

## 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

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL R	EPORT FOR THE YEAR	2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. Corporate ID No. 2. Name of Corporation MRM, INC. 6009 State 3. Street Address Principal Business Office JAMESTOWN 350 SERISIDE 4. Hustness Phone No. 5. State of Incorporation 7880 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name Sirect Address State JMMesto  $\sim$   $\sim$ Treasurer Name Street Address Street Address City State State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) CHARLOTTE ZITRLEN6D Sirect Address Since Address Zip State Director Name Director Name Street Address Street Address State Sinte 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series PAR NO 100 CUMMON 100 NO PAR VALUE COMMON 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. ZAKLENGO CHAKLUTT E Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY 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

lling Period: January 1 - FORM MUST BE TYPED OR PR		ng Fee: \$50.00			
Corporate ID No	2. Name of Corporati	on			
6009	MRM, INC.				
Street Address Principal Busines 350 SE17 S1			James Devi	State	2 to 25 35
Business Phone No.	DE DK	5. State of Incorporation			6. SIC Code
401 423	3518	RHODE ISLAND			7880
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NAMES AND ADDRESS	ES OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT)   FILL IN S	SPACES BEFORE USING	ATTACHMENTS
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Thinestous, v	パエ	62535			
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		**************************************	Desident Correct Acrist	Lat Considery Transport	Pagainer or Trustee
This report must t	oc signed in ink by e	ither the President, vice	President, Secretary, Assista	int Secretary, Treasurer, I	General of Maries
<b>  </b>		<del>-</del> -1		rjury, I declare and affirm th npanying schedules and state true and correct.	
File Date Date	-04		Signature of Officer	M Zaile	en (g) 1/1/0
Check No. 419V	<u> </u>	_	CHARLOTTE	M. BIRLE	vec 1/1/0
Ru:			Print or Type Name of		
By:		<del>-</del>	Pres.		
FOR SECRETARY OF	STATE USE ONLY		Title of Officer	<del></del>	

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

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FORM MUST BE TYPED OR PRINTE	ED IN BLACK)				
L Corporate ID No.	2. Name of Corporation	n			
6009	MRM, INC.				
3. Street Address Principal Business C 350 SENS LD			SAM BY TOWN	State R.T.	zip 02835°
1. Business Phone No.	0 2.2	5. State of Incorporation	• -	•	6. SIC Code
401 423	•	RHODE ISLAND			7880
CONSUL					
B. NAMES AND ADDRESS President Name	• •	ERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES B	EFORE USING ATTACH	MENTS
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City SHM & STOWN	State RI	02835	City	State	Zip
Secretary Name			Treasurer Name	•	
Street Address			Street Address	٠	
City	State	Złp	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	CTORS ("X" BOX FOR ATTA		BEFORE USING ATTAC	CHMENTS
Director Name	4. 5.	401-010	Director Name		
CHARLOTTE	M. 21	TH LENGO			
Street Address			Street Address		
- <del>-</del>	45106 014	<b>-</b> 1-	C.L.	fra.	7:-
City Till At the Annual Control	State R.J.	0:2835	City	State	Zip
JNMESTD WW Director Name	<b>A.</b>	02000	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	) ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 0 0 9 *	
ile Date:	1-13-03	
Check No.:	4006	
3y:	OL .	
OR SECRI	ETARY 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.

that all statements contained	nercin ai	re true an	a con	ect.	
Signature of Officer	slev v	1	9	03	
Signature of Officer			Date		
CHARLOTTE	M.	ZAR	LEI	<b>69</b> 0	
Olas Decition of Office					

Tille of Officer

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of State Corporations Division 00 North Main Street, Providence, RI 02903-1335 401-222-3040

A. 100	Office of the Secretar		11111110113			100 Nor	th Main Stre
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	FIT CORP			FOR	THE	YEAR _	2002



riling Perioa: January	I-March I •	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLA 1. Corporate ID No. 6009	ACK)  2. Name of Corpora  MRM, INC.	tion			
3. Street Address Principal Business	·		City	State	Zip
	Senside - 3518		Tamestrun	, KI	0 28 35 - 6. SIC Code 7880
8. NAMES AND ADDRES	SULTIN & SES OF THE OFFI	ICERS ("X" BOX FOR ATTACE	IMENT) FILL IN SPACES BE	EFORE USING ATTACH	MENTS
President Name CHARLOTT E Street Address	M. ZI	ARLEINGO	Vice President Name  Street Address		
	ine Dis		· Jilett Address		
City	State	zip 02835	Gity	State	Zip
Tomestrum Secretary Name	KI	02835	Treasurer Name	·	· •
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name			CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	HMENTS
CIHIKLOTTE Street Address	M. ZAR	Leiv 62	. Street Address		
city 12.1014 at 51.20	State 12T	21p 0 2335	City	State	Zip
Director Name	,	et ev e se Trans.	Director Name	•••	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("x" box for att	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	. <b>.</b> -
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	Cush	noN	100	COM MON	No PAR
his report must be sign	ed in ink by eith	ner the President, Vice F	President, Secretary, Assista	ant Secretary, Treasure	er, Receiver or Trustee
*	6009*	PAID \$50.00	this report, including a	ity, I declare and affirm t any accompanying sched stained herein are true an	ules and statements, and
File Date:	-8-02 3815	1/7/02	Signature of Officer	Zenleny)	1/7/0 2
Check No.:		tt->"	C. HARLOTTE	M. ZADION	60

