

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

Office of	the Secretary of State				401.222.30
PROFIT COR	PORATION y 1 - March 1 • F	ANNUAL RE	PORT FOR THE	YEAR 2005	<u>. </u>
FORM MUST BE TYPED		g			
1. Corporate ID No	2. Name of Corpo				
83312		H END PIZZERIA, IN	1C.		
3. Street Address Principal			City	State	Zîp
3030 EAST MAIN	ROAD		PORTSMOUTH	RI	02871
1. Business Phone No. 401-683-6633		5. State of Incorpore			6. SIC Code
	Cl	RHODE ISLA	NU		
7. Brief Description of the CTO OPERATE A RES	TAURANT, PIZZERI	A, SELL FOOD PRO	DUCTS AT RETAIL & ANY	OTHER LAWFUL RI	BUSINESS PURPOSES.
President Name		FICERS ("X" BOX FOR	ATTACHMENT) TILL IN SP. Vice President Name	ACES BEFORE USING A	TTACHMENTS
GORDON SCOTT SI	NCLAIR, JR.		LUCILLE L. SINC	LAIR	
Sircet Address	·		Street Address		
191 IMOKOLEE DR	RIVE		191 IMOKOLEE DR	RIVE	
City	State	Zip	City	State	Zip
PORTSMOUTH Secretary Name	RI	02871	PORTSMOUTH	RI	02871
LUCILLE L. SINC	LAIR		Treasurer Name GORDON SCOTT SI	NCLAIR, JR.	
Street Address			Street Address		
191 IMOKOLEE DR	IVE		191 IMOKOLEE DR	IVE	
Ciry	State	Zip	City	State	Zip
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871
9. NAMES AND ADDE Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN S Director Name	SPACES BEFORE USING	ATTACHMENTS
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Ĉinj	State	Zip	Ciry	State	Zip ·
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10. SHARES AUTHOR	RIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X"	" BOX FOR ATTACHMEN	77 🗆
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his report must be si	gned in ink by eithe	er the President, Vice	President, Secretary, Assis.	tant Secretary, Treasi	irer, Receiver or Truste
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8 3	5 1 2			ury, I declare and affirm	
				any accompanying sched	
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FILED
AR 0 7 2005
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 hereif are true and correct.

Signature of Officer

Date

GORDON SCOTT SINCLAIR, JR.

Print or Type Name of Officer

PRESIDENT

Title 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 THE NORTH END PIZZERIA, INC. 83312 3. Street Address Principal Business Office City State 3030 EAST MAIN ROAD PORTSMOUTH RI 02871 4. Business Phone No. 5. State of Incorporation 6. SIC Code 683-6633 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A RESTAURANT, PIZZERIA, SELL FOOD PRODUCTS AT RETAIL AND ANY OTHER LAWFUL RI BUSINESS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Gordon Scott Sinclair, Jr. Lucille L. Sinclair Sireei Address Street Address 191 Imokolee Drive 191 Imokolee Drive City State Zip State Zip Portsmouth RΙ 02871 Portsmouth RI 02871 Secretary Name Treasurer Name Lucille L. Sinclair Gordon Scott Sinclair, Jr. Street Address Street Address 191 Imokolee Drive .191 Imokolee Drive City State Zio City State Zip Portsmouth 02871 Portsmouth RI 02871 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address · Street Address City State Zip State City Zip Director Name Director Name Street Address Street Address City State Zip .Cliy 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 2000 Common No Par Value 100 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date Signature of Officer Check No GORDON SCOTT SINCLAIR. Print or Type Name of Officer PRESIDENT FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 2003

