

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

Form 630 Rev. 12/03

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Pertod: Janua		Filing Fee: \$50.00	KI FOR THE TEA	4K			
1. Corporate ID No.	2. Name of Corpo						
63813		& Associates, Inc.	· · · · · · · · · · · · · · · · · · ·	To	1 2/2		
3. Street Address Principal 412 Chivne	Business Office A Rock DV	1.5"	North Kingston	wn siate RI	02852		
4. Business Phone No.	4802	5. State of Incorporation	7)	6. SIC Code			
701 889 -	Daructer of Business Conduct	RHODE ISLAND)		7286		
	STEMS AND FINANCIAL						
B. NAMES AND ADD	RESSES OF THE OFFIC	CERS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS		
President Name	5 4. 1 5	1	Vice President Name				
- amps	E. McGwin	, Nr					
Strvet Address	d1 - ~)	•	Street Address				
<u>sawe as</u>	State	Zip	: City	State	7.φ		
1		· · ·					
Secretary Name		· · · · · · · · · · · · · · · · · · ·	Treasurer Name	······································	······································		
Julia L	· Webrin		James B	. Mcowin VI	<u> </u>		
Sirola Address	/ .)		Sireli Address	1.			
(same as above)		2/4	(samu as 4		216		
City	State	Zip	Cuh	State	Ζψ		
 9. NAMES AND ADD	 RESSES OF THE DIRE	I CTORS: <i>("X" BOX FOR A</i>	: I <i>TTACHMENT</i>)	I IN SPACES BEFORE US	I ING ATTACHMENTS		
Director Name	_ , , ,	·	Director Name				
Longs	F. Mcowin	· , Vv					
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(Sumo	o as above	/ 		Ta .	Two		
City	State	Zip	City	State	Zip		
Director Name	L	J	Director Name				
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City	State	Zip	City [,]	State	Zip		
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 \$.10 PAR VAI	LUE		1,000	common	par valve		
This report r	nust be signed in ink b	y cither the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer	, Receiver or Trustee		
				erjury, I declare and affirm impynylng schedules and st			
File Date 2 - 0	23-05		contained herein a	re true and correct.	- stule		
Check No.	087		Signature of Officer	~ / \ .	Date		
	7 -		Junes	t. McCens	<u>,, </u>		
Ву:	<u> </u>		Print or Type Name	of Officer	•		
FOR SECRETA	RY OF STATE USE ONLY		Treside	<u> </u>			
			Title of Officer				



Check No.

FOR SECRETARY OF STATE USE ONLY

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

	to A. Motory Secretary	•			
			ORT FOR THE YE	CAR 200	4
Filing Period: January (FORM MUST BE TYPED O		iling Fee: \$50.00			
1. Corporate ID No.	2. Name of Corpor	ation	· ··		
63813		Associates, Inc.			
3. Sireei Address Principal Bi	usiness Office NNCY Roch		City N. Kiy 5 to	wh siare RI	180852
4. Business Phone No.	9	5. State of Incorpora			G. SIC Code
401 884	4802	RHODE ISLA	<u>ND</u>		7286
7. Brief Description of the Ch OPERATION SYS1	raracter of Business Conducted FEMS AND FINANCIAL C	in Rhode Island ONSULTANTS.			
8. NAMES AND ADDR	ESSES OF THE OFFICE	RS: ("X" BOX FOR	ATTACHMENT) TILL	IN SPACES BEFORE USIN	IG ATTACHMENTS
Presid <u>ent Name</u>	14. 1	•	Vice President Name	•	
- Vorue	s Webri	שת	Whe	<u> </u>	
Street Address	. 0	above	Sircet Address		
City	State	260	: Ciry	State	Zip
C.,,	June	,	3,		
Secretary Name	_ 1, /		Treasurer Name	. 14. 6	
Jac	ia Mico	W7W	Con	us puco	w-
Sireci Address	e- 18	above	Sirvet Address	ns McG ne as a	booc
City	State	Z.(p	City	State	Zip
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· · · · · · · · · · · · · · · · · · ·	esses of the direc	TORS: ("X" BOX FO	R ATTACHMENT) FIL. : Director Name	L IN SPACES BEFORE US	SING ATTACHMENTS
Director Name	non		•	re	
Street Address	1000		Street Address		<u> </u>
City	State	Zip	City	State	Z.ip
Director Name			Director Name		
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Street Address			Street Address	• • •	
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<u>, </u>	<u> </u>	<u> </u>			-
					