Print or Type Name of Officer

Title of Officer

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

401-777-5040

PROFIT CORP	ORATION A	ANNUAL REI	PORT FOR TH	E YEAR 2001	STO PLEASE RO
Filing Period: January	I-March 1 • F	iling Fee: \$50.00			EXSTRUCTIO
(FORM MUST BE TYPED IN BLA				•	
1. Corporate ID No. 6009	2. Name of Corporation NRM, INC.	1			
3. Street Address Principal Business	Office		City	State	Zip
350 SHISIDE 4. Rusiness Phone No.	DK	5. State of Incorporation	JMESTOWN	RI	02835 6. SIC Code
7. Brief Description of the Character	of Business Conducted in R	RHODE ISLAND  thode Island	)		7880
CONSULT	146				
8. NAMES AND ADDRESS President Name		ERS (*X* BOX FOR ATTACI	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACH	MENTS
CHARLOTTE 2	CHRLENGO				
Street Address			Street Address		
350 SA)	SIDE DR				
City JAMIZANN	State RI	26 35	City	State	Zip
Secretary Name			Treasurer Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATT)	ACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTAC	HMENTS
CHARLOTTE 3	ZMRLENGO		Street Address		
350 Str	TSIDE DIZ	Zip	Ċlty	State	Zip
TMMLS/DWN Director Name	RF	02635	: Director Name		
Street Address			Street Address	•	
City	State	Zip	Clty .	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VAL	CAMAN	~	100	CUMMAN	No PAR

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

* 6 0 0 9 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.
File Date:	habite Jailen /5/01
Check No.:	Charlotte Zarlenzo
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

KOHI CORPORATION	ANNUAL REPORT	FOR THE YEAR ZUUL	<u>,</u>
Filing Period: January 1-March 1 🔹	Filing Fee: \$50.00		

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(FORM MUST BE TYPED IN BLA		riting Fee. \$50.00			RATREETHORS
1. Corporate ID No. 6009	2. Name of Corporation	, , ,	•	enge gen primitieren und efferensen under	
3. Street Address Principal Business 350 SEM 4. Business Phone No. 401 423	ISIDE DR	S. State of Incorporation RHODE ISLANC		State K.L.	21p 02835 6. SIC Code 7880
7. Brief Description of the Character CON SU	r of Business Conducted in . LTIN 6		HMENT) TILL IN SPACES	BEFORE USING ATTA	CHMENTS
President Name CHARLOTTE	M. ZAR	LENGO	Vice President Name Street Address	Annual (Tr. Marketter Annual A	
Street Address 350 S	ENSIDE DE	ζ . <sub>[ Zip</sub> · ·-	City	State	in J Zip
JAMESTOWN Secretary Name	State RL	02835	, Treasurer Name		,
Street Address	M. 24K		Street Address	area. us	
City 350 SET	State RI	02635	City	State	Zip
9. NAMES AND ADDRES  Director Name  CHIR LOTTE	SES OF THE DIREC	CTORS (*X* BOX FOR ATT	Director Name	S BEFORE USING ATT	ACHMENTS"
Street Address	SIDE DIZ		Street Address  City	TState	Zip Zip
JAMESIDUM Director Name	RI	02835	Director Name		
Street Address	·		Street Address	nde up o o o o o o o o o	
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10. SHARES AUTHORIZE AUTHORIZED SHARES			11. SHARES ISSUED (		
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			Hada assalm of as	alian I declare and office	an that I have experiend
\ ~3 /2	5 0 0 9 *		this report, includin		m that I have examined hedules and statements, and e and correct.
Check No.:	00/19		Signature of Officer	- Salenyal	12/29/99 Date
	WA .	-	CHARLOTTE Print or Type Name of O	M. ZARL	tn/60



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



(FORM MUST BE TYPED IN BLA	CK)	•			
Corporate ID No.	2. Name of Corporati	on			
enng:	MRM. INC		·		
Street Address Principal Business		-	City	State RI	21002835
_350_SB1SIDE	DR	· <del></del>	JAMESTOWN		6. SIC Code
. Business Phone No.	2618	5. State of Incorporation			n. SIC Code
401-423-		- RHODE ISLANI	D —		7880
Brief Description of the Character		knoae isiana			
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resident Name		_	Vice President Name		
CHARLOTTE	M. ZARLI	EN 60	•		
Street Address		Street Address			
350 SETTS					
TA ALC CTO.	State RI	21p 02835	City	State	Zip
JAMESTOWN	1 74	02033			
ecretary Name	NA DAM	V nl s )	Treasurer Name		
CHARLOTTE	111. 67K	C1 V Ø U			
Street Address 350 SEASIDE DR		Street Address			
			City	State	Zip .
JAMES DUN	Stole	02835	City	State	2.0
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CHARLOTTE	M. 21	1RUN6D	:		
treet Address		·	Street Address		
350 StA51	IDE DR		•		•
City	State	Zip	City	State	Zip
JAMESTOWN	R.L.	02835			
lirector Name		***************************************	Director Name		
treet Address			Street Address		
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City	State	Zip	City	State	Lip .
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James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corporation				
6009	MRM, INC.				
3. Street Address Principal Business (			City	State	21p
	DR		JAMESTOWN	RI	02035
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401 - 423 - 39 7. Brief Description of the Character	5/8	RHODE ISLAND			7880
		de Island			
CONSULT		IE (eve boy con emicili	APAIT)		
8. NAMES AND ADDRESS President Name	SES OF THE OFFICER	2 (-X. ROX FOR VITACHW	NEN I / Vice President Name		
	M. ZARLEN	60			
Street Address	1111 011110011	w u	Street Address		•
	SIDE DK.				
	State RI	Zip	City	\$tate	Zip
JAMESTOWN	RI	02835			
Secretary Name	Λ		Treasurer Name	• • • • • • • • • • • • • • • • • • • •	• • •
CMALOTTE	M. ZARLE	NOU			
Street Address			Street Address		
350 StA	SIDE DP2				710
JAMES TOW N	State RI	02835	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIRECT	ORS ( × BOX FOR ATTAC	HMENT)		
Director Name			Director Name		
CHARLOTTE	M. ZAKL	tn 60			
Street Address			Street Address		
350 SEMSID	E Phi		•		_
JAMESTONN	State R.I	02835	City	State	ZIp
	BI	02835			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*x* box for attach	MENT)	11. SHARES ISSUED (*X* E	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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100 NO PAR VAL	COMMO	V	, • •		.,,.

