

FOR SECRETARY OF STATE USE ONLY

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

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Filing Period: Janu	iary 1 - March I •	Filing Fee: \$50.00		

r iling Perioa: January ) - h (FORM MUST BE TYPED IN BL	_	ree: \$30.00				
1. Carporate ID No.	2. Name of Corporation	· · · · · · · · · · · · · · · · · · ·				
88809	HORAN & COM					
3. Street Address Principal Business Office			City	State	Zip	
46 HOLLEY STREET,	PO BOX 150		WAKEFIELD	RHODE ISLAND	02880	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
401-783-1040		RHODE ISLAND			7658	
7. Brief Description of the Charact CERTIFIED PUBLIC ACCO		rd in Rhode Island				
	S OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT)   FILL IN SPACES	BEFORE USING ATTAC	HMENTS	
<i>President Name</i> William T. Horan		•	Vice President Name Robert C. Golden			
Street Address			Street Address			
46 Holley Street, E	2.0. Box 150		.12 Penny Lane			
City	State	Zip	City	State	Zip	
Wakefield	RI	02880	. Wakefield	RI	02880	
Secretary Name	<i>.</i>		Treasurer Name			
Robert C. Golden			William T. Horan			
Street Address			* Street Address			
12 Penny Lane			.46 Holley Street,	P.O. Box 150		
City	State	Zip	*City	State	Zip	
Wakefield	RI	02880	. Wakefield	RI	02880	
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS CX BOX FOR AT	TACHMENT) TILL IN SPACE	ES BEFORE USING ATT/	CHMENTS	
William T. Horan			.Director Name 'Robert C. Golden			
Street Address		··· ·· · ·	Street Address			
46 Holley Street, F	2.O. Box 150		12 Penny Lane			
City	State	Zip	•City	State	Zip	
Wakefield	RI	02880	`Wakefield	RI	02880	
Director Name	J	.,	· Director Name		102000	
			· ·			
Street Address		· <del>-</del>	Street Address			
City	State	Zip	.City	State	Zip	
			•			
10. SHARES AUTHORIZEI	) ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" BO	X FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		<u> </u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600 NO PAR VALUE			125		No Par	
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This report must be signed	in ink by either th	ie President, Vice Pre	sident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee	
#1 16(E) 1816) 46(I) 6	<b>:0110 12</b> 1					
	îni în					
	, 4		Under penalty of perjury,			
· - · · · · · · · · · · · · · · · · · ·		٦	this report, including any			
1	. <del></del> .		and that all statements co	neamen netein are true an	u correct.	
File Date 3 12410	S		The LIN	Adda Simila	are Locks-	
		1	Signature of Officer	Date Date	7 1/1/10	
Check No. 1229			Pan	6 c		
10			ROBERT C. GOLDEN  Print or Type Name of Officer			
I <u>-</u> 1/\		1	or syperiume of Office	<del>-</del> •		

SECRETARY Tile of Officer

Form 630 12/01



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. 2. Name of Corporation HORAN & COMPANY, LTD. 88809 3. Street Address Principal Business Office City State 7.ip 46 Holley Street, PO Box 150 Wakefield RI 02880 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017831040 Rhode Island 7658 7. Brief Description of the Character of Business Conducted in Rhode Island Coxtified Public Accounting Firm 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL! IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name William T. Horan · Robert C. Golden Street Address Street Address 46 Holley Street - P.O. Box 150 . 12 Penny Lane City State Zφ State 7.ip Wakefield RI Wakefield 02880 RI 02880 Secretary Name Treasurer Name Robert Golden William T. Horan Street Address Street Address 12 Penny Lane .46 Holley Street - P.O. Box 150 City State Zip City State Zip Wakefield RI 02880 Wakefield RI 02880 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name William T. Horan Robert Golden Street Address · Street Address 46 Holley Street - P.O. Box 150 12 Penny Lane City State Zip · City State Zip Wakefield RI 02880 Wakefield RI 02880 Director Name Director Name Street Address ·Street Address City State Cin State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11: SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 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 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. 1/28/04 File Date APR 29 2004 Check No. WILLIAM T HORAN Ву Print or Type Name of Officer RESIDENT FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



