



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92810		2. Name of Corporation A.B.HOXIE, INC.			
3. Street Address Principal Business Office 4232 South County Trail 1620 ^{PO Box}			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401-364-0118		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL AND INSTALL RESIDENTIAL AND COMMERCIAL WATER SYSTEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Asa B. Hoxie			Vice President Name Ellen M Hoxie		
Street Address 4232 So. County Tr.			Street Address 4232 So County Tr.		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Ellen M Hoxie			Treasurer Name Asa B Hoxie		
Street Address 4232 So. County Tr			Street Address 4232 So County Tr		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Asa B Hoxie			Director Name ELLEN M Hoxie		
Street Address 4232 So County Tr			Street Address 4232 So County Tr		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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
2,000 NO PAR VALUE			200	none	none

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



File Date 1/12/05
Check No. 5763
By: PA
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 of Officer Ellen M Hoxie Date 1/11/05
Print or Type Name of Officer ELLEN M. Hoxie
Title of Officer Vice President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 92810		2. Name of Corporation A.B.HOXIE, INC.			
3. Street Address Principal Business Office 4232 South County Trail PoBox 1620			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401 364-0118		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL AND INSTALL RESIDENTIAL AND COMMERCIAL WATER SYSTEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Asa B. Hoxie			Vice President Name Ellen M. Hoxie		
Street Address 4232 South County Trail			Street Address 4232 South County Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Ellen M. Hoxie			Treasurer Name Asa B. Hoxie		
Street Address 4232 South County Trail			Street Address 4232 South County Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Asa B Hoxie			Director Name Ellen M Hoxie		
Street Address 4232 South County Trail			Street Address 4232 South County Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			200	none	none
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			200	none	none

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



* 9 2 8 1 0 *

File Date 1-6-04
Check No. 5076
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.

Ellen M Hoxie 1/1/03
Signature of Officer Date
ELLEN M. HOXIE
Print or Type Name of Officer
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **92810** 2. Name of Corporation **A.B.HOXIE, INC.**

3. Street Address Principal Business Office **4232 South County Trail** City **Charlestown** State **RI** Zip **02813**

4. Business Phone No. **401-364-0118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **885**

7. Brief Description of the Character of Business Conducted in Rhode Island
Residential and Commercial Water treatment systems, well drilling + pump repair

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

President Name **Asa B. Hoxie**
Street Address **4232 South County Trail**
City **Charlestown** State **RI** Zip **02813**

Vice President Name **Ellen M. Hoxie**
Street Address **4232 South County Trail**
City **Charlestown** State **RI** Zip **02813**

Secretary Name **Ellen M. Hoxie**
Street Address **4232 South County Trail**
City **Charlestown** State **RI** Zip **02813**

Treasurer Name **Asa B. Hoxie**
Street Address **4232 South County Trail**
City **Charlestown** State **RI** Zip **02813**

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

Director Name **Asa B. Hoxie**
Street Address **4232 South County Trail**
City **Charlestown** State **RI** Zip **02813**

Director Name **Ellen M. Hoxie**
Street Address **4232 South County Trail**
City **Charlestown** State **RI** Zip **02813**

Street Address
City State Zip

Street Address
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	none	none

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



* 9 2 8 1 0 *

File Date: 1-15-03
Check No.: 4/4/41
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.

Ellen M. Hoxie
Signature of Officer Date
ELLEN M. HOXIE
Print or Type Name of Officer
Vice 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. **92810** 2. Name of Corporation **A.B.HOXIE, INC.**
3. Street Address Principal Business Office **4232 South County Trail** City **Charlestown** State **RI** Zip **02813**
4. Business Phone No. **401-364-0118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **885**
7. Brief Description of the Character of Business Conducted in Rhode Island **Residential & Commercial water treatment systems well drilling & pump repair**

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

President Name **Asa B. Hoxie** Vice President Name **Ellen M. Hoxie**
Street Address **4232 South County Trail** Street Address **4232 South County Trail**
City **Charlestown** State **RI** Zip **02813** City **Charlestown** State **RI** Zip **02813**
Secretary Name **Ellen M. Hoxie** Treasurer Name **Asa B. Hoxie**
Street Address **4232 South County Trail** Street Address **4232 South County Trail**
City **Charlestown** State **RI** Zip **02813** City **Charlestown** State **RI** Zip **02813**

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

Director Name **Asa B. Hoxie** Director Name **Ellen M. Hoxie**
Street Address **4232 South County Trail** Street Address **4232 South County Trail**
City **Charlestown** State **RI** Zip **02813** City **Charlestown** State **RI** Zip **02813**
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
2,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
200 none none

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



* 9 2 8 1 0 *

1-10-02

File Date: _____

3821

Check No.: _____

[Signature]

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.