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

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	^
File Date:	1.1.98
Chart No.	3147
Check No.:	NA
,	RY 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





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## 401-277-3040 STOP:

#### PROFIT CORPORATION ANNUAL REPORT 1997

(FORM MUST BE T.  1. Corporate ID No.				ng Fec: \$50.00	•		INSTRUCTIO BITORI COMPLETIN
1. Corporate ID No.	YPED IN BLAC						THIS TORY
<i>(</i>		2. Nam	e of Corporation	TALC			
6009			MRIN	INC			
3. Street Address Prin	•				City	State	02835
350 4. Business Phone No			DR.	5. State of Incorporation	JAM ESTOWN	RI	6. SIC Code
	423-3			RI			7880
7. Brief Description of			Conducted in Rhod	e Island			
_	PNFULT		_				
8. NAMES AND President Name				S (*X" BOX FOR ATTACH	MENT) Vice President Name		
CHARLOT Street Address	TE 1	η.	ZARLENO	5 O	Street Address		
350	SCASIDE	-	DR				
CIIY JAMESTOI		State	RI	02835	City	State	Zip
Secretary Name					Treasurer Name	•	
CHARL	07ÎE	N.	2MRLE	N60			
Slieet Addiess 350	SEASIDE	= <i>j</i>	R.		Street Address		
ciny JAMES	70 uN	State	RI	02835	City	State	Zip
Director Name			THE DIRECTO	ORS ("X" BOX FOR ATTA	CHMENT) Director Name		
C HA R	PLOTIE	14.	2AR LEWG	J			
Sireel Address	SE7751		DR		Street Address		
city JAMESTO	)ww	State	RI	02835	City	State	Zip
Director Name					Director Name		
					Street Address		
Street Address					Cin	50.00	7:-
Street Address City		State		Zip	City	State	Zip
City  10. SHARES AU	JTHORIZEI		ISSUED (*x* B	ZIP DX FOR ATTACHMENT)	·	State	219
City	JTHORIZEI				ISSUED SHARES Number of Shares	State Class/Series	Zip Par Value

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Check No.:	usternia ito for	
Ву:	<u>ICIP</u>	
FOR SECRETARY	Y 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.

CHARLOTTE-Print or Type Name of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT	CORPORATI	0	N ANNUAL	REPORT	1997
Filing Period:	January 1-March 1	•	Filing Fee: \$50.00		

Filing Period: January 1	-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS BETORI
(FORM MUST BE TYPED IN BLACK	0				COMPILING THIS FORM
1. Corporate ID No. 6009	2. Name of Corporati MRM, INC.	on ,			
3. Street Address Principal Business Of			City	State	Zip
350 SEASIDE	T DR		JAMESTUNN	R.T	02635
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	)		6. SIC Code 7880
7. Brief Description of the Character of	Business Conducted in	Rhode Island			
CONSULT	1N6				
8. NAMES AND ADDRESSE	S OF THE OFFIC	CERS ("X" BOX FOR ATTACH	MENT)		
President Name			Vice President Name		
I)R. FECI X Ju	1~2AR	TENGO	Street Address	M. 2 ARLE	MG 2
350 - Sept or	= DR		350 Sensi	DE DIZ	
City	State	Zip	City	State	Zip
TAMES TOW N	RI	02835	TAMBONA	PI	02835
Secretary Name		· · · · · · · · · · · · · · · · · · ·	Treasurer Name		*******************************
. DR. FEUX	Jutn 214	CONFIL	: CHAMIOTTE	IN. ZARL	-N60
Street Address		<u> </u>	Street Address	· · · · · · · · · · · · · · · · · · ·	
5,	ame		<u>;</u>	SMME	·
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI	S OF THE DIRE	CTORS ("X" ROX FOR ATTA	CHMENT)		
Director Name	S OF THE DIKE	CIORS ( A. BOA TORATIA	Director Name		
I)K FEICH	Tunn	2HRLUNG)		·	
Street Address	e DR		Street Address		
City	State	Zip	City	State	Tzip
JAMES TOWN	RI	121p U2835		•	1
Director Name			Director Name		
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
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City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	AND ISSUED 6	VA BOY FOR ATTACULARIES	<del></del>		<del></del>
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 0 0 9 *	
File Date:	1/13/97	
Check No.:	3012	
By:FOR SECRETARY	Y 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.

Dr Fely Morley	12/24/96
Signature of Officer	Date
FELIX JUIN ? MRILINGS	
Print or Type Name of Officer	

PRESIDENT

#### **PROFIT CORPORATION ANNUAL REPORT**

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

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
Ple chart 2870 | 150 | 12 | 20 | 45

