Filling Fee: \$50.00	PORT FOR THE	YEAR <u>200</u>	STOP PLEASE READ INSTRUCTIONS
102806  3. Street Address Principal Busines	OPUS by C	ation solitons, Inc.	The state of the s		Control of the second
1 122 Manton Av		a 601	City	State	Zip
4. Business Phone No.	enac, paice	5. State of Incorporation	Providence	[ RI	02909 6. SIC Code
(401) 521-406 7. Brief Description of the Charact	er of Business Conducted		<u> </u>	- ·	2634
Distributor o 8. NAMES AND ADDRE	f promotion	nal products ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
Joseph M. Col	lins	<del>-</del>	Vice President Name Elizabeth A. Street Address	Collins	·
122 Manton Av	enue, Suite	e 601	•	venue, Suite	601
City	State	Zip	City	State	Zip
Providence Secretary Name	RI	02909	Providence	RI	02909
John F. Colling	ns 	· • • • • • • • • • • • • • • • • • • •	Treasurer Name  Joseph M. Co  Street Address	llins	
122 Manton Ave	enue, Suite	≥ 601		venue, Suite	601
City	State	Zip	City	7. State	Zip
Providence	RI	02909	Providence	RI	02909
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) _ FILL IN SPACES	BEFORE USING ATTA	CHMENTS
None			Director Name None		
Street Address			Street Address	<b>-</b>	<del>-</del>
		••			•
City	State hall girl	Zip Zip	City	State	Zip
Director Name None	•		Director Name		
Street Address			None	-	
1			Street Address		ļ
City	State	Zip	city	State	Zip
10. SHARES AUTHORIZE	O ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		· · · · · ·	ISSUEI) SHARES	·	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par
<del></del>	· - · · · <u>-</u>				
This report must be sign	ed in ink by eith	er the President, Vice	President, Secretary, Assista	int Secretary. Treasure	Pr. Receiver or Trustee
			<b>,,</b>	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	er, receiver or rustee
*	10280	6 *	Under penalty of perju	ry, I declare and affirm t	hat I have examined
•	, -0.	- ·	that all statements con	ny accompanying sched tained hydelpyre true an	ules and statements, and
File Date:	1-29-0		, // 14	7/ // ///	
	270]_	•	1 Joseph 7	"I. (ellen	11-28-02
Check No.:	<del></del>	<del></del>	Significant of Officer	_	Date
Ву:	Che		Joseph M. ( Print or Type Name of Officer	Ollins	

President

Title of Officer

Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

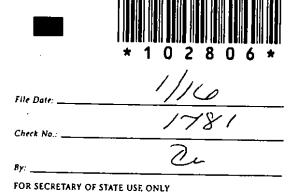
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



•	•	, =	
(FORM MUST B	E TYPED II	N BLACK)	

1. Corporate ID. Na. 102806	2. Name of Corpo	ration Collins, Inc.			
3. Street Address Principal Busine.			City	State	•
122 Manton "Av Business Phone No. (401) 521-406 7. Brief Description of the Charact	ing the second	RHODE ISL	Providence	RICH	21p 02909 6 SIC Codes 2034
Distributor o  8. NAMES AND ADDRE  President Name	of promotionsses of the OFF	nal products FICERS ("X" BOX FOR ATT	TACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	CHMENTS
Joseph M. Col	lins		Elizabeth A	· Collins	
122 Manton Av	enue, Suit	e 601	122 Manton	Avenue, Suite	601
City	State	Zip	City	State	Zip
Providence Secretary Name	RI	02909	Providence Treasurer Name	RI	02909
John F. Colli Street Address	ns		Joseph M. Co	ollins	
122 Manton Av	enue, Suit			Avenue, Suite	601
Providence		Zip	City	State	Zip
9. NAMES AND ADDRES	RI SSES OF THE DIR	02909 ECTORS ("X" BOX FOR A	Providence TTACHMENT) FILL IN SPACE Director Name	RI ES BEFORE USING ATTA	02909 ACHMENTS
None Street Address	•		None Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None Street Address			None Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT.	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VAL	.UE		100	Common	No Par

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.

