



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. 89909		2. Name of Corporation Northeast Oxygen Service, Inc.			
3. Street Address Principal Business Office 460 Douglas Avenue			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 273-8020		5. State of Incorporation Rhode Island			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island To Supply Oxygen and Oxygen Equipment: To Repair Oxygen Equipment					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred U. Barbery, Jr.			Vice President Name Alfred U. Barbery, Jr.		
Street Address 460 Douglas Avenue			Street Address 460 Douglas Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Alfred U. Barbery, Jr.			Treasurer Name Alfred U. Barbery, Jr.		
Street Address 460 Douglas Avenue			Street Address 460 Douglas Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alfred U. Barbery, Jr.			Director Name		
Street Address 460 Douglas Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
4,000 No Par Value					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
1,000		Common	No Par		

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



8 9 9 0 9

File Date **FILED**

Check No. **MAR 03 2005** 1675

By: **ICB**

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.

Alfred U. Barbery, Jr. 2-25-05

Signature of Officer Date

Alfred U. Barbery, Jr.

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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, Brief Description of Business, Names and Addresses of Officers (President, Vice President, Secretary, Treasurer), Names and Addresses of Directors, Shares Authorized, Shares Issued.

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



FOR SECRETARY OF STATE USE ONLY
File Date: 2/27/09
Check No.: 1608
By: [Signature]

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

Signature of Officer: Alfred U. Barbary, Jr.
Date: 2-17-09
Print or Type Name of Officer: President
Title of Officer: President

ACTION BY UNANIMOUS CONSENT OF SHAREHOLDERS

OF

NORTHEAST OXYGEN SERVICE, INC.

The undersigned, being all the stockholders of NORTHEAST OXYGEN SERVICE, INC., pursuant to the provisions of the General Laws of Rhode Island, and the By-Laws of this Corporation hereby consent to the following action and adopt the following votes:

The annual meeting of the Stockholders of NORTHEAST OXYGEN SERVICE, INC., was held at the offices of the Corporation on the 11th day of January, 2004, at 4:00 p.m.

VOTED: To proceed by ballot to the election of a Board of Directors. A ballot having been taken,

ALFRED U. BARBERY, JR.

Was declared elected as director of the Corporation.

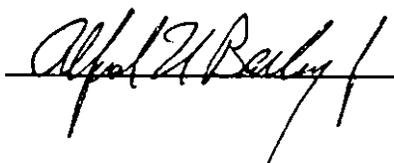
VOTED: That ALFRED U. BARBERY, JR., is hereby authorized to execute leases, agreements, mortgages, extensions of mortgages, contracts of all kinds, deeds and other instruments relating to the real or personal property, or both, of this corporation, and to sign notes on behalf of the corporation as evidence of any loans made by it, subject to any limitations which may be imposed by the Directors, and further to any limitations which may be imposed by the By-Laws of this corporation.

The President then reported on the business of the corporation during the preceding year.

VOTED: To ratify and confirm all actions taken by the officers and directors on behalf of the corporation since the last meeting of the Board of Directors of the corporation. There being no further business before the Board, upon motion duly made and seconded, it was unanimously,

VOTED: To adjourn.

Adjourned.

A handwritten signature in cursive script, reading "Alfred H. Bailey", is written over a horizontal line.

ACTION BY UNANIMOUS CONSENT OF DIRECTORS
OF
NORTHEAST OXYGEN SERVICE, INC.

The undersigned, being all the directors of NORTHEAST OXYGEN SERVICE, INC., pursuant to the provisions of the General Laws of Rhode Island, and the By-Laws of this Corporation hereby consent to the following action and adopt the following votes:

The annual meeting of the Directors of NORTHEAST OXYGEN SERVICE, INC., was held at the offices of the Corporation on the 11th day of January, 2004, at 5:00 p.m., immediately following the adjournment of the annual meeting of the stockholders. The following Directors were present:

ALFRED U. BARBERY, JR.

The meeting was called to order by the President.

VOTED: A ballot having been taken, the following officers were elected:

PRESIDENT: ALFRED U. BARBERY, JR.

VICE PRESIDENT: ALFRED U. BARBERY, JR.

SECRETARY: ALFRED U. BARBERY, JR.

TREASURER: ALFRED U. BARBERY, JR.

VOTED: That the President be and is hereby authorized to execute leases, agreements, mortgages, extensions of mortgages, contracts of all kinds, deeds and other instruments relating to the real or personal property, both, of this Corporation, and to sign checks on any bank account of

the corporation, as evidence of any loans made by it, subject to limitations which may be imposed by the By-Laws.