#### PLEASE TYPE OR PRINT IN BLACK INK.

1, CORPORATE ID NO.	2. NAME OF CORPORATION				!	
6009	MRM, INC	<b>.</b>				
3. STREET ADDRESS PRINCIPAL BUSINESS OF FICE			aly	STATE	ZIP COOE	
350 SEASIDE	DRIVE	5. STATE OF INCORPORATION	JAM ESTOWN	RI	12835 6 SIC CODE	
423 3518		RHODE IS	1			
7. BRIEF DESCRIPTION OF THE CHARACTER OF BU	SINESS CONDUCTED IN RHODE ISLA	"CM				
CONSULTING						
PRESIDENT NAVE	MAK.B	ES AND ADDR	ESSES OF THE OFF	I C E R S		
DR. FEUX	JOHN ZARL	FNOJ	SME			
350 SEASIDE	DR		STREET ADDRESS			
THINGSTOW N	STATE	02835	arv	STATE	ZP 000E	
SECRETARY NAME	<u> </u>	<del>,, • ,</del>	TREASURER NAME			
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STREET NOONCOS						
any I	STATE	ZIP COOLE	άιγ	STATE	∑2P C000€	
1 <del></del>	9. NAM	ES AND ADDR	IESSES OF THE DIR	ECTORS		
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OR. FEUX JUSTINEET ADDRESS	IN ZARLET	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	<del> </del>	<del></del>	
350 SUISIDE	DR					
i James Dun	STATE	02835	σην	STATE	2iP 000€	
ORECTOR NAME	<u> </u>	_i	DRECTOR NAME			
I STREET ADDRESS	·		STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
SINEET ADDRESS			)			
any	STATE	ZIP CODE	an	STATE	27P C00€	
<u> </u>	10. SH	ARES AUTHOR	IZED AND ISSUED			
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 			NO NA	U		
	·····					
' !						
	This	roport must be SI	GNED IN INK by either the	•		
Presid			stant Secretary, Treasurer, F	Receiver or Trust	ee .	
			Under penalty of p	erjury. I declare and	d affirm that I have examined this	
i			report, including ar	ny accompanying so tained herein are true	hedules and statements, and tha	
1.10	1	1	+1/1/1/1/	11 Jan Dane	,,	
File Date:	6	•	<u> </u>	y Janey Jr	<del>,</del>	
787	D .	,		N ZARLENG	2	
Check No:	· i/ 0	•	Print or Type Name	/•		
Ву: ₩С	1-1-1-1-	ĺ	Presiden	<b>9</b>	12-20-95	
For Secretary of Sta	ite Use Only	•	Title of Officer	·	Date	

#### State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Tirovidence, Rhode Island 02903-1335 3 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

#### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0005003 Corporate ID:	Annual Report fo	Annual Report for the year:				
MRM, INC	•	of the year.				
Name of Corporation:  Business entity organized under the laws of the State o For foreign entity, address and telephone number of pri	f:	sty is (check one): s Corporation (See RIGL Chapter 7-1.1) onal Service Corporation (See RIGL Chapter 7-5.1)				
		nt of the character of business conducted in Rhode Island:				
Phone: ( )	20 5	seaselle Or				
Address and telephone of the principal office of busine Island (Provide street address - Not P.O. Box):		strum RI 02835				
Jamestrus 12 02835						
Phone: (401) 423 3518						
	THE NAMES OF THE OFFICERS					
PRESIDENT	STREET ADDRESS	CITY/STATE ZIP CODE				
DN FELIX JUHN ZIPELENOD	350 Scasside Dr. Street address	JAMESTOWN 12I 0283				
4	ار	4				
SECRETARY	STREET ADDRESS	CITY/STATE ZIP CODE				
<u>'</u>	,,	<u> </u>				
TREASURER	STREET ADDRESS	CITY/STATE ZIP CODE				
	THE NAMES OF THE DIRECTORS					
NAME	STREET ADDRESS	CITY/STATE ZIP CODE				
DR FEUX DOIN ZURLON	350 Search Or STREET ADDRESS	Jameston RI 02835 CITYSTATE ZIP CODE				
NÂME,	STREET ADDRESS	CITY/STATE ZIP CODE				
NUMBER OF SHARES AUTHORIZED (Rider may be a	tached) NUMBER OF SHA	ARES ISSUED AND OUTSTANDING (Rider may be attached)				
Number of Shares Class / Series	Number of Share	es Class / Scries				
100 Common	Cp 180	Nu Pu				
No Par		nuPar				
Date	By: FELIX John of PRINT OR THE MAN SE OF OFFICE'S					
Form@1 1/95	TITLE OF OFFICERS					
DESIGNATE	ED REGISTERED AGENT FOR SERV	· · · · · · · · · · · · · · · · · · ·				
PLENSE NOTE: If the registered office and/or regis						
DR. FELIX JOHN Z	•	JAN 1 1 # 2188				
350 SEASIDE DRIV JAMESTOWN	E RI 02835	36.50				

pd 508 12/2-/94 chht 2688

Filing Fee \$50.00 Payable to. Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

## State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0006009	Annual Re	port for the yea	ar: <u>1</u>	<u>994</u>
Name of Business E	Entity:	MRM	I, INC.		
		Busine	ss Entity is (che	ck one)	
	zed under the laws of the State of RI	<u> </u>	,	Corporation (See RIGL Cha	pter 7-1 1)
Federal Taxpayer Iden				al Service Corporation (Sec ability Company (See RIG	
For foreign entity, add	fress and telephone number of principal office			address of contact person	
		commu	inications may b	e directed:	
_	······································	<del></del> -		. John ZARION.	<u> </u>
Phone: ( )			<u> </u>	in RF 0283	<u> </u>
	and the account of fine of bottomers and the B	Prode	- James Ca	<del>wq (</del> 02 <u>0.</u>	·
•	e of the principal office of business entity in R address - Not P.O. Box)		atement of the c	character of business condu	acted in Rhode Island
350	SEASIDE DR			Part - Bus. + Ela	
JAME	STOWN RI 02835				
		Date of	Organization:	1988	
Phone. (401)	423 -3518	Date of	f Qualification (	o do business in Rhode Isla	and (if foreign entity)
TI CHIEF EXECUTIVE OFF	THE NA	AMES OF THE OFFIC STREET ADDRESS	ERS ARE:	COMEN ATT	ZIP COO
DR.	FELK JOHN ZARLENGO	350 SESSIT	DE DR	JAMES TOWN	47 02835 22 COUE
CHIEF OPERATING OFF	AL ALL DE BREZIDENT CHEKORO	STREET AUDRESS	7)	CHASARE	par x cupy
CUSTODIAN OF RECOR	DS OR X SECRETARY (Chea Oh)	STREET ADDRESS	*	CITY/STATE	3cops.x
CHIEF ENANCIAL OFFI	CERUR AT TREASURER Chica One.	STREET ADDRESS	4	CITYSTATE	ZJP (*CD):
	THE <u>NA</u>	MES OF THE DIRECT	TORS ARE:		
NAME FEI	IX John ZARLENAS	STREET ADDRESS  3.50 September 50.00	D <sub>G</sub>	CITYSTATE Jemestary	RI 02835
NAME.	<u> </u>	350 Sepside		CITY STATE	ZIP CODI.
NAME	<u> </u>	STREET ADDRESS		CHYSTATE	ZIP CODE
					<del></del>
NUMBER OF SHAR	RES AUTHORIZED (If Applicable)	NUMBER	OF SHARES I	ISSUED AND OUTSTAN	DING (If Applicable)
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ge.	eq.ED	Foux	John Z	ARLONG PR	ES
ō.	<b>5 5</b> -	PR NTOR TYPE NAME OF O	PERTRIBLING	MRMour	
f:	EB 2 1994	TITLE OF OFFICER SIGNING	raceny	ink in our	<u>·</u>
For- 31 - 194 By	QM. 245				
	DESIGNATED REGISTERED	OR RESIDENT AGE	T FOR SER	VICE OF PROCESS:	·