Filing Period: Januar	y I - March I 🏓	Filing Fee: \$50.00					
(FORM MUST BE TYPED							
1. Corporate ID No.	2. Name of Cor						
83312		TH END PIZZERIA, I	NC.				
3. Street Address Principal			City	State	Zip		
3030 East Main	Road		Portsmouth	RI	02871		
4. Business Phone No.		5. State of Incorpor	ration		6. SIC Code		
683-6633		RHODE ISLA					
7. Brief Description of the To operate a res purposes.	Character of Business C taurant, pizze	Conducted in Rhode Island ria, sell food pro	oducts at retail and a	ny other lawful R	Dusiness		
8. NAMES AND ADD	RESSES OF THE O	FFICERS ("X" BOX FO	R <i>attachment</i>). 🗆 filliin sf	ACES BEFORE USING A	PTACHMENTS .		
Gordon Scott Si	inclair, Jr.		.Vice President Name . Lucille L. Sind	clair			
Street Address		····	Sireet Address		·		
191 Imokolee Drive			- 191 Imokołee D:	rive			
City	State	Zip	City	State	Zip		
Portsmouth	RI	02871	Portsmouth	RI	02871		
Secretary Name			Treasurer Name				
Lucille L. Sinc	:lair		Gordon Scott Si	.nclair, Jr.			
Street Address			* Street Address		· · · · · · · · · · · · · · · · · · ·		
191 Imokolee Dr	rive		191 Imokolee Dr	rive			
City	State	Zip	*City	State	Zip		
Portsmouth	_{RI}	02871	. Portsmouth	RI	02871		
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Director Name Street Address	· · · · · · · · · · · · · · · · · · ·		Director Name Street Address				
City	State	Zip	·City	State	Zip		
Director Name			Director Name				
Street Address			·Sireei Address	·			
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City	State	Zip	City	State	Zip		
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Inis report must be s	ignea in ink by ei	ther the President, Vic	e President, Secretary, Assi.	stant Secretary, Treasi	urer, Receiver or Trustei		
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			Under penalty of per	rjury, I declare and affirm	that I have examined		
				g any accompanying scheo			
<u> </u>				its confained herein are tru			
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File Date 0 5	103		TVM MIN	Kusa- Vinda	11 2/28/1		
71.6	100	-	Signature of Officer	James James	Date V/ CA C/		
Check No.	10		- G	tt Sinclair, Jr			
<u> </u>		_			<u> </u>		
B			Print or Type Name of Officer				

President Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MU	IST BE TYPED IN BLAC	κ)				
1. Corporate	e ID No.	2. Name of Corporation				_
833			D PIZZERIA, INC.			
3. Street Add	dress Principal Business O	ffice		Clly	State	Zip
	3030 East	Main Road		Portsmouth	RI	02871
4. Business			5. State of Incorporation			6. SIC Code
	683-6633		RHODE ISLAND			U
7. Brief Desc				te a restaurar		sell food
0 314347	-		-	awful RI busir		CHARAGENER
8. NAME		ES OF THE OFFICER	RS ("X" BOX FOR ATTACHA	Vice President Name	BEFORE USING ATTA	CHMENIS
	Gordon Sco	tt Sinclair	Лr		. Sinclair	
Street Addres		de Sinciair	, 01.	Street Address	J. Dinciali	
	191 Imokol	ee Drive		191 Imoko	olee Drive	
City		State	Zip	City	State	Zip
	Portsmouth	RI	02871	Portsmouth	RI	02871
Secretary Na	ıme			Treasurer Name		
	Lucille L.	Sinclair			cott Sinclair	, Jr.
Street Addres	••			Street Address		
City	191 Imokol		714		olee Drive	710
City	Portsmouth	State RI	⁷⁷ 02871	Portsmouth	RI RI	02871
9. NAME	ES AND ADDRESSE	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS
Director Nar	mt			Director Name		
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Street Addre	35			Street Address		
City		State	Zip	City	State	71.
City		31416	zψ	Chy	State	Zip
Director Nan	me			Director Name		
Street Addres	ss			Street Address		
City		State	Zip	City	State	Zip
10. SHAR	RES AUTHORIZED	("X" BOX FOR ATTACHA	AENT)	11. SHARES ISSUED (*	"X" BOX FOR ATTACHMEN	T)
AUTHORIZED	SHARES			ISSUED SHARES		
Number of S	ihares	Class/Series	Par Value	Number of Shares	Class/Series	Far Value
2,000 0	COMM NO PAR VAL	UE		100	Common	No Par

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



File Date:	2.28-02	
Check No.:	4585	
Bv:	KMC	

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 applicatements confained herein are true and correct.

Gordon Scott Siffclair, Jr.

Print or	Туре	Name	oſ	Officer	P	r	e	S	i	d	e	n	t	

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

Filing Period: Januar	r O KATTON ry 1-March 1 •	ANNUAL REP	ORT FOR TH	E YEAR 201	
(FORM MUST BE TYPED IN BL	.ACK)				
1. Corporate ID No.	2. Name of Corpora			• • •	į
83312		END PIZZERIA, II	NC.		
3. Street Address Principal Busines	ss Office		City	State	Zip
3030 East Ma	in Road		Portsmouth	' RI	02871
4. Business Phone No.		5. State of Incorporation			6. SIC Code
683-6633		RHODE ISLAND			Ö
7. Brief Description of the Charact	er of Business Conducted li	Rhode Island To opera	ita a roctaura-		
products at : 8. NAMES AND ADDRE: President Name Gordon Scott Street Address	SSES OF THE OFFI	ny other lawful CERS (*X* BOX FOR ATTACH	te a restauran L RI business p MENT) FILLIN SPACES Vice President Name Lucille L. S Street Address	ULPOSES BEFORE USING ATTA	
191 Imokolee	Drive		191 Imokolee	Drive	
City	State	Zip	Clty	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
Secretary Name Lucille L. Si	inclair		Treasurer Name Gordon Scott	• • • • • • • •	•
Street Address 191 Imokolee	Drive		Street Address 191 Imokolee		•
Portsmouth	State RI	<i>zip</i> 02871	City Portsmouth	State R I	2ιρ 02871
9. NAMES AND ADDRES Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTAC		S BEFORE USING ATT	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	٠	• •
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
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lumber of Shares	Class/Series	Par Value	· Number of Strares	Class/Series	Par Value
2,000 SHS NO PAR	R COMMON		100	Common	11 -