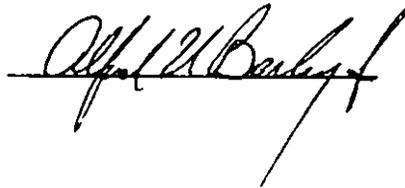
The President then reviewed the business of the corporation during the preceding year.

VOTED: To ratify and confirm all actions taken by the officers and directors on behalf of the corporation since the last meeting of the Board of Directors of the Corporation.

There being no further business before the Board, upon motion duly made and seconded, it was unanimously,

VOTED: To adjourn.

Adjourned.

A handwritten signature in cursive script, appearing to read "Alfred W. Bailey", is written over a horizontal line.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **89909** 2. Name of Corporation **NORTHEAST OXYGEN SERVICE, INC.**
3. Street Address Principal Business Office **460 Douglas Avenue** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **(401)273-8020** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
To supply oxygen and oxygen equipment; to repair oxygen equipment

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

President Name ALFRED U. BARBERY, JR.	Vice President Name ALFRED U. BARBERY, JR.
Street Address 460 Douglas Avenue	Street Address 460 Douglas Avenue
City State Zip Providence RI 02908	City State Zip Providence RI 02908
Secretary Name ALFRED U. BARBERY, JR.	Treasurer Name ALFRED U. BARBERY, JR.
Street Address 460 Douglas Avenue	Street Address 460 Douglas Avenue
City State Zip Providence RI 02908	City State Zip Providence RI 02908

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

Director Name ALFRED U. BARBERY, JR.	Director Name
Street Address 460 Douglas Avenue	Street Address
City State Zip Providence, RI 02908	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
4,000 NO PAR VALUE		

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

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

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: 2/25/03
Check No.: 1543
By: sm

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.

Signature of Officer: Alfred U. Barbary, Jr. Date: 3-12-03
Print or Type Name of Officer: ALFRED U. BARBERY, JR.

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89909**
2. Name of Corporation **NORTHEAST OXYGEN SERVICE, INC.**
3. Street Address Principal Business Office
460 Douglas Avenue
4. Business Phone No. **(401) 273-8020**
5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02908**
6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
To supply oxygen and oxygen equipment; to repair oxygen equipment

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

President Name
ALFRED U. BARBERY JR

Street Address
460 Douglas Avenue
City **Providence** State **RI** Zip **02908**

Secretary Name
ALFRED U. BARBERY JR.

Street Address
460 Douglas Avenue
City **Providence** State **RI** Zip **02908**

Vice President Name
ALFRED U. BABERY, JR.

Street Address
460 Douglas Avenue
City **Providence** State **RI** Zip **02908**

Treasurer Name
ALFRED U. BARBERY JR.

Street Address
460 Douglas Avenue
City **Providence** State **RI** Zip **02908**

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

Director Name
ALFRED U. BARBERY JR.

Street Address
460 Douglas Avenue
City **Providence,** State **RI** Zip **02908**

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
4,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common None

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



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2-11-02

File Date: _____

Check No.: 1456

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.

[Signature] 1-31-02
Signature of Officer Date

ALFRED U. BARBERY, JR.

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89909** 2. Name of Corporation **NORTHEAST OXYGEN SERVICE, INC.**

3. Street Address Principal Business Office **460 Douglas Avenue** City **Providence** State **RI** Zip **02908**

4. Business Phone No. **(401)273-8020** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
To supply oxygen and oxygen equipment; to repair oxygen equipment

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

President Name ALFRED U. BARBERY, JR.	Vice President Name ALFRED U. BARBERY, JR.
Street Address 460 Douglas Avenue	Street Address 460 Douglas Avenue
City State Zip Providence RI 02908	City State Zip Providence RI 02908

Secretary Name ALFRED U. BARBERY, JR.	Treasurer Name ALFRED U. BARBERY, JR.
Street Address 460 Douglas Avenue	Street Address 460 Douglas Avenue
City State Zip Providence RI 02908	City State Zip Providence RI 02908

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

Director Name ALFRED U. BARBERY, JR.	Director Name
Street Address 460 Douglas Avenue	Street Address
City State Zip Providence RI 02908	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
4,000 SHS	NO PAR VALUE	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	Common	None

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: 1368

Check No.: 21

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.