Startue of Officer Me Collins 1-12-200

Joseph M. Collins

Print or Type Name of Officer

President

Title of Officer

F--- (10 17MA

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

STOP PIT MERI MI INMERCE HOM

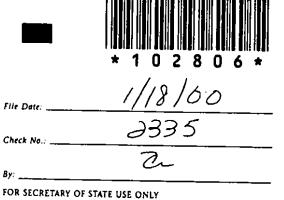
(FORM MUST BE TYPED IN BLACK)					
1. Corporate ID No. 102806	2. Name of Corporation OPUS by Collins, Inc.				
3. Street Address Principal Busine.	ss Office	City	State	Zip	
122 Manton As	venue, Suite 601	Providence	RI	0290	
(401) 521-400				6. SIC Code <b>2634</b>	

Brief Description of the Character of Business Conducted in Rhode Island Distributor of promotional products 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joseph M. Collins Elizabeth A. Collins Street Address Street Address 122 Manton Avenue, Suite 601 122 Manton Avenue, Suite 601 State State Zip Providence RI 02908 Providence RI 02908 Secretary Name Treasurer Name John F. Collins Joseph M. Collins Street Address Street Address 122 Manton Avenue, Suite 601 122 Manton Avenue, Suite 601 City State State Providence RI 02908 Providence RI 0290.8 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address City State Zip State Zip Director Name Director Name None None Street Address Street Address State City Zip 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 Class/Series Par Value

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

100

Title of Officer



1,000 NO PAR VALUE

Under penalty of perjury, I declare and affi-	rm that I have examined
this report, including any accompanying so that all statements contained herein are tru	hedules and statements, and
Significant of Officer	1-14-2000 Date
Joseph M. Collins	
Print or Type Name of Officer	
President	

