



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85712		2. Name of Corporation Colonial Construction of Newport, Inc.			
3. Street Address Principal Business Office P.O. Box 1464		City Newport		State RI	Zip 02840
4. Business Phone No. 401-848-7105		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A GENERAL CONTRACTING BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas P. Mazza			Vice President Name		
Street Address P.O. Box 1464			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas P. Mazza			Director Name		
Street Address P.O. Box 1464			Street Address		
City Newport	State RI	Zip 02840	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		
2,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
200		common	0		

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



File Date	1/25/05
Check No.	8901
By:	DA
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 Thomas P. Mazza Date 1/19/05
Thomas P. Mazza
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)

1. Corporate ID No 85712		2. Name of Corporation Colonial Construction of Newport, Inc.			
3. Street Address Principal Business Office P.O. Box 1464			City Newport	State RI	Zip 02840
4. Business Phone No 401-848-7105		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A GENERAL CONTRACTING BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas P. Mazza			Vice President Name		
Street Address P.O. Box 1464			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas P. Mazza			Director Name		
Street Address P.O. Box 1464			Street Address		
City Newport	State RI	Zip 02840	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	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
2,000 NO PAR VALUE				ISSUED SHARES	
				Number of Shares	Class/Series
				200	common
					Par Value
					0

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



* 8 5 7 1 2 *

File Date 8/25/04

Check No. 8657

By: DA

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 Thomas P. Mazza 8/23/04
DatePrint or Type Name of Officer
President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

85712

Colonial Construction of Newport, Inc.

3. Street Address Principal Business Office

City

State

Zip

P.O. Box 1464

Newport

RI

02840

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-848-7105

RHODE ISLAND

885

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

operation of a general contracting business

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

President Name

Vice President Name

Thomas P. Mazza

Street Address

Street Address

P.O. Box 1464

City

State

Zip

City

State

Zip

Newport, RI 02840

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Director Name

Thomas P. Mazza

Street Address

Street Address

P.O. Box 1464

City

State

Zip

City

State

Zip

Newport, RI 02840

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 NO PAR VALUE

200

common

0

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



* 8 5 7 1 2 *

File Date: 2-6-03

Check No.: 8017

By: UP

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.

Thomas P. Mazza 1/29/03
Signature of Officer Date

Thomas P. Mazza

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85712** 2. Name of Corporation **Colonial Construction of Newport, Inc.**
3. Street Address Principal Business Office **P.O. Box 1464** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **401-848-7105** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **885**
7. Brief Description of the Character of Business Conducted in Rhode Island

operation of a general contracting business

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

President Name

Vice President Name

Thomas P. Mazza

Street Address

Street Address

P.O. Box 1464

City

City

State

Zip

State

Zip

Newport, RI 02840

Treasurer Name

Secretary Name

Street Address

Street Address

City

City

State

Zip

State

Zip

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

Director Name

Director Name

Thomas P. Mazza

Street Address

Street Address

P.O. Box 1464

City

City

State

Zip

State

Zip

Newport, RI 02840

Director Name

Director Name

Street Address

Street Address

City

City

State

Zip

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

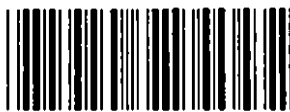
2,000 NO PAR VALUE

200

common

0

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



* 8 5 7 1 2 *

File Date: 2/1/02

Check No.: 7529

By: ME

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.

Thomas P. Mazza Signature of Officer Date

Thomas P. Mazza

Print or Type Name of Officer

President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85712 2. Name of Corporation Colonial Construction of Newport, Inc.

3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
4. Business Phone No. P.O. Box 1464 5. State of Incorporation Newport RI 02840
RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island
401-848-7105
operation of a general contracting business

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

President Name <u>Thomas P. Mazza</u>	Vice President Name _____
Street Address <u>P.O. Box 1416</u>	Street Address _____
City <u>Newport, RI</u> State _____ Zip <u>02840</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Thomas P. Mazza</u>	Director Name _____
Street Address <u>P.O. Box 1416</u>	Street Address _____
City <u>Newport, RI</u> State _____ Zip <u>02840</u>	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
<u>2,000 SHS NO PAR VALUE</u>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>200</u>	<u>common</u>	<u>0</u>

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



* 8 5 7 1 2 *

2/28

File Date: _____

Check No.: 71466

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]
Signature of Officer _____ Date _____

