



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. 92009		2. Name of Corporation Rondeau Enterprises, Inc.			
3. Street Address Principal Business Office 1370 Liendon Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 769-1009		5. State of Incorporation RHODE ISLAND		6. SIC Code 3079	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ERECT, CONSTRUCT, ESTABLISH, PURCHASE, LEASE AND OTHERWISE ACQUIRE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Laurence Rondeau			Vice President Name Donald Rondeau		
Street Address 105 Park Avenue			Street Address 228 Orchard Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Laurence Rondeau			Treasurer Name Donald Rondeau		
Street Address 105 Park Avenue			Street Address 228 Orchard Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Laurence Rondeau			Director Name Donald Rondeau		
Street Address 105 Park Avenue			Street Address 228 Orchard Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Laurence Rondeau			Director Name Donald Rondeau		
Street Address 105 Park Avenue			Street Address 228 Orchard Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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
1,000 NO PAR VALUE			1,000	Common	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 2-1-05
Check No 2652
By: LR

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.

Laurence P. Rondeau 1/23/05
Signature of Officer Date

Laurence Rondeau
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92009		2. Name of Corporation Rondeau Enterprises, Inc.			
3. Street Address Principal Business Office 1370 Mendon Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 769-1009		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO ERECT, CONSTRUCT, ESTABLISH, PURCHASE, LEASE AND OTHERWISE ACQUIRE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LAURENCE RONDEAU			Vice President Name DONALD RONDEAU		
Street Address 105 Park Avenue			Street Address 228 Orchard Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name LAURENCE RONDEAU			Treasurer Name DONALD RONDEAU		
Street Address 105 Park Avenue			Street Address 228 Orchard Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LAURENCE RONDEAU			Director Name DONALD RONDEAU		
Street Address 105 Park Avenue			Street Address 228 Orchard Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name LAURENCE RONDEAU			Director Name DONALD RONDEAU		
Street Address 105 Park Avenue			Street Address 228 Orchard Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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
1,000 NO PAR VALUE			1,000	Common	No par value

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



* 9 2 0 0 9 *

File Date 02/01/04

Check No. 2279

By: SE

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.

Laurence Rondeau 1-24-04
Signature of Officer Date

LAURENCE RONDEAU
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. **92009**
2. Name of Corporation **Rondeau Enterprises, Inc.**
3. Street Address Principal Business Office
1370 Mendon Road
4. Business Phone No. **(401) 769-1009**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

City **Cumberland** State **RI** Zip **02864**
6. SIC Code **3079**

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

President Name
LAURENCE RONDEAU
Street Address
105 Park Avenue
City **Woonsocket** State **RI** Zip **02895**

Vice President Name
DONALD RONDEAU
Street Address
228 Orchard Street
City **Woonsocket** State **RI** Zip **02895**

Secretary Name
LAURENCE RONDEAU
Street Address
105 Park Avenue
City **Woonsocket** State **RI** Zip **02895**

Treasurer Name
DONALD RONDEAU
Street Address
228 Orchard Street
City **Woonsocket** State **RI** Zip **02895**

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

Director Name
LAURENCE RONDEAU
Street Address
105 Park Avenue
City **Woonsocket** State **RI** Zip **02895**

Director Name
DONALD RONDEAU
Street Address
228 Orchard Street
City **Woonsocket** State **RI** Zip **02895**

Director Name
NONE
Street Address

City State Zip

Director Name
NONE
Street Address

City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
1,000	Common	No par value

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



* 9 2 0 0 9 *

File Date: 2.6.03
Check No.: 1910
By: LP

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.
Laurence R. Rondeau 1-25-03
Signature of Officer Date

LAURENCE RONDEAU
Print or Type Name of Officer
President
Title of Officer



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. **92009** 2. Name of Corporation **Rondeau Enterprises, Inc.**
3. Street Address Principal Business Office **1370 Mendon Road** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **(401) 769-1009** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

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

<p>President Name LAURENCE RONDEAU</p> <p>Street Address 105 Park Avenue</p> <p>City State Zip Woonsocket RI 02895</p> <p>Secretary Name LAURENCE RONDEAU</p> <p>Street Address 105 Park Avenue</p> <p>City State Zip Woonsocket RI 02895</p>	<p>Vice President Name DONALD RONDEAU</p> <p>Street Address 228 Orchard Street</p> <p>City State Zip Woonsocket RI 02895</p> <p>Treasurer Name DONALD RONDEAU</p> <p>Street Address 228 Orchard Street</p> <p>City State Zip Woonsocket RI 02895</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name LAURENCE RONDEAU</p> <p>Street Address 105 Park Avenue</p> <p>City State Zip Woonsocket RI 02895</p> <p>Director Name NONE</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name DONALD RONDEAU</p> <p>Street Address 228 Orchard Street</p> <p>City State Zip Woonsocket RI 02895</p> <p>Director Name NONE</p> <p>Street Address</p> <p>City State Zip</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

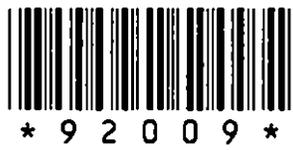
Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	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: 2-11-02
Check No.: 1578
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.

Laurence R. Rondeau 2-11-02
Signature of Officer Date
LAURENCE RONDEAU
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. **92009** 2. Name of Corporation **Rondeau Enterprises, Inc.**

3. Street Address Principal Business Office **1370 Mendon Road** City **Cumberland** State **RI** Zip **02864**

4. Business Phone No. **(401) 769-1009** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

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

President Name LAURENCE RONDEAU	Vice President Name DONALD RONDEAU
Street Address 105 Park Avenue	Street Address 228 Orchard Street
City State Zip Woonsocket RI 02895	City State Zip Woonsocket RI 02895

Secretary Name LAURENCE RONDEAU	Treasurer Name DONALD RONDEAU
Street Address 105 Park Avenue	Street Address 228 Orchard Street
City State Zip Woonsocket RI 02895	City State Zip Woonsocket RI 02895

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

Director Name LAURENCE RONDEAU	Director Name DONALD RONDEAU
Street Address 105 Park Avenue	Street Address 228 Orchard Street
City State Zip Woonsocket RI 02895	City State Zip Woonsocket RI 02895
Director Name NONE	Director Name NONE
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
1,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common 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: 2/13
Check No.: 1217
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.