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

President Title of Officer



File Date: _	F	ILED_	
Check No.: _	-FE	B 0 5 2001	
Вуг	Ву	B 05 2001 lc 4184	
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements ontained herein are true and correct. Signature of Officer Gordon Scott Sinclair, Jr. Print or Type Name of Officer

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

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

83312 THE NORTH END PIZZERIA, INC. 3. Street Address Principal Business Office State Portsmouth RI 3030 East Main Road 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 683-6633 7. Brief Description of the Character of Business Conducted in Rhode Island To operate a restaurant, pizzeria, sell food products at retail and any other lawful RI business purposes 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gordon Scott Sinclair, Jr. Lucille L. Sinclair Street Address Street Address 191 Imokolee Drive 191 Imokolee Drive City ZIp zı; 02871 02871 Portsmouth Portsmouth RΙ Secretary Name Treasurer Name Gordon Scott Sinclair, Jr. Lucille L. Sinclair Street Address 191 Imokolee Drive 191 Imokolee Drive State zıp 02871 Portsmouth RI 02871 Portsmouth RI. 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State Zip City State Ζiρ

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

2,000 SHS NO PAR COMMON

AUTHORIZED SHARES

Director Name

Street Address

City

Number of Shares

Class/Series

Par Value

Zip

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

ESSUED SHARES

Director Name

Street Address

City

Number of Shares

Class/Serles

Par Value

Zip

100

Common

State

No Par

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



File Date:	3/8/00	
Check No.: _	3827	
By:	<u>Z</u> ı	
FOR SECRETA	ARY OF STATE USE ONLY	

Under penalty of perjury	, I declare and affirm that I have examined
this report, including an	y accompanying schedules and statements, and
that of statements conta	ined hegein are true and correct.
Landon Acus	or Lindail
Signature of Officer	Date
Gordon Scott	Sinclair, Jr.
Print or Type Name of Officer	

President Title of Officer

PROFIT CORPORATION AN FILING Period: January 1-March 1 Filing Period: January 1-March 1 Filing (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 83312 THE NORTH END 1. Street Address Principal Business Office 3030 Bast Main D	S Fee: \$50.00 : FO	R THE VE.	James R. Langery Moin Sireel, Providen
J. Street Address Principal Business Office	PIZZEDIA	· EAR	1900
- 3030 East Main_Road	City		939
# Builness Phone No. 683-6633 7. Brief Description of the Character of Builness Conducted in Rhoot liter Products at retail 6 any other 8. NAMES AND ADDRESSES OF THE OFFICERS (X. President Name Godion Scott Sinclair, Jr. Estern Aders) Street Address 191 I Target	Port		_ /
7. Brief Description of the Character	IHON! Smouth	Sione	
products at retail	ate.		·
8. NAMES AND ADDRESSES OF THE ANY Other	16 to restan	RI	Zip
TRIDGENT Name	CHMENT) DI DESS	nt.	
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191	Luci Co	BEFORE S	e)) -
683-6633 7. Brief Description of the Character of Business Conducted in Rhode lister Products at retail 6 any other 8. NAMES AND ADDRESSES OF THE OFFICERS (X) Godon Scott Sinclair, Jr. Street Address 191 Imokolee Drive State Portsmouth	INODE ACHAENTI FILL IN SPACES	USING ATTA	1, 1009
Portsmouth RI	Portsmouth Tresum Name		
Petralary Name	Cordon Sco	tt Sinclair	
Lucille L. Sinclair	Street Address		_
tret Address Sinclair	191 Imokole	c Drive	-T-:-
191 Imokolec Drive	City	1 State	Zip
,	City		1 00071
Portsmouth State 7 0287	h	RI S BEFORE USING ATTAC	HMENTS
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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
FILE DOILE: Was 4, 99	signature of Officer Signature of Officer
Cherk No.:	Gordon Scott Sinclair Jr. Frint or Type Name of Office:
FOR SECRETARY OF STATE USE ONLY	President Title of Office Form Disco

(FORM MUST BE TYPED IN BLACK)