This report m	ust be signed in ink by	either the President, V	lice President, Secretary, Ass	sistant Secretary, Treasure	r, Receiver or Trustee
		II I 8 8 1			
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			Under penalic o	f perjugy, I declare and affirm	that I have examined this report
	<u> </u>		including any	companying squedules and s	statements, and that all statemen
	2/2/1/11	1	comained herein	are true incl correct.	وم ا مل ا
File Date	<u>ONOVIVY</u>			1 1	1000

Form 630 Rev. 12/03

pe Name of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation	•			
63813	J. McGwin & A	ssociates, Inc.			
3. Street Address Principal Busines	ss Office		City	State	Zip
412 Chimne	ey Kah		N. Kingstown	KL	02882
4. Business Phone No.		S. State of incorporation	0		6. SIC Code
401 884 98	10F	RHODE ISLAND			7286
7. Brief Description of the Charact	ter of Business Conducted in R	\sim			
8. NAMES AND ADDRE	SSES OF THE OFFICE	ERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTACE	IMENTS
Cresident Name			Vice President Name		
sireet didress t	. MeGwen	1,11	Street Address		
412 Chimne	e Hoch				
D. Kingstown	O State RI	zip 02852	City —	State	Zip
Secretary Name	14	•	Treasurer Name	T 1. 0	
Julia L.	MeGwin		James	K. McGu	nin 4p.
Street Address)				ue)	J
city (SAMe)	State	Zip	City	u C)	Zip
	June	2.7	J.,	<u></u>	,
9. NAMES AND ADDRE	SSES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Director-Name	D 14. /	1	Director Name	1 /20 /	_
James	F. McGu	210111.	Tulles	h. Inco	wm
• • • • • • • • • • • • • • • • • • •	•	,	Street Address		
City	same)	Zip	City	5 AMC	Zip
Director Name			Director Name	•	• ••••
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*)	(" BOX FOR ATTACHMENT)	
AUTHORIZET) SHARES	·- ·	A #4.	ISSUFED SHARES	01 10	Mars Matrice
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$.10 PAR VALUE			loso	A	.10
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 3 8 1 3	
ile Date:	2.26-03	
heck No.:	756	
)	2	

FOR SECRETARY OF STATE USE ONLY

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

Stenature of Officer

Date

Date

Trype Name of Officer

This of Officer

Form 630 1202



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

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1.751 RGC	HUXY
	/

BE TYPED IN BLACK)				
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	Swin & Associates, Inc.			
Chuney V 884 4802	5. State of Incorpor	ation	town RI	2ip 0255 6. SIC Code 7286
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ine. Ces le	bour	Lam	e cas #	Mrs
State	Zip	City	State	Zip
AND ADDRESSES OF THE	DIRECTORS (*x* BOX FO	R ATTACHMENT) FILL IN SPA	CES BEFORE USING A	FTACHMENTS
None		Street Address		
State	Zip	City	State	Zip
	• • •	Director Name		·
		Street Address		
State	Zip	City	State	Zip
AUTHORIZED ("X" BOX FO	R ATTACHMENT)	11. SHARES ISSUED	CX" BOX FOR ATTACHME	ENT)
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



	02.26-02	
File Date:	-	
Check No.:	212	
Ву:	a.	
FOR SECR	ETARY OF STATE USE ONLY	

Under penalty of per	jury, I declare and	d affirm that I have examined	
this eport, including	g any accompanyl	ing schedules and statements, a	nd
that all statements q	ontained herein a	ire true and corsect.	
		-11-	
1 40		DIA DI	
Signature of Officer		Dail	_

Tours Mcow in

President

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

Office of the Secretary of State PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INSTRUCTIONS

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

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1. Corporate ID No. 63813		n & Associates, I			
3. Street Address Principal Busi 412 CHIMNEY	iness Office I ROCK DCIVE		N. KINGSTOON	State	202857
4. Business Phone No. (401) 884-4	1002	S. State of Incorporation RHODE ISLAND	,		6. SIC Code 7286
OPERATIONS	acter of Business Conducted (SUSTELLS &	MOUTANTS			
President Name	•	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACHM	IENTS
JENIA L./ Street Addiess 412 CHIMNE			Street Address		
N. KINGSTON		02852	City	State	Zip
Secretary Name TULIA L. M	•		Treasurer Name		
Street Address HANE			Street Address		
N. KNGSrow	W STORE	02852°	City	State	Zip
Director Name		ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTACE	IMENTS
JULIA L.N Street Address	_	a	Street Address		
	EY ROCK DE	zip.	City	State	Zip
City N. KIN6871 Director Name	DAIN KI	02852	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES	ZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x* ISSUED SHARES	BOX FOR ATTACHMENT)	-
Number of Shares	Class/Serles	Par Value	* Number of Shares	Class/Series	Par Value
1,000 SHS \$.10	D PAR VAL		1,000	COMMON	\$.10

