



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88809		2. Name of Corporation HORAN & COMPANY, LTD.			
3. Street Address Principal Business Office 46 HOLLEY STREET, PO BOX 150			City WAKEFIELD	State RHODE ISLAND	Zip 02880
4. Business Phone No. 401-783-1040		5. State of Incorporation RHODE ISLAND			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island CERTIFIED PUBLIC ACCOUNTING FIRM					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William T. Horan			Vice President Name Robert C. Golden		
Street Address 46 Holley Street, P.O. Box 150			Street Address 12 Penny Lane		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
Secretary Name Robert C. Golden			Treasurer Name William T. Horan		
Street Address 12 Penny Lane			Street Address 46 Holley Street, P.O. Box 150		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William T. Horan			Director Name Robert C. Golden		
Street Address 46 Holley Street, P.O. Box 150			Street Address 12 Penny Lane		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
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
600 NO PAR VALUE			125		No Par

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



8 8 8 0 9

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.

Robert C. Golden Secretary 1/15/05
Signature of Officer Date

ROBERT C. GOLDEN
Print or Type Name of Officer

SECRETARY
Title of Officer

Form 630 12/01

File Date 3/24/05

Check No. 4329

By: W.

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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88809		2. Name of Corporation HORAN & COMPANY, LTD.			
3. Street Address Principal Business Office 46 Holley Street, PO Box 150			City Wakefield	State RI	Zip 02880
4. Business Phone No. 4017831040		5. State of Incorporation Rhode Island			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island Certified Public Accounting Firm					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William T. Horan			Vice President Name Robert C. Golden		
Street Address 46 Holley Street - P.O. Box 150			Street Address 12 Penny Lane		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
Secretary Name Robert Golden			Treasurer Name William T. Horan		
Street Address 12 Penny Lane			Street Address 46 Holley Street - P.O. Box 150		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William T. Horan			Director Name Robert Golden		
Street Address 46 Holley Street - P.O. Box 150			Street Address 12 Penny Lane		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
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
600 NOPAR VALUE			125		No Par

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

FILED	
File Date	<u>APR 29 2004</u>
Check No.	
By	<u>By</u>
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.

William T. Horan 1/28/04
Signature of Officer Date
WILLIAM T. HORAN
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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *88809*		2. Name of Corporation HORAN & COMPANY, LTD.			
3. Street Address Principal Business Office 46 HOLLEY STREET, PO BOX 150			City WAKEFIELD	State RI	Zip 02880
4. Business Phone No. 4017831040		5. State of Incorporation RHODE ISLAND			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island CERTIFIED PUBLIC ACCOUNTING FIRM.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William T. Horan			Vice President Name Robert C. Golden		
Street Address 46 Holley Street-P.O. Box 150			Street Address 12 Penny Lane		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
Secretary Name Robert C. Golden			Treasurer Name William T. Horan		
Street Address 12 Penny Lane			Street Address 46 Holley Street-P.O. Box 150		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William T. Horan			Director Name Robert C. Golden		
Street Address 46 Holley Street-P.O. Box 150			Street Address 12 Penny Lane		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
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
600 NO PAR VALUE			125		No Par

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



* 8 8 8 0 9 *

88809 DBC1/23/0312:01:50 PM

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.

Robert C. Golden 1/25/03
Signature of Officer Date
ROBERT C. GOLDEN
Print or Type Name of Officer
SECRETARY
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

88809

2. Name of Corporation

HORAN & COMPANY, LTD.

3. Street Address Principal Business Office

46 Holley Street - P.O. Box 150

City

Wakefield

State

RI

Zip

02880

4. Business Phone No.

401-783-1040

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7658

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

Certified public accounting firm.