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

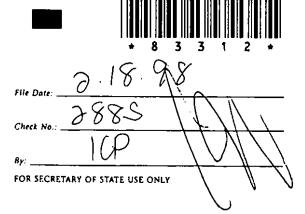
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 2. Name of Corporation 83312 THE NORTH END PIZZERIA, INC. 3. Street Address Principal Business Office State Zio 02871 Portsmouth RΙ 3030 East Main Road 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 401-683-6633 7. Brief Description of the Character of Business Conducted in Rhode Island rief Description of the Character of Business Conducted in Rhode Island to operate a restaurant, pizzeria, sell food products at retail and any other lawful Rhode Island business purposes. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Lucille L. Sinclair Gordon Scott Sinclair, Jr. Street Address Street Address 191 Immokolee Drive 191 Immokolee Drive City State 02871 02871 Portsmouth RI RI Portsmouth Secretary Name Treasurer Name Lucille L. Sinclair Gordon Scott Sinclair, Jr. Street Address Street Address 191 Immokolee Drive 191 Immokolee Drive City State 02871 02871 Portsmouth RI Portsmouth RI 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zio City State Zip 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 CSUED SHARES Number of Shares Class/Series Par Value Par Value

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

Number of Shares

100



2,000 SHS NO PAR COMMON

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

Class/Series

Common

Gordon Scott Sinclair, ďr.

Print or Type Name of Officer President

Title of Officer

No Par

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.

2. Name of Corporation

83312

THE NORTH END PIZZERIA, INC.

3. Street Address Principal Business Office 3030 East Main Road

City Portsmouth State

RI

02871

4. Business Phone No.

S. State of Incorporation

6. SIC Code

683-6633

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island To operate a restaurant, pizzeria, sell food p products at retail and any other lawful Rhode Island business purposes.

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

Street Address

Gordon Scott Sinclair, Jr.

22 Greenfield Avenue

City

Lucille L.Sinclair

22 GreenfieldAAvenue

Zip

22 Greenfield Avenue City

Vice President Name

State

Zip

Portsmouth Secretary Name

RI

02871

Portsmouth

RI

02871

Treasurer Name

Street Address

Gordon Scott Sinclair, Jr.

22 Greenfield Avenue

Lucille L. Sinclair

City Portsmouth State

Zio 02871

Portsmouth

RI

Zip 02871

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

Director Name

Director Name

Street Address

Street Address

City

City

State

Zip

City

State

Director Name

Director Name

Street Address

Street Address

State

Zio

City

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Volue

ESSUEE) SHARES Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR COMMON

100

Common

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that alf spatements contained herein are true and correct.

No Par

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

Check No.:

FOR SECRETARY OF STATE USE ONLY

Gordon Scott Sinclair Print or Type Name of Officer

President

Title of Officer

PRUFII GURPURATION ANNUAL REPORT

1996



James R. Langevin, Secretary of State Corporations Division 100 North Main Street

Filing Period: January 1 Filing Fee: \$50.00	I-March 1		4	Provincace, Knode II	siand 02903-1335 • (4()1) 277-3(
I. CORPORATE ID NO.	2. NAME OF CORPORATION		PRINT IN BLACK INK.		
83312	m	100mm =			
3. STREET ADDRESS PRINOPAL BUSINESS		ORTH END PIZZER			
3. 31 recei Pouricas PrintoPAL Business	UTTICE		στγ	STATE	20º C00E
3030 East Main Road 4 BUSINESS PHONE NO	1	5. STATE OF INCORPORATION	Portsmuth	ı RI	1 02871 6-SIC CODE
683-6633		RHODE IS	SLAND		
f BRIEFOESCHPTION OF THE CHARACTER To operate a restau	of BOSINESS CONDUCTEO IN RHOU Trant, pizzeria, :	sell food products at	retail and any other	r lawful Rhode Isla	
business purpose.		•			•••
PRESIDENT HAVE	8 . N	AMES AND ADDR	ESSES OF THE O	FFICERS	
Gordon Scott Sincle	ur, Jr.	··	; Lucille L. Si	nclair	
22 Greenfield Avenu			22 Greenfield	Avenue	
aly	STATE	720° COOL	ÖlY	STATE	ZP COOE
Portsmouth Secretary HAME	RI	02871	Portsmouth TREASURER HAME	RI	. 02871
Lucille L. Sinclair			Gordon Scott: S	inclair, Jr.	
22 Greenfield Avenu	ne.		22 Greenfield	Numero es	
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Portsmouth	RI	02871	Portsmuth	l ri	02871
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ari	STATE	Z₽ C00€	. div	STATE	72P CODE
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MUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
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This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date:

Check No:

Ву:

For Secretary of State Use Only



Gordon Soctt Sinclair, Jr.

Print or Type Name of Officer

President

Signature of Officer

Date

Title of Officer

FORM 31 12/05