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



File Date:	3-22-01	
Check No.:	588 l	
Ву:	Ci.	
	RY 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 been are true and correct.

that all statements contained nerein are t	true and correct.
Sinot rubino	3/21/01
TULIA L. MCGWID	Cate f
Print or Type Name 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

STOP.
PILMER ME NO INSTRUCTIONS

1		Filing Fee: \$50.00			122180
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eet Address Principal Busine 12 CHIMNE siness Phone No.	A ROCK DRIVE	S. State of Incorporation	N. KINGSTOW	N State	02852 6. SIC Code 7286
of Description of the Character of the C	eter of Business Conducted in	TRhode Island	ANCIAL CONS		
lent Name	L. MCGWIN		Vice President Name	S BEFORE USING ATTACH!	MENIS
Address	VEY ROCK DI		Street Address		
KINGSTOWN	State	02852	City	State	Zip
Address	L. McGain		Treasurer Name		
HIQ CHIM	VEY ROCK DI	P. Tzip	City	State	Zip
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JULIA_L.	McGNIN_		Director Name Street Address		
	FY POCK DR.	Zip	Clry	I State	· T zip ·
NNGSTOWN	JAT	01852	Director Name	<u> </u>	
Address			Street Address		
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	ZED (*X* BOX FOR ATT	ACHMENT)		("X" BOX FOR ATTACHMENT)	3
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report must be si	gned in ink by eith	ner the President, Vice		ssistant Secretary, Treasur	, K
*	6 3 8 1 3	 k	•	perjury, I declare and affirm t ding any accompanying sched	



(FORM MUST BE TYPED IN BLACK)

Check No .

FOR SECRETARY OF STATE USE ONLY

1. Corporate 1D No. 2. Name of Corporation

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

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

STOP PH ME READ INVERTIONS

63813	J. McGwin & As	sociates, inc.				
3. Street Address Principal Business Offi		-	City		State	21p
412 CHIMNEY ROC	CK DRIVE		NORTH	KAKSTOWN	KI	02852
1. Business Phone No.		5. State of Incorporation • RHODE ISLAND				6. SIC Code 7286
(401) 884-4802	n		•			1 7200
Brief Description of the Character of E						
OFERATION SUS			. Taking 🕶 i	mi wieniere ne	one unio describi	
B. NAMES AND ADDRESSES	OF THE OFFICER	S ("X" BOX FOR ATTACH	MENT) 	* -	OKE USING ATTACHM	EN19
JULIA L. NEGW	1/4/		,			
Street Address	710		· Street Add	tress		
412 CHIMNEY RO	CK DRIVE		•			
City	State	zip - · · —	City		State	ZIP
1. KINGSTOWN	RI.	02852	<u> </u>		1	i
ecretary Name			Treasurer	Name	· 	•••••••
JULIA L. MCGA	אזנו		<u>.</u>		<u> </u>	
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412 CHIMNEY ROC	L DRIVE		· 	·		
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. NAMES AND ADDRESSES	OF THE DIRECTO	RS ("X" BOX FOR ATTA	CHMENT) (Director N		EFORE USING ATTACH	IMENTS
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SULIH L. MCD		• •	: Street Add	Iress	· 	
4/2 CHIMNEY K	ICV JOINE		:			
City	State	Zip	City		State	Zip
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frector Name		•••• ••••	Director 1	iame	• • • • • • • • • • • • • • • • • • • •	*******************
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his report must be signed	in ink by either t	he President, Vice P	resident,	Secretary, Assista	nt Secretary, Treasure	r, Receiver or Tru
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Title of Off

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.