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

DR. FELIX JOHN ZARLENGO 350 SEASIDE DRIVE JAMESTOWN PI 02835

# State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0008009	Annual Report for	the year 1995
FIRST: The	name of the corporation is	MRM. INC.	
Second: It	is incorporated under the laws of.	RI	Pasu
	racter of business, briefly stated, is		MAR 0 8 1993
•			SECY OF STATE
FOURTH: If	foreign corporation, address of its		
Fifth: Busi	ness address in Rhode Island	350 SEASIDE	P
		IMESTANN RI	02835
Sixтн: Nan	nes and addresses of its directors at Name Office	nd officers:	(Attach rider if necessary)
	Director		······
	Director		
Ferex John	2MR LENGO Director	350 >EMS15	DE DR
	President	η	
• • • • • • • • • • • • • • • • • • • •		dent	
	Secretary	<b>\</b>	
······································	Treasurer	٠,	
	umber of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value  NO PAR
/100	Commo		NO 111-
Еіснтн: Nu	mber of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	Conner"		NO PAR
Dated M	ang 1 1993	MRM (Name of Corporation)	
		By Jolif Kauler	
(Report i	nust be signed by an officer)	Title Plan	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0006005	Annual Report for the	year1992
FIRST: The name of t	the corporation is	MRM. INC	·······
SECOND: It is incorpo	orated under the laws of	R. T	
THIRD: Character of	business, briefly stated, is	Consulfing a XXIII	\$\$\\ \psi\\ \psi
FOURTH: If foreign co	orporation, address of its pri	incipal office	-
FIFTH: Business addre	ess in Rhode Island	350 Seasede Dr Jamestoun RI o.	
		jamestoun K+ O.	2835
Name	ddresses of its directors and	officers: Address (including nur	(Attach rider if necessary)
F John ZARLE	N60 Director	350 Sepule	Dr Jamestrus RI 0263.
	Director		,, <i>V</i>
<i>}</i>	Director		4
((	President		Y
"		nt	γ
1	Secretary		1
/(	•	PAID	,
	Treasurer	FEB 1 9 1992	
SEVENTH: Number of	Shares authorized:	SEC'Y OF STATE	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100	Count		no Par
EIGHTH: Number of S	Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Cermmon		no Par
Dated Feb 15	19 92	MRM Jac	
	By	(1) Lashana -	
(Report must be sign		itle President	

Form 31 1/85

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

orporate IDΩQQ&QQ9		Annual Report for the year1991		
FIRST: The name of	MRM, INC	••••••		
SECOND: It is incorp	orated under the laws of	RHODE -	I SLAN.	D .
THIRD: Character of	business, briefly stated, is	CON SUL	T 11V 6	
Fourth: If foreign of	corporation, address of its princ			
	ress in Rhode Island 350	SEISIDE ]	)r.	
	JAME	STOWN KI O	2835	
SIXTH: Names and a	addresses of its directors and of		cluding numb	(Attach rider if necessary) er, street, zip code)
••••••	Director			
	Director			
•••••	Director		•••••	
FELIX JOHN	Znk LEDGO President	350 SEMSIDE	Dr.	JAMESTOWN RIOZE39
٧	Vice President		<u>'</u>	
′(	Secretary	••••	4	
U.	Treasurer		<i>};</i>	
Seventh: Number	of Shares authorized:			Par Value or statement that
No. of Shares	Class	Series A/2		shares are without par value
100	COMNON	Series A17		NO PAIZ
Еіднтн: Number o	f Shares issued:	CFST		Par Value or statement that shares are without
No. of Shares	Class .	Series	$\bigcap$	par value NO PAR
100	COMAIN		$\mathscr{H}_{\lambda}$	יוויז טאן
Dated Januar		M R M me of Corporation)	alena	
(Report must be s	By signed by an officer)	0917 040	1	

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

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ttach rider if necessary)
dun RF02835
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NO PAR
Par Value statement that tres are without par value

Corporate ID	109	Annual Report for	the year 4.980
FIRST: The name of	the corporation is	48M., INC	
Second: It is incorp	orated under the laws of	RHODE ISLAN	رر د
	business, briefly stated, is	Coalsway A 6	
FOURTH: If foreign of	corporation, address of its	principal office	
FIFTH: Business add	ress in Rhode Island350	SEMSIDE DR	JAMESTONN RT 02835
SIXTH: Names and a	ddresses of its directors an		(Attach rider if necessary) g number, street, zip code)
Fair Juth Zmelt	Director	360 Sansar A.	JAMESTAUN RF02835
r say war chive te			
ч		ient	······································
te	Secretary		······································
SEVENTH: Number of	of Shares authorized:		Par Value
No. of Shares	Class	· Carias &	or statement that shares are without
(00	COMMON	Series 3	par value  NO PAR
ř		FEB 0 0 1990	
EIGHTH: Number of	Shares issued:	SECURE SECURITY	Par Value or statement that
No. of Shares $/\mathcal{V}\hat{\mathcal{V}}$	COM MON	Series	shares are without par value  NO PAIR
Dated Fub 5	19 9 0	MRM (Name of Corporation)  By Japhn Zarle	n a
(Report must be sig	gned by an officer)	Title PRESIDENT	n.gy