Laurence P. Rondeau 2-5-01
Signature of Officer Date

LAURENCE RONDEAU
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. **92009** 2. Name of Corporation **Rondeau Enterprises, Inc.**

3. Street Address Principal Business Office **1370 Mendon Road** City **Cumberland** State **RI** Zip **02864**

4. Business Phone No. **(401) 769-1009** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

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

<p>President Name LAURENCE RONDEAU</p> <p>Street Address 450 Summer Street</p> <p>City State Zip Woonsocket RI 02895</p> <p>Secretary Name LAURENCE RONDEAU</p> <p>Street Address 450 Summer Street</p> <p>City State Zip Woonsocket RI 02895</p>	<p>Vice President Name DONALD RONDEAU</p> <p>Street Address 91 Knight Street</p> <p>City State Zip Woonsocket RI 02895</p> <p>Treasurer Name DONALD RONDEAU</p> <p>Street Address 91 Knight Street</p> <p>City State Zip Woonsocket RI 02895</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name LAURENCE RONDEAU</p> <p>Street Address 450 Summer Street</p> <p>City State Zip Woonsocket RI 02895</p> <p>Director Name NONE</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name DONALD RONDEAU</p> <p>Street Address 91 Knight Street</p> <p>City State Zip Woonsocket RI 02895</p> <p>Director Name NONE</p> <p>Street Address</p> <p>City State Zip</p>
---	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 SHS	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000	Common	No par value

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



* 9 2 0 0 9 *

PAID

File Date: **JAN 19 2000**

Check No.: **SECY OF STATE**

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.

Laurence P. Rondeau 1/4/2000
Signature of Officer Date

LAURENCE RONDEAU
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. 92009		2. Name of Corporation Rondeau Enterprises, Inc.	
3. Street Address Principal Business Office 1370 Mendon Road		City Cumberland	State RI
		Zip 02864	
4. Business Phone No. (401) 769-1009		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 3079	
7. Brief Description of the Character of Business Conducted in Rhode Island Restaurant			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name LAURENCE RONDEAU		Vice President Name DONALD RONDEAU	
Street Address 450 Summer Street		Street Address 91 Knight Street	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Secretary Name LAURENCE RONDEAU		Treasurer Name DONALD RONDEAU	
Street Address 450 Summer Street		Street Address 91 Knight Street	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name LAURENCE RONDEAU		Director Name DONALD RONDEAU	
Street Address 450 Summer Street		Street Address 91 Knight Street	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 SHS NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
1,000	Common	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: Jan 29, 1999
Check No.: 02148
By: JD

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.

Laurence R. Rondeau Jan 16, 1999
Signature of Officer Date

LAURENCE RONDEAU
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. **92009** 2. Name of Corporation **Rondeau Enterprises, Inc.**

3. Street Address Principal Business Office **1370 Mendon Road** City **Cumberland** State **RI** Zip **02864**

4. Business Phone No. **(401) 769-1009** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

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

President Name **LAURENCE RONDEAU**

Street Address **450 Summer Street**

City **Woonsocket** State **RI** Zip **02895**

Secretary Name **LAURENCE RONDEAU**

Street Address **450 Summer Street**

City **Woonsocket** State **RI** Zip **02895**

Vice President Name **DONALD RONDEAU**

Street Address **91 Knight Street**

City **Woonsocket** State **RI** Zip **02895**

Treasurer Name **DONALD RONDEAU**

Street Address **91 Knight Street**

City **Woonsocket** State **RI** Zip **02895**

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

Director Name **LAURENCE RONDEAU**

Street Address **450 Summer Street**

City **Woonsocket** State **RI** Zip **02895**

Director Name **NONE**

Street Address

City State Zip

Director Name **DONALD RONDEAU**

Street Address **91 Knight Street**

City **Woonsocket** State **RI** Zip **02895**

Director Name **NONE**

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

1,000 Common 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: _____

Check No.: _____

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.

Laurence P. Rondeau 1-26-98
Signature of Officer Date

LAURENCE RONDEAU
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. **92009** 2. Name of Corporation **Rondeau Enterprises, Inc.**
3. Street Address Principal Business Office **450 Summer Street** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **(401) 769-1009** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

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

President Name LAURENCE RONDEAU	Vice President Name DONALD RONDEAU
Street Address 450 Summer Street	Street Address 91 Knight Street
City Woonsocket State RI Zip 02895	City Woonsocket State RI Zip 02895
Secretary Name LAURENCE RONDEAU	Treasurer Name DONALD RONDEAU
Street Address 450 Summer Street	Street Address 91 Knight Street
City Woonsocket State RI Zip 02895	City Woonsocket State RI Zip 02895

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

Director Name LAURENCE RONDEAU	Director Name DONALD RONDEAU
Street Address 450 Summer Street	Street Address 91 Knight Street
City Woonsocket State RI Zip 02895	City Woonsocket State RI Zip 02895
Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS	NO PAR VALUE		1,000	Common	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: 1/14/97

Check No.: 110

By: [Signature]

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.

Laurence P. Rondeau Jan 17, 1997
Signature of Officer Date

LAURENCE RONDEAU

Print or Type Name of Officer

President

Title of Officer