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

STOP PLEASE READ INSTRUCTIONS

iling Period: Janu l ORM MUST BE TYPED IN	ary 1-March 1 • BLACK)	Filling Fee: \$50.00			INSTRUC
Corporate ID No.	2. Name of Corporation	Associates, Inc.	,		
Street Address Principal Bust 412 CHIMNE	_ 		NORTH KNESTO	WN RI	02852
Business l'hone No. (401) 884-4	1802	S. State of Incorporation RHODE ISLA	п		6. SIC Code 7286
OPERATION	 	WLD FINANCI	AL CONSULTAL	אוט	
NAMES AND ADDE ident Name JULIA L. A	RESSES OF THE OFFIC	CERS ("X" BOX FOR ATT)	ACHMENT) Vice President Name	•	•
et Address	4_ROCK DRIVE		Street Address		
KINGSTOWN.	State	02852	City	State	Zip
TULIA.L.	UCGWIN		Treasurer Name		
· ·- ·-	Y POCK DRIV	IE	Street Address		,
KIV6SDAN		02852	City	State	Zip
TUNA_L.	RESSES OF THE DIRECT	LIORS (*X* BOX FOR A	Director Name	**************************************	
et Address	IEV ROCK DE	2 VE	Street Address		
I. KINGSTOWN	U RI	82852	City	State	Zip
ector Name			Director Name		
et Address			Street Address	······································	
<u></u>	State	Zip	City	State	Zip
SHARES AUTHORI	IZED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
nber of Shares 1,000 SHS \$.10 PA	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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				sistant Secretary, Treasure	
	6 3 8 1 8			perjury, I declare and affirm t	

File Date:

3.13.98

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 herein are true and correct.

Superior of Officer

TULIA L. MCGWIN

PRESIDETUT

Title of Office



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

ROFIT CORPORATION ANNUAL REPORT 1997	PI IN
iling Period: January 1-March 1 • Filing Fee: \$50.00	IN



(FORM MUST BE TYPED IN BLACE	k)		_		<u> </u>	THIS FORM
1. Corporate ID No. 63813	2. Name of Corporation J. McGwin & A	ssociates, Inc.				
3. Street Address Principal Business O	Mce		City		State	Zip
412 Chimney Rock 4. Business Phone No.	Drive	5. State of Incorporation RHODE ISLAND	N.	Kingstown	RI	02852 6. SIC Code 7286
(401), 884-4802 7. Brief Description of the Character o	f Business Conducted in Rho					7200
Operations System 8. NAMES AND ADDRESSI President Name Julia L. McGwin	ns and Financia ES OF THE OFFICER	al Consultants RS (*x* BOX FOR ATTACHM		resident Name		
Street Address 412 Chimney Rock	Drive		Street	Address		
N. Kingstown	State RI	zip 02852	City		State	Zip
Secretary Name Julia L. McGwin		•	Treasu	erer Name		
Street Address † 412 Chimney Rock	Drive		· Street	Address		
N. Kingstown	State RI	Zip 02852	. City		State	Zip
9. NAMES AND ADDRESS Director Name Julia L. McGwin	ES OF THE DIRECT	ORS (*X* BOX FOR ATTAC		T) . For Name		-
Street Address † 412 Chimney Rock	Drive		Street	Address	•	
N. Kingstown	State RI	Zip 02852	City		State	Zip
Director Name	••		· Direct	or Name		•••
Street Address			Street	Address		
City	State	Zip	City		State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	AND ISSUED (*x* E	BOX FOR ATTACHMENT) .	ISSUFI	วรเผยร	•	•
Number of Shares	Class/Series	Par Value	Numb	er of Shares	Class/Series	Par Value
1,000 SHS \$.10 PAR \	/AL		No	one		
						

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

	* 6 3 8 1 3 *
File Date:	3.4.97
Check No.:	32061
Ву:	ILP JU
• —	RY 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.

Shad Merid	2/14/97	
Signature of Officer	Date	
Julia L. McGwin		

Julia L. McGwin
Print or Type Name of Officer

President
Title of Officer

•

PROFIT CORPORATON 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.