Thomas P. Mazza

Print or Type Name of Officer _____

President

Title of Officer _____



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85712** 2. Name of Corporation **Colonial Construction of Newport, Inc.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
4. Business Phone No. **P.O. Box 1416** 5. State of Incorporation **Newport** **RI** 6. SIC Code **02840**
848-7105 **RHODE ISLAND** **0885**
7. Brief Description of the Character of Business Conducted in Rhode Island

operation of a general contracting business
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Thomas P. Mazza	
Street Address	Street Address
P.O. Box 1416	
City	City
Newport	
State	State
RI	
Zip	Zip
02840	
Treasurer Name	
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name	Director Name
Thomas P. Mazza	
Street Address	Street Address
P.O. Box 14166	
City	City
Newport	
State	State
RI	
Zip	Zip
02840	
Treasurer Name	
Street Address	Street Address
City	City
State	State
Zip	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	common	0

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



* 8 5 7 1 2 *

File Date: 8-29-00
Check No.: 6747
By: PMF
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.

Thomas P. Mazza 2/15/00
Signature of Officer Date
Thomas P. Mazza
Print or Type Name of Officer
President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation	
85712		Colonial Construction of Newport, Inc.	
3. Street Address Principal Business Office		City	State
P.O. Box 1416		Newport	RI
4. Business Phone No.		5. State of Incorporation	6. SIC Code
848-7105		RHODE ISLAND	02840
7. Brief Description of the Character of Business Conducted in Rhode Island			
operation of a general contracting business			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name		Vice President Name	
Thomas P. Mazza			
Street Address		Street Address	
P.O. Box 1416			
City	State	City	State
Newport	RI		
Zip		Zip	
02840			
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Thomas P. Mazza			
Street Address		Street Address	
P.O. Box 1416			
City	State	City	State
Newport	RI		
Zip		Zip	
02840			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	common	0	

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



* 8 5 7 1 2 *

File Date: Feb 3, 99

Check No.: 6263

By: JP

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.

Thomas P. Mazza 1-28-98
Signature of Officer Date

Thomas P. Mazza

Print or Type Name of Officer

President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85712 2. Name of Corporation Colonial Construction of Newport, Inc.
3. Street Address Principal Business Office P.O. Box 1416 City Newport State RI Zip 02840
4. Business Phone No. 848-7105 5. State of Incorporation Rhode Island 6. SIC Code 0034

7. Brief Description of the Character of Business Conducted in Rhode Island
operation of a general contracting business

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

President Name	Vice President Name
Thomas Mazza	
Street Address	Street Address
P.O. Box 1416	
City Newport, RI Zip 02840	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Thomas Mazza	
Street Address	Street Address
P.O. Box 1416	
City Newport, RI Zip 02840	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
2,000 shares no par value

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common 0

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

File Date: 9-16-98
Check No.: 0117
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: Thomas Mazza Date: 8/25/98
Print or Type Name of Officer: Thomas Mazza
Title of Officer: President



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85712 2. Name of Corporation Colonial Construction of Newport, Inc.
3. Street Address Principal Business Office P.O. Box 1416 City Newport State RI Zip 02840
4. Business Phone No. 848-7105 5. State of Incorporation Rhode Island 6. SIC Code 0034

7. Brief Description of the Character of Business Conducted in Rhode Island
operation of a general contracting business

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

President Name			Vice President Name		
Thomas Mazza					
Street Address			Street Address		
P.O. Box 1416					
City	State	Zip	City	State	Zip
Newport	RI	02840			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Thomas Mazza					
Street Address			Street Address		
P.O. Box 1416					
City	State	Zip	City	State	Zip
Newport	RI	02840			
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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	common	0	200	common	0

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

File Date: 8.27.97
Check No.: 5729
By: JCP

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 Thomas Mazza Date
Print or Type Name of Officer President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO.

2 NAME OF CORPORATION

85712

Colonial Construction of Newport, Inc.

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

P.O. Box 1416

Newport

RI

02840

4 BUSINESS PHONE NO

5 STATE OF INCORPORATION

6 SIC CODE

848-7105

RHODE ISLAND

0034

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

for the operation of a general contracting business

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

VICE PRESIDENT NAME

Thomas Mazza

STREET ADDRESS

STREET ADDRESS

P.O. Box 1416

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Newport

RI

02840

SECRETARY NAME

TREASURER NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

DIRECTOR NAME

Thomas Mazza

STREET ADDRESS

STREET ADDRESS

P.O. Box 1416

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Newport

RI

02840

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

AUTHORIZED SHARES

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

2,000 SHS NO PAR VALUE

200

common

0

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.

Thomas Mazza
Signature of Officer

Thomas Mazza
Print or Type Name of Officer

President

9-16-96

File Date:

Check No:

By:

9/14
5335
KD