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

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

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

\*88809\* HORAN & COMPANY, LTD. 3. Street Address Principal Business Office City State Zip 46 HOLLEY STREET, PO BOX 150 WAKEFIELD RΙ 02880 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017831040 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) | | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name William T. Horan · Robert C. Golden Street Address Street Address . 12 Penny Lane 46 Holley Street-P.O. Box 150 City State State Zip Wakefield RI RI 02880 Wakefield 02880 Secretary Name Treasurer Name Robert C. Golden William T. Horan Street Address Street Address 12 Penny Lane .46 Holley Street-P.O. Box 150 City State Zio Cy State Zip Wakefield RI 02880 RI . Wakefield 02880 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name William T. Horan 'Robert C. Golden Street Address · Street Address 46 Holley Street-P.O. Box 150 12 Penny Lane City State Zip ·Cirv State RI Wakefield 02880 Wakefield RI 02880 Director Name Director Name Street Address ·Street Address City State .City State 10. SHARES AUTHORIZED C'X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value **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 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. \*88809 DBC1/23/0312:01:50 PM\* File Date\_ Signature of Officer Check No. GOLDEN SECRETARY FOR SECRETARY OF STATE USE ONLY Title of Officer

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 88809 HORAN & COMPANY, LTD. 3. Street Address Principal Business Office City State ZIP 46 Holley Street - P.O. Box 150 02880 Wakefield RI 4. Business Phone No 5. State of Incorporation 6. SIC Code 7658 **RHODE ISLAND** 401-783-1040 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 Vice President Name William T. Horan Robert C. Golden Street Address Street Address 46 Holley Street - P.O. Box 150 12 Penny Lane 7.10 State 21p Wakefield RI02880 Wakefield RI 02880 Secretary Name Treasurer Name William T. Horan Robert C. Golden Street Address Street Address 12 Penny Lane 46 Holley Street - P.O. Box 150 RI 02880 RI 02880 Wakefield Wakefield 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name William T. Horan Robert C. Golden Street Address Street Address 46 Holley Street - P.O. Box 150 12 Penny Lane State City Zip State 02880 02880 Wakefield RIWakefield RIDirector Name Director Name Street Address Street Address City Z.ip State City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUET) SHARES Number of Shares Class/Series Number of Shares Par Value 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



File Date:	4-25-02	
Check No.:	2181	-
By:	16MF	
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.

Rebect C Selder 1/23/02
Signature of Officer Date

Janua - Julian	1/03/04
Signature of Officer	Date
Robert C. Golden	
Delice on the extreme COCC .	

<u>Robert C. Golden</u>	
Print or Type Name of Officer	
Secretary	
Title of Officer	

Form 630 12/01

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP
PLEASE READ
INSTRUCTIONS

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88809	HORAN & COMPANY,	LTD.
1. Corporate ID No.	2. Name of Corporation	
FORM MUST BE TYPED IN BLACK	,	

. Street Address Principal Business Office	City	State	Zip
46 Holley Street - P.O. Box 150	Wakefield	RI	02880
. Business Phone No. 5. State	of Incorporation		6. SIC Code
(401) 783-1040 RHO	DE ISLAND		1036

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			Vice President Name		
William T. Ho	ran		Robert C. Gold	en	
46 Holley Str	eet - P.O. Box	ζ .	12 Penny Lane		
City	State	Zip	City	State	ZIp
Wakefield	RI	02880	Wakefield	RI	02879
Secretary Name	•		Treasurer Name		
Robert C. Gol	den		William T. Hor	an	
Street Address			Street Address		
12 Penny Lane	;		46 Holley Stre	et - P.O. Box 1	.50
City	State	Zip	City	State	ZIp
Wakefield	RI	02879.	Wakefield	RI	02880
9. NAMES AND ADDE	RESSES OF THE DII	RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
William T. Ho	ran		Robert C. Gold	len	
Street Address		· · · · · · · · · · · · · · · · · · ·	. Street Address	•	•

William T. Hor Street Address	an 		Robert C. Gold	len •	,
46 Holley Stre	et - P.O. Bo	x 150	12 Penny Lane	:	
City	State	Zip	City	State	Zip
Wakefield	RI	02880	Wakefield	RI	02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