05-0460146 3 STREET ADDRESS PRINCIPAL BUSINESS OF 412 Chimney Rock D 4 BUSINESS PHOVE NO (401) 884-4802 7 BRIEF DESCRIPTION OF THE CHARACTER OF Operation Systems PRESIDENT NAME Julia L. McGwin STREET ADDRESS	FICE Orive 5. FBUSINESS CONDUCTED IN RMOD	STATE OF INCORPORATION Rhode: Island E-SLAND	c. cm N. Kingstown	STATE RI	ZIP CODE 02852 6 SIC CODE
412 Chimney Rock D 4 BUSINESS PHOVE NO (401) 884-4802 7 BRIEF DESCRIPTION OF THE CHARACTER OF Operation Systems PRESIDENT NAME Julia L. McGwin	Orive 5. F BUSINESS CONDUCTED IN RMOD	STATE OF INCORPORATION Rhode: Island E-SLAND			02852 6 SIC CODE
4 BUSINESS PHOVE NO (401) 884-4802 7 BRIEF DESCRIPTION OF THE CHARACTER OF Operation Systems PRESIDENT NAME Julia L. McGwin	5. F Business Conducted in R400	Rhode Island	N. Kingstown	RI	6 SIC CODE
(401) 884-4802 7 BRIEF DESCRIPTION OF THE CHARACTER OF OPERATION Systems PRESIDENT NAME Julia L. McGwin	F BUSINESS CONDUCTED IN RYCO	Rhode Island			
7 BRIEF DESCRIPTION OF THE CHARACTER OF OPERATION Systems PRESIDENT NAME Julia L. McGwin		E:SLAND			
Operation Systems PRESIDENT NAME Julia L. McGwin					7286
president name Julia L. McGwin	and Financial				
pqesident name Julia L. McGwin		Consultants	SES OF THE OFF	I C E A S	
			VICE PRESIDENT NAME		
412 Chimney Rock I	Orive		STREET ADDRESS		
	STATE	ZIP CODE	CITY	STATE	ZIP CODE
N. Kingstown	RI	02852			
SECRETARY NAME			TREASURER NAME		
Julia L. McGwin STREET ADDRESS		•	STREET ADDRESS		
412 Chimney Rock I	Orive STATE	ZIP CODE	CITY	STATE	ZIP COOE
N. Kingstown	RI	02852			
DIRECTOR NAME	g. NAMES :	AND ADDRES	SES OF THE DIR	ECTORS	
Julia L. McGwin			STREET ADDRESS		
412 Chimney Rock I	Drive				
	STATE	ZIP CODE	CITY	STATE	ZIP CODE
N. Kingstown DIRECTOR NAME	RI	02852	DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	C:TY	STATE	ZIP CODE
		ARES AUTHO	RIZED AND ISSU		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SER:ES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000	Common	\$.10	1,000	Common	\$.10

This report must be SIGNED IN INK by either the

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	8/23/46	
Check No:	3005	:
Ву:	u/	- ;

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

Julia L. McGwin

Print or Type Name of Officer

President
Title of Officer

8/22/96

Date FORM 31 12/95

State of Rhode Island and Providence Plantations

Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	0063813	An	nual Report for the	1995	
	J. McGwin & Ass		•		
	it and the laws of the State of: Rhole ss and telephone number of principal office:		Business Entity is ((check one): poration (See RIGL Chapter 7-1.1) Service Corporation (See RIGL Ch	
Island (Provide street ad	J-Rack_Pr02852		of a con- limited to	the character of business conducted in all aspects of the sultany from including of the subject	business but not
	THE NA	MES OF THE	OFFICERS ARE		
PRESIDENT	McGwin	STREET ADDRESS	<u>.</u>	CITY/STATE	ZIP CODE
VICE PRESIDENT		21KEET ADDRES	.	CHASIAIE	ZIP CODE
SECRETARY	Ude 6 min	STREET ADDRESS	200 5 64.5	CHYNTATE C-bove	ZIP CODE
TREASURER	McGusin	STREET ADDRESS	eve as	GITYSTAIL GEORGE	ZIP CODE
NAME	THE NAM	1ES OF THE I	DIRECTORS AR	E:	ZIP CODE
NAME Jan	nes McGwin	STREET ADDRESS	same o	S Opane	ZIP CODE
NAME		STREET ADDRESS	S	CITY/STATE	ZIP CODE
NUMBER OF SHARES A	AUTHORIZED (Rider may be attached)	N	UMBER OF SHARES	ISSUED AND OUTSTANDING (Ric	der may be attached)
Number of Shares	Class / Series	N	umber of Shares	Class / Series	
1000	Cohimen		1000	Common	
Date 2/3	95/95		IAME OF OFFICER SIGNES	reasurer	
Form 31 1/95	DESIGNATED REGIST		F FOR SERVICE	OF PROCESS:	
PLEASE NOTE: If the	registered office and/or registered agent in				
	_				

