

(MUST BE TYPED IN BLACK)

1. Separate ID No. 25507	2. Name of Corporation Evorett J. Prescott, Inc.			
3. Address Principal Business Office		City	State	Zip
4. Business Phone No.	5. State of Incorporation MAINE		6. SIC Code 2818	
Description of the Character of Business Conducted in Rhode Island				

NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name		Vice President Name		
Address		Street Address		
State	Zip	City	State	Zip
Secretary Name		Treasurer Name		
Address		Street Address		
State	Zip	City	State	Zip

NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Address		Street Address		
State	Zip	City	State	Zip
Director Name		Director Name		
Address		Street Address		
State	Zip	City	State	Zip

SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

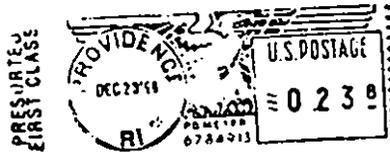
Report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements made are true and correct.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
James R. Langevin, Secretary of State

RETURN SERVICE
REQUESTED



XX12/24 FROM RI023

00R4036* 029033074 1198 09 12/26/98 44
RETURN TO SENDER
GORHAM & GORHAM INC
PO BOX 48
NORTH SCITUATE RI 02857-0048
RETURN TO SENDER

02903-2828 48303