ISSUED 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

	* 8 8 8 0 9 *
File Date:	4/17/2001
Check No.:	9010
By:	3

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.
,

Robert C. A.ldu	2/19/01	
Signature of Officer	Date	

Robert	С.	Golden	
Print or Type	Name	of Officer	

Secretary
Title of Officer

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

401-222-3040

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Filing Period: Januar			IOKI IOK III	t Itak <u></u>	PITASERIAD TASTRU HOX
(FORM MUST BE TYPED IN BE	LACK)				
1. Carporate ID No. * <b>88809</b>	2. Name of Corpora HORAN & C	COMPANY, LTD.			
3. Street Address Principal Busines	ss Office		City	State	Zip
46 Holley Street	t - P.O. Box 1	.50	Wakefield	RI	02880
4. Business Phone No. (401) 783-1040		5. State of Incorporation RHODE ISLANI			6. SIC Code <b>7658</b>
7. Brief Description of the Character Certified public					
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
William T. Hora	n		Robert C. Gold	len	
Street Address			Street Address		
45 Holley Stree	t - P.O. Box 1	150	65 Mayflower D	rive	
City	State	Zip	City	State	Zip
Wakefield	RI	02880	Cranston	RI	02905
Secretary Name	•		Treasurer Name		
Robert C. Golden	n		William T. Hor	an	
Street Address			Street Address	. 50 5	
65 Mayflower Dr	ive		46 Holley Stre	et - P.O. Box 1	130
City	State	Zip	City	State	Zip
Cranston	RI	02905	Wakefield	RI	02880
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR AT		ES BEFORE USING ATT	ACHMENTS
Director Name			Director Name	1	
William TriHora Siriei Address 46 Holley Stree	t - P.O. Box	150	Robert C. Gold Street Address 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rive	The state of the s
City	State	Zip	City	State	Zip T
Wakefield	RI	02880	Cranston	RI	02905
Director Name	,		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZZO SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	"X" ROX FOR ATTACHMEN	T)
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

<b>.</b>	* 8 8 8 0 9 *	
.,**		•
File Date:		
Check No.:	MAR 2 9 2000	
Ву:	0; (Dn) 22.1/	
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. Holden 1/22/20

Signature of Officer

Robert C. Golden
Print or Type Name of Officer

Secretary

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Filing Perioa: January	I-March 1	Filing Fee: \$50.00			Tollar	
(FORM MUST BE TYPED IN BLA						<b>Z</b> _
1. Corporate ID No. 88809	2. Name of Corpora HORAN & C	COMPANY, LTD.			3	_ į
3. Street Address Principal Business	Office		City	State	Zip	
_46_Holley Street	- P.O. Box 15		Wakefield	i_RI	02880	
4. Business Phone No.		S. State of Incorporation			6. SIC Code 7858	
_(401)_783-1040		l .			1000	:
7. Brief Description of the Characte	_					*
Certified public	accounting I	LCERS (ave now con in	ACHMENT) FILL IN SPACES	DECODE LISING ATTA	CHMENTS	
8. NAMES AND AUDKES President Name	SE2 OF THE OFFI	ICERS ("X" BOX FOR ALL	: Vice President Name	BLIORE COMO ATTA		à. :
William T. Horan			Robert C. Gold	en		;
Street Address	<del></del>		Street Address	<del></del>	<del></del>	<del></del>
46 Holley Street	- P.O. Box 1	50	65 Mayflower_D	rive		
Chy	State	Zip	City	State	Zip	:
Wakefield	RI	02880	Cranston	RI		•••••
Secretary Name			Treasurer Name			i
_Robert_CGolden_			William_THor	an		
Street Address			Street Address	. DO D 11		
65 Mayflower Driv		7 77		et _ P.O. Box 15	$\frac{1}{z_{ip}}$	i
City	State	1 zip 1 02905	Wakefield	RI	02880	•
Cranston			TTACHMENT PILL IN SPACE	<del></del>		W =2 <sup>4</sup>
Director Name	SES OF LITE DIK		Director Name-		مناها المستقبل المستقبل المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستق المستقبلة المستقبلة	بهندند اد
William T. Horan	Supplied the second		Robert C. Gol		alaw arawar ng T	
Street Address		·	Street Address			1
46 Holley Street	- P.O. Box 1	50	65 Mayflower	Drive		
City	State	Zip	City	State	Zip	
Wakefield	RI	02880	Cranston	RI	02905	
Director Name			Director Name			
			<del></del>	<del></del> ,	·	!
Street Address	•	•	Street Address			
Clar.	State	Zip	City	State	Zip	—
City	Since		• • • • • • • • • • • • • • • • • • • •	[		
10. SHARES AUTHORIZE	FD (*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	IT)	
AUTHORIZED STARES			ESSUFED SHARES	- <del></del>		
Number of Shares	Class/Serles	Por Value	Number of Shares	Class/Series	Par Value	
<del></del>		· <del></del>			•	
600 SHS NO PAR			125		No_Par	!
	•					
This report must be sign	ned in lnk by eit	her the President, Vi	ce President, Secretary, As	sistant Secretary, Trea	surer, Receiver or Tr	uste
• • • • • • • • • • • • • • • • • • •	•	•				(
	8:   B  E     B  B     B     <b>  B   </b>					_
*	8 8 8 0	9 *	Under penalty of	perjury, I declare and affl	rm that I have examine	d ,
,	• • -			Ing any accompanying so		
A	1-1	7	that all statement	s contained herein are tru	e and correct.	
File Date:	404×14	1	N.L.	12 11/1/1-0	ilaction	
No.	1.92	THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN CO.	Signature of Officer	- House	Date .	
Check No.:	-1807		-Robert C.	Colden	ما مجمد أن المحمد الم	
23 to 100 to	( Day )	one same same in a line and a line	Print or Type Name of		<del></del>	
O		1	• • • • • • • • • • • • • • • • • • • •			