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

President Name

William T. Horan

Street Address

46 Holley Street - P.O. Box 150

City

Wakefield

State

RI

Zip

02880

Secretary Name

Robert C. Golden

Street Address

12 Penny Lane

City

Wakefield

State

RI

Zip

02880

Vice President Name

Robert C. Golden

Street Address

12 Penny Lane

City

Wakefield

State

RI

Zip

02880

Treasurer Name

William T. Horan

Street Address

46 Holley Street - P.O. Box 150

City

Wakefield

State

RI

Zip

02880

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

Director Name

William T. Horan

Street Address

46 Holley Street - P.O. Box 150

City

Wakefield

State

RI

Zip

02880

Director Name

Robert C. Golden

Street Address

12 Penny Lane

City

Wakefield

State

RI

Zip

02880

Director Name

Robert C. Golden

Street Address

12 Penny Lane

City

Wakefield

State

RI

Zip

02880

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

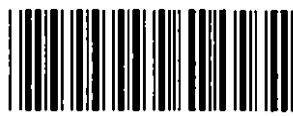
Class/Series

Par Value

125

No Par

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



* 8 8 8 0 9 *

File Date: 4-25-02

Check No.: 3181

By: bmF

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.

Robert C. Golden 1/23/02
Signature of Officer Date

Robert C. Golden
Print or Type Name of Officer

Secretary
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 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 BE TYPED IN BLACK)

1. Corporate ID No. **88809** 2. Name of Corporation **HORAN & COMPANY, LTD.**

3. Street Address Principal Business Office **46 Holley Street - P.O. Box 150** City **Wakefield** State **RI** Zip **02880**
4. Business Phone No. **(401) 783-1040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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

Certified public accounting firm.

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

President Name William T. Horan Street Address 46 Holley Street - P.O. Box City Wakefield State RI Zip 02880	Vice President Name Robert C. Golden Street Address 12 Penny Lane City Wakefield State RI Zip 02879
Secretary Name Robert C. Golden Street Address 12 Penny Lane City Wakefield State RI Zip 02879	Treasurer Name William T. Horan Street Address 46 Holley Street - P.O. Box 150 City Wakefield State RI Zip 02880

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

Director Name William T. Horan Street Address 46 Holley Street - P.O. Box 150 City Wakefield State RI Zip 02880	Director Name Robert C. Golden Street Address 12 Penny Lane City Wakefield State RI Zip 02879
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES

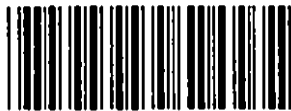
Number of Shares	Class/Series	Par Value
600 SHS NO PAR		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
125		No Par

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



* 8 8 8 0 9 *

File Date: 4/17/2001

Check No.: 2610

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.

Robert C. Golden 2/19/01
Signature of Officer Date

Robert C. Golden

Print or Type Name of Officer

Secretary

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88809** 2. Name of Corporation **HORAN & COMPANY, LTD.**

3. Street Address Principal Business Office City State Zip
46 Holley Street - P.O. Box 150 Wakefield RI 02880

4. Business Phone No. (401) 783-1040 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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

Certified public accounting firm.

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

President Name

William T. Horan

Street Address

46 Holley Street - P.O. Box 150

City State Zip
Wakefield RI 02880

Secretary Name

Robert C. Golden

Street Address

65 Mayflower Drive

City State Zip
Cranston RI 02905

Vice President Name

Robert C. Golden

Street Address

65 Mayflower Drive

City State Zip
Cranston RI 02905

Treasurer Name

William T. Horan

Street Address

46 Holley Street - P.O. Box 150

City State Zip
Wakefield RI 02880

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

Director Name

William T. Horan

Street Address

46 Holley Street - P.O. Box 150

City State Zip
Wakefield RI 02880

Director Name

Robert C. Golden

Street Address

65 Mayflower Drive

City State Zip
Cranston RI 02905

Director Name

Robert C. Golden

Street Address

65 Mayflower Drive

City State Zip
Cranston RI 02905

Director Name

William T. Horan

Street Address

46 Holley Street - P.O. Box 150

City State Zip
Wakefield RI 02880

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS NO PAR		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
125		No Par

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



* 8 8 8 0 9 *

File Date: **MAR 29 2000**

Check No.: **0221**

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.