Common

No Par



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

CTTOTAL
2101
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYP.				•		
1. Corporate ID No. 10280		2. Name of Corporat OPUS by Co				
3. Street Address Princip			···			. 4
·			601	City	State	Zip *
l 22 Mantor Business Phone No.	ı_Avenue	s, Suite_	5. State of Incorporal	Providence _	RI	02 <u>9</u> 08
(401) 521-	4060		RHODE ISL			6. SIC Code
Brief Description of th	e Character of Ru	siness Conducted in			<del></del>	2634
			l products			•
NAMES AND	DDRESSES	OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT) _ FILL IN SPACES E	FEODE HEINO ATTA	111111111111111111111111111111111111111
esident Name			Constant Don Ton Mi	: Vice President Name	EFURE USING AT IAC	HMENTS ;
Toseph M.	Collins	;		Elizabeth A.	Colling	
eet Address	-			Street Address	COTTINS	
22_Manton	Avenue	, Suite	601	122_Manton_Av	renue. Suita	601
ly		tale	Zip	City	State	Zip
rovidence		RI	02908	Providence	RI	02908
retary Name		***************************************		Treasurer Name	······································	
ohn_FCo	llins_			Joseph M. Col	lins	
eet Address				Street Address		<del></del>
22 Manton	Avenue	Suite_	601	122 Manton Av	enue, Suite	601 :
<del>-</del>	1 6	tate	Zip	City		Zip
y			····r	City	State	
rovidence NAMES AND A	DDRESSES (	. بغیر ب	02908	Providence  ATTACHMENT) C FILL IN SPACES  Director Name	RT .	nagne
TOVIDENCE NAMES AND A ector Name	DDRESSES (	OF THE DIRE	02908	Providence ATTACHMENT) C FILL IN SPACES	RT .	nagne
rovidence NAMES AND A cctor Name One	DDRESSES	OF THE DIRE	02908	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  None	RT .	nagne
NAMES AND A CCCOT NAMES One	DDRESSES	OF THE DIRE	02908 CTORS (*X* BOX FOR	Providence  ATTACHMENT) FILL IN SPACES  Director Name  Street Address  Gity	RI BEFORE USING ATTA	02908 CHMENTS
rovidence NAMES AND A ector Name one one et Address	DDRESSES	OF THE DIRE	02908 CTORS (*X* BOX FOR	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street Address  City  Director Name	RI BEFORE USING ATTA	02908 CHMENTS
rovidence NAMES AND A ector Name one ector Name one	DDRESSES	OF THE DIRE	02908 CTORS (*X* BOX FOR	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street Address  City  Director Name  None	RI BEFORE USING ATTA	02908 CHMENTS
Providence NAMES AND A ector Name lone eet Address ector Name one	DDRESSES	OF THE DIRE	02908 CTORS (*X* BOX FOR	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street Address  City  Director Name	RI BEFORE USING ATTA	02908 CHMENTS
NAMES AND A cotor Name one cotor Name one actor Name one one	DDRESSES	OF THE DIRE	02908 CTORS (*X* BOX FOR	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street Address  City  Director Name  None	RI BEFORE USING ATTA	02908 ACHMENTS
NAMES AND A cetar Name one et Address one et Address	DDRESSES	OF THE DIRE	O 2 9 0 8 CTORS (*X* BOX FOR  Val  Zip	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street 'Address'  City  Director Name  None  Street Address	RI BEFORE USING ATTA	02908 CHMENTS
rovidence NAMES AND A ector Name one et Address  cctor Name one et Address	DDRESSES	OF THE DIRE	O 2 9 0 8 CTORS (*X* BOX FOR ,	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street Address  City  Director Name  None  Street Address  City	RI BEFORE USING ATTA	02908 ACHMENTS  Zip
NAMES AND A ector Name One ect Address  SHARES AUTH	DDRESSES	OF THE DIRE	O 2 9 0 8 CTORS (*X* BOX FOR ,	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street 'Address'  City  Director Name  None  Street Address	RI BEFORE USING ATTA	02908 ACHMENTS  Zip
NAMES AND A cctor Name One et Address  SHARES AUTH HORIZED SHARES	DDRESSES	OF THE DIRE	O 2 9 0 8 CTORS (*X* BOX FOR ,	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street Address  City  Director Name  None  Street Address  City  11. SHARES ISSUED (*x	RI BEFORE USING ATTA  State  State  BOX FOR ATTACHMENT.	02908 ACHMENTS  Zip
NAMES AND A ector Name One ect Address  SHARES AUTH HORIZED SHARES mber of Shares	DDRESSES	OF THE DIRE.	O 2 9 0 8 CTORS (*X* BOX FOR ,  Zip  Zip  CHMENT)	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street Address  City  Director Name  None  Street Address  City  11. SHARES ISSUED (*X  BSUED SHARES  Number of Shares	State  State  State  Class/Series	21p
NAMES AND A ector Name One ect Address  SHARES AUTH HORIZED SHARES mber of Shares	DDRESSES	OF THE DIRE.	O 2 9 0 8 CTORS (*X* BOX FOR ,  Zip  Zip  CHMENT)	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  None  Street Address  City  City  The Street Address  City  Street Address  City  11. SHARES ISSUED (*X ISSUED STARES)	RI BEFORE USING ATTA  State  State  BOX FOR ATTACHMENT.	02908 ACHMENTS  Zip
Providence NAMES AND A	DDRESSES	OF THE DIRE.	O 2 9 0 8 CTORS (*X* BOX FOR ,  Zip  Zip  CHMENT)	Providence  ATTACHMENT) C FILL IN SPACES  Director Name  Street Address  City  Director Name  None  Street Address  City  11. SHARES ISSUED (*X  BSUED SHARES  Number of Shares	State  State  State  Class/Series	21p

	* 1 0 2 8 0	
Flle Date:	Veb 11,99	1
Check No.:	1269	
Ву:	JD:	10
FOR SECRETA	RY OF STATE USE ONLY	

President