Form 31 1/85

-1111 11 1222 no. Onal

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0006009		Annual Re	eport for the yea	r., <u>1989</u>
First:	The name of the co	rporation is			
Second:	It is incorporated	under the laws of	Rhode I Consulte	elond	
THIRD:	Character of busine	ess, briefly stated, is	Consulte	Ng	
Fourth:	If foreign corpora	ation, address of its princ	ipal office		
<b>Г</b> ІГТН:	Business address in	Rhode Island 350	S <i>e</i> aside	DR	
	JAME	STOWN RI	02835	······	•••••
Ѕіхтн:		es of its directors and off	īcers:	tress (including number,	(Attach rider if necessary)
	••••••	Director		······································	
		Director		•••••••	
		Director		••••	
FELIX X JOHN	ZARLENGO	President	350 SEAS	106 DR	JAMESTUN REOZES
		Vice President		۱۱	
	′	Secretary		प	
	(	Treasurer	·	Ч	
Seventh	: Number of Shar	es authorized:			Par Value or statement that shares are without
No. of Sha		Class	Series		par value
100	)	COMMON			NO PAR
Еіднтн:	Number of Shares	s issued:	FL	PAID	Par Value or statement that
No. of Sha	ares	Class	3EC'V	1989	shares are without par value
100		COMMON		OF STATE	NO POR
Dated	Feb-15	Ву	MRM ne of Corporation)  Tilify	Juz n Zerlep	
(Re	eport must be signed by	an officer) Title	1KE511)	ENI	

Form 31 1/85

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

SECOND: It is incorporated under the laws of	rporate ID	· · · · · · · · · · · · · · · · · · ·	Annual Report for the	e year	
FOURTH: If foreign corporation, address of its principal office.  FIFTH: Business address in Rhode Island NARROW LANE EYETER RE 02.82  SIXTH: Names and addresses of its directors and officers: Office Address (including number, street, ap code)  Director  Director  Director  Director  Pelsix 3. Zatrelende D. President Nakrow LN EXETER RE 02.8  Vice President Vice PAID  No. of Shares 100 Common PAID  No PAR  Fer Value or statement that shares are without par value are without par value are without par value are without par value.  No of Shares 100 Common PAID  No PAR  For Value or statement that shares are without par value.  No of Shares 100 Common PAID  No PAR  For Value or statement that shares are without par value.  No of Shares 100 Common PAID  No PAR  For Value or statement that shares are without par value.  No PAR  No P	FIRST: The name of	the corporation is	nen. Inc.		••••••
FOURTH: If foreign corporation, address of its principal office.  FIFTH: Business address in Rhode Island. NARROW LANG EYETE RE 0282  SIXTH: Names and addresses of its directors and officers: (Attach rider if neces Address (including number, street, zip code)  Director  Director  Director  Director  Director  Vice President NARROW LN EXETTE RE 026  '' Vice President ''  Secretary  '' Treasurer  SEVENTH: Number of Shares authorized:  No. of Shares  Class  Commen PAID  No PAR  EIGHTH: Number of Shares issued: FB 1U 1988  SECY. OF STATE  No of Shares  (OM)  Commen RM  No PAR  Let U 1988  SECY. OF STATE  No of Shares  (OM)  No PAR  No PAR  Let U 1988  SECY. OF STATE  No of Shares  (OM)  No PAR  No PAR  Let U 1988  SECY. OF STATE  No of Shares  (OM)  No PAR	SECOND: It is incorp	porated under the laws of	Ahed	e leland	
FIFTH: Business address in Rhode Island    NARROW   LANE   EYETT   RI   0.282	THIRD: Character o	business, briefly stated, is	20WSULTING		••••
SIXTH: Names and addresses of its directors and officers:    Name	FOURTH: If foreign	corporation, address of its princi	pal office		• • • • • • • • • • • • • • • • • • • •
Director  President  Vice Presiden	Fігтн: Business add	ress in Rhode Island NARR	on LAME E	YETER RI 028	22
Director  Director  Director  Pesix J. Zarrievico President  Vice President  Vice President  Treasurer  Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Class  FEB 10 1988  FEB 10 1988  Par Value or statement that shares are without par value  PAID  No PAR  Par Value  Or statement that shares are without par value  Par Value  Or statement that shares are without par value  PAID  No PAR  EIGHTH: Number of Shares issued:  No of Shares  Class  Common  Common  No PAR  N	Name	Office		•	æssary
Secretary  Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Class  Par Value or statement that shares are without par value  PAID  No. of Shares  Series  PAID  No. of Shares  Series  PAID  No. of Shares  Series  Series  PAID  No. of Shares  Series  Par Value or statement that shares are without par value  Of Shares  No. of Shares  No. of Shares  Class  Series  No. of Shares  No		Director			
Secretary  Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Class  Par Value or statement that shares are without par value  PAID  No. of Shares  FEB 1 U 1988  FEB 1 U 1988  FEB 1 U 1988  FEB 1 U 1988  Par Value or statement that shares are without par value  Par Value Or Statement that shares are without par value  Or statement that shares are without par value  No. of Shares  Class  Series  Par Value Or statement that shares are without par value Or statement that shares are without par value  Or statement that shares are without par	Feux J. ZARI	พธอ President	NARRON LN	EXETTIC RI U.	يد 2 8 2
SEVENTH: Number of Shares authorized:  No. of Shares  Class  Class  Series  PAID  No. of Shares  Class  Series  PAID  No. of Shares issued:  No. of Shares  Class  Series  Series  PAID  No. of Shares  SEC'Y. OF STATE  No. of Shares  Class  Series  No. of Shares  No. of Shares  Class  Series  No. of Shares  No. of Shares  No. of Shares  Class  No. of Shares  No. of	 	Vice President	'/		
SEVENTH: Number of Shares authorized:  No. of Shares  Class  Common  PAID  No. of Shares  EIGHTH: Number of Shares issued:  No. of Shares  Class  Series  Series  FEB 1 U 1988  FEB 1 U 1988  Par Value  Or statement that  shares are without  par value  No. of Shares  Class  Series  No. of Shares  ARM Juc  No. PAR		Secretary	······································		•••••
EIGHTH: Number of Shares issued:  No. of Shares  Class  Common  PAID  No. PAR  Par Value or statement that shares are without par value  No. of Shares  Class  Series  No. PAR  No. PAR  MRM. June  No. PAR  Par Value  Or statement that shares are without par value  No. PAR  No. PAR  MRM. June  No. PAR  No. PAR  Par Value  Or statement that shares are without par value  No. PAR  No. PAR  MRM. June  No. PAR				Par Value or statement that	
EIGHTH: Number of Shares issued:  No. of Shares  Class  Class  Series  Par Value or statement that shares are without par value  No. of Shares  Class  Series  No. PAR					
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No. of Shares Class Series par value  1000 No. PAR  ed Feb! 1988 MRM Aux	Еіднтн: Number o	Shares issued:	SEC'Y, OF STATE	or statement that	
ed Fibl 1988 MRM Aux	No. of Shares	Class	Series		
01	1000	COMMUN		NO PAR	
(Name of Corporation)	ed Feb 1		MRM Inc		
+ D'I Van Barloner		(Name	e of Corporation)  + 0'1   Jan Zan	Pener	
(Report must be signed by an officer)  (Report must be signed by an officer)  (Report must be signed by an officer)		Ву	DRESIDINI	<i> χ γ</i>	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