Robert C. Golden / 3/22/00
Signature of Officer Date

Robert C. Golden

Print or Type Name of Officer

Secretary

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 BLACK)



1. Corporate ID No. 88809		2. Name of Corporation HORAN & COMPANY, LTD.		
3. Street Address Principal Business Office 46 Holley Street - P.O. Box 150		City Wakefield	State RI	Zip 02880
4. Business Phone No. (401) 783-1040		5. State of Incorporation RHODE ISLAND		6. SIC Code 7858
7. Brief Description of the Character of Business Conducted in Rhode Island Certified public accounting firm.				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name William T. Horan		Vice President Name Robert C. Golden		
Street Address 46 Holley Street - P.O. Box 150		Street Address 65 Mayflower Drive		
City Wakefield	State RI	Zip 02880	City Cranston	State RI
Secretary Name Robert C. Golden		Treasurer Name William T. Horan		
Street Address 65 Mayflower Drive		Street Address 46 Holley Street - P.O. Box 150		
City Cranston	State RI	Zip 02905	City Wakefield	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name William T. Horan		Director Name Robert C. Golden		
Street Address 46 Holley Street - P.O. Box 150		Street Address 65 Mayflower Drive		
City Wakefield	State RI	Zip 02880	City Cranston	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
600 SHS NO PAR			125	No Par

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



* 8 8 8 0 9 *

File Date: 1/20/99

Check No.: 1837

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.

Robert C. Golden 1/20/99
Signature of Officer Date

Robert C. Golden
Print or Type Name of Officer

Secretary
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 BLACK)

1. Corporate ID No. **88809** 2. Name of Corporation **HORAN & COMPANY, LTD.**

3. Street Address Principal Business Office City State Zip
46 Holley Street - P.O. Box 150 Wakefield RI 02880
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 783-1040 RHODE ISLAND 7658

7. Brief Description of the Character of Business Conducted in Rhode Island
Certified public accounting firm.

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

President Name William T. Horan Street Address 46 Holley Street - P.O. Box 150 City State Zip Wakefield RI 02880 Secretary Name Robert C. Golden Street Address 65 Mayflower Drive City State Zip Cranston RI 02905	Vice President Name Robert C. Golden Street Address 65 Mayflower Drive City State Zip Cranston RI 02905 Treasurer Name William T. Horan Street Address 46 Holley Street - P.O. Box 150 City State Zip Wakefield RI 02880
--	---

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

Director Name William T. Horan Street Address 46 Holley Street - P.O. Box 150 City State Zip Wakefield RI 02880 Director Name Robert C. Golden Street Address 65 Mayflower Drive City State Zip Cranston RI 02905	Director Name Robert C. Golden Street Address 65 Mayflower Drive City State Zip Cranston RI 02905
--	---

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
125 No Par

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



File Date: **3.23.98**
Check No.: **1333**
By: **10P**
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.

William T. Horan **2/3/98**
Signature of Officer Date
William T. Horan
Print or Type Name of Officer
Secretary President / Treasurer
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



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. 88809 2. Name of Corporation HORAN & COMPANY, LTD.
3. Street Address Principal Business Office 46 Holley Street - P.O. Box 150 Wakefield RI 02880
4. Business Phone No. (401) 783-1040 5. State of Incorporation RHODE ISLAND 6. SIC Code 7658

7. Brief Description of the Character of Business Conducted in Rhode Island
Certified public accounting firm.

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

President Name William T. Horan Street Address 46 Holley Street - P.O. Box 150 City Wakefield State RI Zip 02880	Vice President Name Robert C. Golden Street Address 65 Mayflower Drive City Cranston State RI Zip 02905
Secretary Name Robert C. Golden Street Address 65 Mayflower Drive City Cranston State RI Zip 02905	Treasurer Name William T. Horan Street Address 46 Holley Street - P.O. Box 150 City Wakefield State RI Zip 02880

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

Director Name William T. Horan Street Address 46 Holley Street - P.O. Box 150 City Wakefield State RI Zip 02880	Director Name Robert C. Golden Street Address 65 Mayflower Drive City Cranston State RI Zip 02905
Director Name Street Address City State Zip	Director Name Street Address City State 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
600 SHS NO PAR			125		No Par

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

FILED

File Date: MAR 26 1997

Check No.: 60463

By: 182715

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.

Robert C. Golden 2/15/97
Signature of Officer Date

ROBERT C. GOLDEN
Print or Type Name of Officer

Secretary
Title of Officer