Alfred U. Barbary, Jr. 1-26-2001
Signature of Officer Date

ALFRED U. BARBERY, JR.

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89909** 2. Name of Corporation **NORTHEAST OXYGEN SERVICE, INC.**
3. Street Address Principal Business Office **7460 Douglas Avenue** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **(401) 273-8020** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To supply oxygen and oxygen equipment; to repair oxygen equipment

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

President Name Alfred U. Barbery, Jr. Street Address 460 Douglas Ave. City Providence State RI Zip 02908	Vice President Name Alfred U. Barbery, Jr. Street Address 460 Douglas Ave. City Providence State RI Zip 02098
Secretary Name Alfred U. Barbery, Jr. Street Address 460 Douglas Ave. City Providence State RI Zip 02908	Treasurer Name Alfred U. Barbery, Jr. Street Address 460 Douglas Ave. City Providence State RI Zip 02908

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

Director Name Alfred U. Barbery, Jr. Street Address 460 Douglas Ave. City Providence State RI Zip 02908	Director Name Street Address City State Zip
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
4,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common None

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



* 8 9 9 0 9 *

File Date: 2-23-00
Check No.: 1241
By: AMF

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.

Signature of Officer: Alfred U. Barbery, Jr. Date: 2-18-00
Print or Type Name of Officer: Alfred U. Barbery, Jr.
Title of Officer: President

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. **89809** 2. Name of Corporation **NORTHEAST OXYGEN SERVICE, INC.**
3. Street Address Principal Business Office **460 Douglas Avenue** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **(401) 273-8020** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To supply oxygen and oxygen equipment; to repair oxygen equipment

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

President Name Alfred U. Barbery, Jr.	Vice President Name Alfred U. Barbery, Jr.
Street Address 460 Douglas Avenue	Street Address 460 Douglas Avenue
City State Zip Providence RI 02908	City State Zip Providence RI 02908
Secretary Name Alfred U. Barbery, Jr.	Treasurer Name Alfred U. Barbery, Jr.
Street Address 460 Douglas Avenue	Street Address 460 Douglas Avenue
City State Zip Providence RI 02908	City State Zip Providence RI 02908

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

Director Name Alfred U. Barbery, Jr.	Director Name
Street Address 460 Douglas Avenue	Street Address
City State Zip Providence RI 02908	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common None

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



File Date: Jan 20, 99
Check No.: 1139
By: J.D.

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.

Signature of Officer: Alfred U. Barbery, Jr. Date: 1-14-99
Print or Type Name of Officer: Alfred U. Barbery, Jr.
Title of Officer: President



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. **89909** 2. Name of Corporation **NORTHEAST OXYGEN SERVICE, INC.**
3. Street Address Principal Business Office **460 DOUGLAS AVENUE** City **PROVIDENCE** State **RI** Zip **02908**
4. Business Phone No. **401-273-8020** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO SUPPLY OXYGEN & OXYGEN EQUIPMENT; TO REPAIR OXYGEN EQUIPMENT

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

President Name	Vice President Name
ALFRED U. BARBERY, JR.	ALFRED U. BARBERY, JR.
Street Address	Street Address
460 DOUGLAS AVENUE	460 DOUGLAS AVENUE
City State Zip	City State Zip
PROVIDENCE RI 02908	PROVIDENCE RI 02908
Secretary Name	Treasurer Name
ALFRED U. BARBERY, JR.	ALFRED U. BARBERY, JR.
Street Address	Street Address
460 DOUGLAS AVENUE	460 DOUGLAS AVENUE
City State Zip	City State Zip
PROVIDENCE RI 02908	PROVIDENCE RI 02908

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

Director Name	Director Name
ALFRED U. BARBERY, JR.	
Street Address	Street Address
460 DOUGLAS AVENUE	
City State Zip	City State Zip
PROVIDENCE RI 02908	
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
4,000 SHS NO PAR VALUE	1,000 COMMON NONE

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: 1/29/98
Check No.: 1053
By: [Signature]

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

[Signature] Date 1-21-98
Signature of Officer
ALFRED U. BARBERY JR.
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89909** 2. Name of Corporation **NORTHEAST OXYGEN SERVICE, INC.**
3. Street Address Principal Business Office **460 DOUGLAS AVENUE** City **PROVIDENCE** State **RI** Zip **02908**
4. Business Phone No. **(401) 273-8020** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