Ellen M. Hoxie
Signature of Officer _____ Date _____

Ellen M. Hoxie
Print or Type Name of Officer _____

Vice 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 **92810** 2. Name of Corporation **A.B.HOXIE, INC.**
3. Street Address Principal Business Office **261 Narrow Lane** City **Charlestown** State **RI** Zip **02813**
4. Business Phone No _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC **885**

7. Brief Description of the Character of Business Conducted in Rhode Island **to install or repair Residential Water Treatment Services**

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

President Name ASA B. HOXIE Street Address 261 Narrow Lane City Charlestown State RI Zip 02813	Vice President Name ELLEN M. HOXIE Street Address 261 Narrow Lane City Charlestown State RI Zip 02813
Secretary Name ELLEN M. HOXIE Street Address SAME City _____ State _____ Zip _____	Treasurer Name ASA B. HOXIE Street Address SAME City _____ State _____ Zip _____

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

Director Name ASA B. HOXIE Street Address SAME City _____ State _____ Zip _____	Director Name ELLEN M. HOXIE Street Address SAME 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
	2,000 SHS	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	NONE	NONE

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



* 9 2 8 1 0 *

File Date: 1/11
Check No: 3161
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 of Officer: Ellen M Hoxie Date: 1-05-01
Print or Type Name of Officer: ELLEN M. Hoxie
Title of Officer: Vice President

Minutes of Annual Meeting of Board of Directors
of A.B.Hoxie, Inc.

Charlestown, Rhode Island

A special meeting of the Board of Directors of **A. B. Hoxie, Inc.** was held on the 1st day of January, 2001 at its office in Charlestown, Rhode Island, 261 Narrow Lane, Charlestown, Rhode Island 02813

The following were present:

Asa B. Hoxie
Ellen M. Hoxie

Upon motion duly made and seconded, it was unanimously.

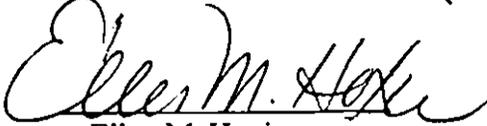
VOTED: That the following have been duly nominated are hereby elected to the office set forth opposite their respective names:

President:	Asa B. Hoxie
Vice President :	Ellen M. Hoxie
Secretary:	Ellen M. Hoxie
Treasurer:	Asa B. Hoxie

Upon motion duly made and seconded, it was unanimously.

VOTED: That all the actions of the officers taken by them from the date of incorporation to the present be and the same hereby ratified, approved and confirmed.

There being no further business to come before the meeting, the meeting was adjourned.


Ellen M. Hoxie,
Secretary



Minutes of Annual Meeting of Board of Directors
of A.B.Hoxie, Inc.

Charlestown, Rhode Island

A special meeting of the Board of Directors of **A. B. Hoxie, Inc.** was held on the 2nd day of June, 2000 at 261 Narrow Lane, Charlestown, Rhode Island 02813.

The following were present:

Asa B. Hoxie
Ellen M. Hoxie
Byron E. Tanner
Asa Hoxie
Josias Tanner

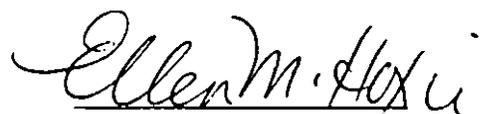
There was a discussion regarding the purchase of a Pump Puller for \$2320.00 from Prescott.

Upon motion duly made and seconded the purchase of Pump Puller was approved and Asa B. Hoxie, President of the Corporation was authorized to execute all documents in connection with such purchase.

There was discussion on the purchase of a backhoe. It was decided that Asa B. Hoxie, President of the Corporation would look into this purchase within the amount range of \$10,000.00.

Upon motion duly made and seconded, the purchase of a backhoe was approved and Asa B. Hoxie, President of the Corporation was authorized to execute all documents in connection with such purchase.

There being no further business to come before the meeting, the meeting was adjourned.


Ellen M. Hoxie, Secretary



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. **92810** 2. Name of Corporation **A.B.HOXIE, INC.**
3. Street Address Principal Business Office **261 Narrow Lane** City **Charlestown** State **RI** Zip **02813**
4. Business Phone No. **401-364-0118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **885**

7. Brief Description of the Character of Business Conducted in Rhode Island
to sell & install residential & commercial water systems including well drilling, pump repair, etc.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name **Asa B. Hoxie** Vice President Name **Ellen M. Hoxie**
Street Address **261 Narrow Lane** Street Address **261 Narrow Lane**
City **Charlestown** State **RI** Zip **02813** City **Charlestown** State **RI** Zip **02813**

Secretary Name **Ellen M. Hoxie** Treasurer Name **Asa B. Hoxie**
Street Address **261 Narrow Lane** Street Address **261 Narrow Lane**
City **Charlestown** State **RI** Zip **02813** City **Charlestown** State **RI** Zip **02813**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **Asa B. Hoxie** Director Name **Ellen M. Hoxie**
Street Address **261 Narrow Lane** Street Address **261 Narrow Lane**
City **Charlestown** State **RI** Zip **02813** City **Charlesown** State **RI** Zip **02813**