orporate ID 6009		Annual R	leport for the	he year198.	7
FIRST: The name of the	corporation isMR	1, INC	•••••••	•••••••••••••••••••••••••••••••••••••••	·····
SECOND: It is incorpora	ted under the laws of.	Rhode	Island	•••••••••••••••••••••••••••••••••••••••	•••••
THIRD: Character of bu	siness, briefly stated, is				
Fourth: If foreign corp	poration, address of its				
FIFTH: Business address	in Rhode Island	NARROW LANG	· E	SETCR	02822
SIXTH: Names and addi	resses of its directors ar	, Ad	_	number, street, zip oo	·
			·	•••••••••••••••••••••••••••••••••••••••	
	Director	•	*******************	•	*************************
FELX J. ZARL	V6 D President	NARROW	LANG	EXETER	02822
(1	Vice Presi	dent		••••••	•••••
۴	Secretary	••••••	<i>!</i> !	•••••••••••	• • • • • • • • • • • • • • • • • • • •
΄(	Treasurer		η		•••••
SEVENTH: Number of S	hares authorized:			=:	Value
No. of Shares	Class	Series		shares a	ement that are without cvalue
100	Common	PAID		N	o PAR
EIGHTH: Number of Sha	rec icened:	AN 1 5 1987 C'Y OF STATE		Par or state shares s	Value coment that are without
100	COWWON	Series		·	o PAR
ted MAR 27 FNT	19 & 7	MR N	Ive		
mant ~ y tan b	TAL O O FAITIN	By Fully	130r	leng	**********************
(Report must be signed	by an officer)	Title PRES	IDENT		********************
131 1/85	1				

Form 31 1/85

State of Rhode Island and Providence Plantations

orporate ID	) (##	105/03985	<i>}</i>	Annual Repo	rt for the ye	ar 1986	***************************************
First:	The nam	e of the corporation	is MRM, INC	MANAGE	FINENT R	ESEMRCH /	NACKETINO
SECOND	o: It is in	corporated under th	e laws of	Rhode Is	land		•••••••••••••••••••••••••••••••••••••••
THIRD:	Charact	er of business, briefly	y stated, is	ONSULTIN	6	•••••••••••••••••••••••••••••••••••••••	•••••••••
Fourth	: If fore	ign corporation, add	lress of its principa	al office			••••••
 Гі <del>г</del> тн:		address in Rhode Is					••••••
	EXETE	r RI	02822	% DR.	F. J. Z.	AR LENGO	••••••••••••
Ѕіхтн:	Names a	and addresses of its d	lirectors and office		(including number	(Attach ride r, street, zip code)	r if necessary)
·····	••••••	•••••••••••	Director		********************	•••••••••••••••••••••••••••••••••••••••	•••••
***************************************		•••••	Director	••••••	••••••	•••••	
• • • • • • • • • • • • • • • • • • • •	************		Director	•••••		•••••••••••	
FECIX	J. 2/	ARLENGO	President	NARROW	LANE	Exerce	RI 0281
FELIX	J	ZARIENGO	Vice President	NARROW	LANG	EXETOR	RI 0282
FRIK	<u>S</u> .	2ARILINGO	Secretary	NARROW	LANG	EXETTR	RI 0242
FEUX	Ĵ·	ZARLENGO	Treasurer	NARROW	LANG	EXETER	RIDZSZ
Seventi	H: Numi	ber of Shares author	ized:			Par Value	
No. of Sh	nares	Class		Series	<b>⊘</b> .	or statement the shares are with par value	
100		Comm	OON		MARION	NO F	PAR
Еіснтн:	Numbe	er of Shares issued:	02/20/86	\$ 1	408 <b>9</b>	Par Value or statement th	nat
No. of Sh		Class		Series A	12 13	shares are with par value	
100	)	COM	MOPS AID	MAIL		NO PA	R
atedf	EB	/0 19 8/	6 11 CHERE (Name of	M INC - Mg Corporation) Jely Jhu	Jement Ros	Motor	
			₽0 © By	Tely Ihm	Zarles	- J	•••••
(D	enart must	be signed by an officer)	G GTitle	PRESIDE	NT	·	