TO SUPPLY OXYGEN & OXYGEN EQUIPMENT; TO REPAIR OXYGEN EQUIPMENT

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

President Name ALFRED U. BARBERY, JR.	Vice President Name ALFRED U. BARBERY, JR.
Street Address 460 DOUGLAS AVENUE	Street Address 460 DOUGLAS AVENUE
City State Zip PROVIDENCE RI 02908	City State Zip PROVIDENCE RI 02908
Secretary Name ALFRED U. BARBERY JR.	Treasurer Name ALFRED U. BARBERY, JR.
Street Address 460 DOUGLAS AVENUE	Street Address 460 DOUGLAS AVENUE
City State Zip PROVIDENCE RI 02908	City State Zip PROVIDENCE RI 02908

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

Director Name ALFRED U. BARBERY, JR.	Director Name
Street Address 460 DOUGLAS PIKE	Street Address
City State Zip PROVIDENCE RI 02908	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
4,000 SHS NO PAR VALUE	1,000 COMMON NONE

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



File Date: 2/20/97
Check No.: 1069
By: [Signature]

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

[Signature] 2-11-97
Signature of Officer Date
ALFRED U. BARBERY, JR.
Print or Type Name of Officer
PRESIDENT
Title of Officer

**ACTION BY UNANIMOUS CONSENT OF SHAREHOLDERS
OF
NORTHEAST OXYGEN SERVICE, INC.**

The undersigned, being all the stockholders of NORTHEAST OXYGEN SERVICE, INC. , pursuant to the provisions of the General Laws of Rhode Island, and the By-Laws of this Corporation hereby consent to the following action and adopt the following votes:

The annual meeting of the Stockholders of NORTHEAST OXYGEN SERVICE, INC. , was held at the offices of the Corporation on the 15th day of January, 1997, at 2 o'clock in the afternoon.

VOTED: To proceed by ballot to the election of a Board of Directors. A ballot having been taken,

ALFRED U. BARBERY, JR.

were declared elected as directors of the Corporation.

VOTED: That ALFRED U. BARBERY, JR., is hereby authorized to execute leases, agreements, mortgages, extensions of mortgages, contracts of all kinds, deeds and other instruments relating to the real or personal property, or both, of this corporation, and to sign notes on behalf of the corporation as evidence of any loans made by it, subject to any limitations which may be imposed by the Directors, and further to any limitations which may be imposed by the By-Laws of this corporation.

The President then reported on the business of the corporation during the preceding year.

VOTED: To ratify and confirm all actions taken by the officers and directors on behalf of the corporation since the last meeting of the Board of Directors of the corporation.

There being no further business before the Board, upon motion duly made and seconded, it was unanimously,

VOTED: To Adjourn.

Adjourned.



**ACTION BY UNANIMOUS CONSENT OF DIRECTORS
OF
NORTHEAST OXYGEN SERVICE, INC.**

The undersigned, being all the directors of NORTHEAST OXYGEN SERVICE, INC. , pursuant to the provisions of the General Laws of Rhode Island, and the By-Laws of this Corporation hereby consent to the following action and adopt the following votes:

The annual meeting of the Directors of NORTHEAST OXYGEN SERVICE, INC. , was held at the offices of the Corporation on the 15th day of January, 1997, at 3 o'clock in the afternoon, immediately following the adjournment of the annual meeting of the stockholders. The following Directors were present:

ALFRED U. BARBERY, JR.

The meeting was called to order by the President.

VOTED: A ballot having been taken, the following officers were elected:

PRESIDENT: ALFRED U. BARBERY, JR.

VICE PRESIDENT: ALFRED U. BARBERY, JR.

SECRETARY: ALFRED U. BARBERY, JR.

TREASURER: ALFRED U. BARBERY, JR.

VOTED: That the President be and is hereby authorized to execute leases, agreements, mortgages, extensions of mortgages, contracts of all kinds, deeds and other instruments relating to the real or personal property, both, of this corporation, and to sign checks on any

bank account of the corporation, as evidence of any loans made by it, subject to limitations which may be imposed by the By-Laws.

The President then reviewed the business of the corporation during the preceding year.

VOTED: To ratify and confirm all actions taken by the officers and directors on behalf of the corporation since the last meeting of the Board of Directors of the corporation.

There being no further business before the Board, upon motion duly made and seconded, it was unanimously,

VOTED: To Adjourn.

Adjourned.

A handwritten signature in cursive script, reading "Alfred H. Baskin / Pres", is written over a horizontal line.