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 Class/Series Par Value Number of Shares Class/Series Par Value
2,000 SHS NO PAR VALUE **200** **NONE** **NONE**

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



* 9 2 8 1 0 *

File Date: 01-13-2001 **KID 2497**
Check No.: 10013201
By: STATE
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 of Officer Asa B Hoxie Date 1-1-2001
Print or Type Name of Officer Asa B Hoxie
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. **92810** 2. Name of Corporation **A.B.HOXIE, INC.**

3. Street Address Principal Business Office City State Zip
261 Narrow Lane **Charlestown** **RI** **02813**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-364-0118 **RHODE ISLAND** **885**

7. Brief Description of the Character of Business Conducted in Rhode Island
sell & install residential and commercial water systems

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

President Name Vice President Name
Asa B. Hoxie **Ellen M. Hoxie**

Street Address Street Address
261 Narrow Lane **261 Narrow Lane**

City State Zip City State Zip
Charlestown **RI** **02813** **Charlestown** **RI** **02813**

Secretary Name Treasurer Name
Asa B. Hoxie **Ellen M. Hoxie**

Street Address Street Address
261 Narrow Lane **261 Narrow Lane**

City State Zip City State Zip
Charlestown **RI** **02813** **Charlestown** **RI** **02813**

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

Director Name Director Name
Asa-B. Hoxie **Ellen M. Hoxie**

Street Address Street Address
261 Narrow Lane **261 Narrow Lane**

City State Zip City State Zip
Charlestown **RI** **02813** **Charlestown** **RI** **02813**

Director Name Director Name
Asa-B. Hoxie **Ellen M. Hoxie**

Street Address Street Address
261 Narrow Lane **261 Narrow Lane**

City State Zip City State Zip
Charlestown **RI** **02813** **Charlestown** **RI** **02813**

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
2,000 SHS NO PAR VALUE	200
Class/Series none Par Value none	Class/Series none Par Value none

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



File Date: 1.4.99

Check No: 1931

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] 1/1/99
Signature of Officer Date

ASA B. HOXIE

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92810** 2. Name of Corporation **A.B.HOXIE, INC.**
3. Street Address Principal Business Office
261 Narrow Lane City **Charlestown** State **RI** Zip **02813**
4. Business Phone No. **401-364-0118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0885**
7. Brief Description of the Character of Business Conducted in Rhode Island
to sell and install residential and commercial water systems including well drilling, pump repair

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

President Name Asa B. Hoxie	Vice President Name Ellen M. Hoxie
Street Address 261 Narrow Lane	Street Address 261 Narrow Lane
City State Zip Charlestown RI 02813	City State Zip Charlestown RI 02813
Secretary Name Ellen M. Hoxie	Treasurer Name Asa B. Hoxie
Street Address 261 Narrow Lane	Street Address 261 Narrow Lane
City State Zip Charlestown RI 02813	City State Zip Charlestown RI 02813

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

Director Name Asa B. Hoxie	Director Name Ellen M. Hoxie
Street Address SAME	Street Address SAME
City State Zip Charlestown RI 02813	City State Zip Charlestown RI 02813
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 NONE Par Value NONE
2,000 SHS NO PAR VALUE

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

ISSUED SHARES **200**
Number of Shares Class/Series NONE Par Value NONE

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



File Date: 2/26/98
Check No.: 1478
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 of Officer: [Signature] Date: Jan 19 1998
Print or Type Name of Officer: Asa B Hoxie
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. 92810		2. Name of Corporation A & B HOXIE, INC. A.B. Hoxie, Inc. (corrected name)		
3. Street Address Principal Business Office 261 Narrow Lane		City Charlestown	State RI	Zip 02813
4. Business Phone No. 401-364-0118		5. State of Incorporation RHODE ISLAND		6. SIC Code 0885

7. Brief Description of the Character of Business Conducted in Rhode Island
well water systems, filtration, sales and service

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

President Name Asa B. Hoxie			Vice President Name Ellen M. Hoxie		
Street Address 261 Narrow Lane			Street Address 261 Narrow Lane		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Ellen M. Hoxie			Treasurer Name Asa B. Hoxie		
Street Address 261 Narrow Lane			Street Address 261 Narrow Lane		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813

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

Director Name Asa B. Hoxie			Director Name Ellen M. Hoxie		
Street Address 261 Narrow Lane			Street Address 261 Narrow Lane		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City			City		

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
2,000 SHS NO PAR VALUE			1,200		

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



File Date: 3/12/97
Check No.: 1037
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.

X Ellen M Hoxie 2/20/97
Signature of Officer Date
ELLEN M. HOXIE
Print or Type Name of Officer
Vice President / Secretary
Title of Officer