Secretary

Title of Officer

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

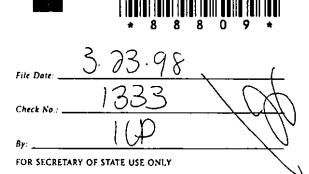
401-277-3040

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>88809</b>	2. Name of Corporation HORAN & CC	" MPANY, LTD.			
3. Street Address Principal Business	Office		City	State	Zip
46 Holley Stre 4. Business Phone No. - (401) 783-1040		ox 150 5. State of Incorporat RHODE ISL		RI	02880 6. SIC Code <b>7658</b>
7. Brief Description of the Character		thode Island			
Certified publ	ic accounti	ng firm.			
8. NAMES AND ADDRES			TACHMENT)		
President Name			Vice President Name		
William T. Hor Street Address	an		Robert C. Gol	lden	k.
46 Holley Stre	et ~ P.O. B	ox 150	65 Mayflower	Drive	
City	State	Zip	City	State	Zip
Wakefield	RI	02880	Cranston	RI	02905
Secretary Name			Treasurer Name		·
Robert C. Gold	len		William T. Ho Street Address	ran	
65 Mayflower D	rive		46 Holley Str	eet - P.O. E	3ox 150
City	State	Zip	City	State	Zip
Cranston	RI	02905	Wakefield	·RI	02880
9. NAMES AND ADDRES. Director Name	SES OF THE DIREC	TORS ("X" BOX FOR	ATFACHMENT) Director Name		
William T. Hor Street Address	an		Robert C. Gol	lden	
46 Holley Stre	et - P.O. B	ox 150	65 Mayflower	Drive	
City	State	Zip	. City	State	Zip
Wakefield	RI	02880	Cranston	RI	02905
Director Name			Director Name	·	·
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZE.	D ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

125



**600 SHS NO PAR** 

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.

No Par

William T. How

Signature of Officer

William T. Horan

Print or Type Name of Officer

Secretary President / Trensurer



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

### PROFIT CORPORATION ANNUAL REPORT 1997

iling Period: January	I-March 1	•	Filing Fee:	\$50.00
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(FORM MUST BE TYPED IN BL	ACK)				THIS TORSE
1. Corporate ID No.	2. Name of Corporal	tion			
88809	HO	RAN & COMPANY	, LTD.		
3. Street Address Principal Busines	s Office		City	State	Zip
46 Holley Stre	eet - P.O. 1	Box 150	Wakefield	RΙ	02880
4. Business Phone No.		5. State of Incorporation	•		6. SIC Code
(401) 783-1040	)	RHODE	ISLAND		7658
7. Brief Description of the Charact	er of Business Conducted I				
Certified publ	lic account:	ing firm.			
8. NAMES AND ADDRE		•	CHMENT)		
President Name			Vice President Name		
William T. Hor	can		Robert C. Gol	den	
Street Address			Street Address		
46 Holley Stre	et - P.O. 1	Box 150	65 Mayflower	Drive	
City	State	ZIP	City	State	Zip
Wakefield	RI	02880	Cranston	RI	02905
Secretary Name			Treasurer Name	•	
Robert C. Gold	den		William T. Ho	ran	
Street Address			Street Address		
65 Mayflower 1	Drive		46 Holley Str	eet - P.O. B	ox 150
City	State	Zip	City	State	Zip
Cranston	RI	02905	Wakefield	RI	02880
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT)		·
Director Name			Director Name		
William T. Hor	ran		Robert C. Gol	den	
Street Address			Street Address		
46 Holley Stre	eet - P.O.	Box 150	65 Mayflower	Drive	
City	State	Zip	City	State	Zip
Wakefield	RI	02880	Cranston	RI	02905
Director Name		·	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED AND ISSUED (	*X* BOX FOR ATTACHMENT	)		
AUTHORIZED SHARES			ESPUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

125

File Date:	FILED
Check No :	MAR 2 6 1997
Check No.:	By 182715
By: FOR SECRETARY	OF STATE USE ONLY

600 SHS NO PAR

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. Holden 2/15/97

Bobert C. Golden

ROBERT C. GOLDEN

Print or Type Name of Officer

Secretary
Title of Officer

\_\_\_\_\_

No Par