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

#### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

6009

amended, the undersigne FIRST: The name of MICHETING PAIC (	f the corporation is MAI	submits the following the submits of the following the submits of	ng annual report:
SECOND: It is inco	rporated under the law	ws of RHODE -	ISLAND.
THIRD: The addres  NARROW LAN  and the name of its registe	s of its registered office G EXETER F ered agent in Rhode Isla	in Rhode Island is ? L c 25 2 2 and at such address i	S
DK reux	JOHN ZARLENGO		
FOURTH: If a forest country under the laws of	•		
Figure The charge	eter of the business in	which it is actually	engaged in Rhode
Island, briefly stated, is			
Sixth. The names	and respective addresse	es of its directors and	officers are:
Name	Office		Address
	Director		
FELIX J. ZARLUNG			Exercize RE 02622
FELIX J. ZARZENI			
FEDIX J. ZARLIW	Decretary		
Faut J. ZARLET	Treasurer		
SEVENTH: The aggr by classes, par value of sha	egate number of shares ares, shares without par Class	which it has authorit value, and series, if an	y to issue, itemized y, within a class, is: Par Value per Share or Statement that Shares are without Par Value
· · · · · · · · · · · · · · · · · · ·		<u></u>	NO PAR
100	COMMON 02/14/28		W 6 7777
	PAID		
Form 31 8-79	ANRE 15 CHEK 15		
	5.00		

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Par Value per Share or Statement that Shares are without Par Value Number of Shares Class Series 100 COMMON NO PAR

Dated JAN 30, 1985 MRM INC

(MAME OF CORPORATION)

By Felif Jun Zurbnyr

Its President

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations Office of the secretary of state

			Annual Repo	rt for the yea	ar <u>198</u> 3	
First:	The name of t	he corporation	isMRM. I	NC		400 0.00
*************						
SECOND:	It is incorpo	rated under th	e laws of	RHODE ISL	AND	
THIRD:	Character of b			consulting	service	9 <b>s</b>
Fourth	: If foreign	corporation, ad	dress of its p		ce	
FIFTH:	Business addı			reports wil	ll be maile	d to this
address)	Narrow Lane.	Exeter, Rh	ode Island	02822		
Sixth:	Names and a	ddresses of its	directors and	d officers:		
	(Addresses mu	st Include street a	nd number, if a	ny)		
•	Namo	Office		Addı	·ess	
		Director				
		Director				
		Director				
Felix J.	Zarlengo	President	Narrow	Lane. Ex	eter, R.	1. 02822
Felix J.	Zarlengo .	Vice Presid	lent Narrow	Lane.Ex	eter, R.	1. 02822
Felix J.	Zarlengo	Secretary	Narrow	Lane, Ex	eter, R.	I. 02822
	Zarlengo apace is needed,		Narrow	Lane. Ex	eter, R.	I. 02822
SEVENTE	H: Number of	f Shares autho	rized:		Par Va	
No. of Sh	ares	Class	Series	1	shares are par val	without
100	)	COMMON			NO PA	AR
Еіднтн	: Number of	Shares issued:	:		Par Va	
No. of Sh	•	Class	Serie	5	or statemer shares are par val	without
100		COMMON		2	NO PAI	R
Dated:	Fib 15	1984	MRM	J. INC.		
	FEB	281984	By" Jul	ident	ly	
	<b>.</b>			must be signe	nd by an offi	cerl
						,

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

## State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

			uui mepoi e soa	the year 1983
FIRST:	The name of t	he corporation	is MRM, INC.	
SECOND:	It is incorpo	rated under th	e laws of Rhode	⊇ Island
THIRD:	Character of b	usiness, briefly	stated, ismanag	gement, research and
marketing	consultants	in both pub	lic and privat	te_sectors
Fourth	If foreign o	corporation, ad	dress of its princ	ipal office
Fifth:	Business addr	ess in Rhode I	sland (blank repo	orts will be mailed to this
address)Na	rrow Lane,	Exeter, Rhod	e Island	
Sixth:	Names and a	ddresses of its	directors and offi	icers:
	(Addresses m	ust include street a	nd number, if any)	
	Name	Office		Address
FJohn Za	rlengo	Director	Narrow Las	ne, Exeter, Rhode Island
Ronald L.	DiOrio	Director	Hartford I	Pike, No. Scituate, R. I.
*************************	(-v(1)+-)++v()+()+v()+(-)+()+()+()	Director		((,,,),(),,,,,,,,,,,,,,,,,,,,,,,,,,,
F. John Za	rlengo	President	Narrow Lai	ne, Exeter, Rhode Island
Ronald L.	DiOrio	Vice Preside	ent Hartford I	Pike, No. Scituate, R. I.
Ronald L.	DiOrio	Secretary	Hartford 1	Pike, No. Scituate, R. I.
	rlengo ice is needed, atta		Narrow La	ne, Exeter, Rhode Island
Seventi	i: Number of	Shares author	rized:	Par Value or statement that
No. of Sh	arcs	Class	Series	shores are without par value
100	C	ommon		no par value
Eighth No. of Sh		Shares issued:	; Series	Par Value or statement that shares are without par value
100		Common	1	no par value
Dated:	ming 7	<sub>19.</sub> 83	83 MC M (Name of Jorporation) By	Inc.
	JAN 1	0 198 <b>3</b>	Title :	be signed by an officer)