JAMES MC GWIN 12 ROAD C NORTH SCITUATE Requested Form 9 It will Follow

125 2 8 295 125 2 8 295 CK # 192 DD

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations, Office of The Secretary of State

File Annually LLC: Sept. 1 - Nov. 1 CORP. Jun. 1 - March 1

100 North Main Street Providence. Rhode Island 02903-1335 401 277 3040

Corporate ID: 0063813	Annual Report for the year: 1994
Name of Business Entity:	J. McGwin & Associates, Inc.
Phone: (401) 647-7518 Phone: (401) 647-7518	Business Entity is (check one): [] Business Corporation (See RIGL Chapter 7-1.1) 5 and [] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed: [] Acceptable [] William
	THE OFFICERS ARE: ADDRESS CHYSTATE Z.P.CODE ADDRESS
COMPT OPERATING CHICEROS DI V.C. PRESIDENT-CHALORO STREET	ADDRESS CITYSTATE CONTROL EPICODE
THE NAMES OF THE N	ADDRESS CHYSTATE ZIPCODE ADDRESS CHYSTATE ZIPCODE ADDRESS CHYSTATE ZIPCODE ZIPCODE ADDRESS CHYSTATE ZIPCODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000 Shares	NUMBER
CLASS one class	CLASS
SERIES	SERIES
Date	PAR VALUE OR WITHOUT PAR P Taines E My Grain IT REPTE NAME OF OTHER SCRING Y COSIGN AND DEPTERS ON THE
DESIGNATED REGISTERED OR RES	IDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

JAMES MC GWIN 12 ROAD C NORTH SCITUATE RI 02657 APR 2 5 1994 E/_ AC

To be filed annually between

State of Rhode Island and Irovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

January 1st and March 1st

Corporate ID	00 6381 3	Annual Report for the year		
First: T	he name of the corporation is	J. McGwin & Associates, Inc.		
:	It is incorporated under the laws of Character of business, briefly stated, is			
FOURTH:	If foreign corporation, address of its	principal office		
	usiness address in Rhode Island h Scituate RI			
Sіхтн: N	Names and addresses of its directors ar	nd officers: Address (including nu	(Attach rider if necessary) mber, street, zip code)	
James	E McGwin Ir Director	Pres/Tres 12 Roa	d C Wiscotucte RI	
Lulia	L McGww Director	Sec SAM		
	Director			
	President			
	Vice Presi	dent		
	Secretary			
	Treasurer			
 Seventh:	Number of Shares authorized:		Par Value	
No. of Share	rs Class	Series	or statement that shares are without par value	
1000	Common	PAID	\$.10	
 Еіднтн:	Number of Shares issued:	MAR 0 1 1993	Par Value or statement that	
No. of Share	s Class	SECY/OF STATE	shares are without par value	
1000	ammon		\$,10	
Dated	3/33/ 19 93	(Name of Corpolation)	Associates.In	
(Rep	ort must be signed by an officer)	Title President		

5× # 374

Corporate ID	6053513	Annual Report for the year	- 1257
FIRST: The	name of the corporation is	J. McGwin & Associa	tasInc
SECOND: It THIRD: Cha	is incorporated under the laws of aracter of business, briefly stated the laws of foreign corporation, address of	of the State of Rhode Island of is to ongage in all aspectal red lended to operation synits principal office	Providence Plantations of the Business consulty
FIFTH: Bus	iness address in Rhode Island	2 Road C North Sulviote	RI, 02857
Sixth: Nar	nes and addresses of its directors		(Attach rider if necessary)
James	Mc Gwin Directo	r 12 Road C North	·
Tamos	Directo McGww Preside	4 0 4	lade d. A.D.
Lomes			03 (~ 35 that) 151
	Vice Pr		0 - 1 - 2
	Mc Geoin Secreta	ry 12 Road C North	h Scituate Kl
James	Mc 6win Treasur	er 12 Rood < North:	Schwele PI 02051
Seventh: 1	Number of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1000	Common	PAID	,10
EIGHTH: N	umber of Shares issued:	PA 10	Par Value
Lighth. 140	uniber of Shares issued.	Way U. S. 1995	or statement that shares are without
No of Shares	Class	SECY OF STATE	par value
1000	Common		. 10
Dated	2/36/ 1992	(Name of Chrovation) By	s, Thc
(Report	must be signed by an officer)	Title Vigsident	1-1