

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

5. State of Incorporation RHODE ISLAND State Island IT THE BOOKS AND ("X" BOX FOR AT HWY. Zip 02859	ACCOUNTS. TACHMENT) FILL IN S Vice President Name Patricia Hear Street Address P.O. Box 231- City Pascoag Treasurer Name Patricia Hear	State RI SPACES BEFORE USING th Cold Victory I	
RHODE ISLAND THE BOOKS AND ("X" BOX FOR AT HWY.	Barrington COUNTS. TACHMENT) FILL IN S Vice President Name Patricia Head Street Address P.O. Box 231 City Pascoag Treasurer Name Patricia Head Patricia Head	PACES BEFORE USING th -Old Victory	02806 6. SIC Code 7658 ATTACHMENTS Hwy.
RHODE ISLAND THE BOOKS AND ("X" BOX FOR AT HWY.	ACCOUNTS. TACHMENT) FILL IN S Vice President Name Patricia Head Street Address P.O. Box 2314 City Pascoag Treasurer Name Patricia Head Patricia Head	th -Old Victory State	6. SIC Code 7658 ATTACHMENTS Hwy. Zip
RHODE ISLAND THE BOOKS AND ("X" BOX FOR AT HWY.	ACCOUNTS. TACHMENT) FILL IN S Vice President Name Patricia Hear Street Address P.O. Box 231- City Pascoag Treasurer Name Patricia Hear	th -Cld Victory State	7658 ATTACHMENTS Hwy. Zip
Hwy.	ACCOUNTS. TACHMENT) FILL IN S Vice President Name Patricia Head Street Address P.O. Box 2314 City Pascoag Treasurer Name Patricia Head	th -Cld Victory State	Hwy.
("X" BOX FOR AT HWY.	TACHMENT) FILL IN S Vice President Name Patricia Hea Street Address P.O. Box 231 City Pascoag Treasurer Name Patricia Head	th -Cld Victory State	Hwy .
Hwy.	Patricia Hear Street Address P.O. Box 231 City Pascoag Treasurer Name Patricia Hear	th -Cld Victory State	Hwy .
Zip	Patricia Hear Street Address P.O. Box 231- City Pascoag Treasurer Name Patricia Hear	-Old Victory	Zip
Zip	Street Address P.O. Box 231- City Pascoag Treasurer Name Patricia Hear	-Old Victory	Zip
Zip	P.O. Box 231 City Pascoag Treasurer Name Patricia Hear	State	Zip
Zip	City Pascoag Treasurer Name Patricia Hea	State	Zip
1 '	Pascoag Treasurer Name Patricia Hea		1 ·
102033	Treasurer Name Patricia Hea		Magn
	Patricia Hea		I
		t h	
	Street Address	<u> </u>	-
	(same as abo	ve)	
Zip	City	State	Zip
	•		
	Street Address		
Zip	City	State	Zip
02859			
	Director Name		
	None		
	Street Address		
Zip	: City	State	Zip
'	ŕ		'
CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHE	MENT)
	ISSUED SHARES		
Par Value	Number of Shares	Class/Series	Par Value
		_	\$1.00
	100	Common	
	Zip Zip Zip Zip	Director Name None	Director Name None Street Address



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

Matthew A. Brown, Secretary of State

PROFIT CORPOR Filing Period: January 1 - Ma FORM MUST BE TYPED OR PRINT	arch 1 • Filing		FOR THE YEAR	2004			
I. Corporate ID No.	2. Name of Corporation						
87413	ACCOUNT-EZE,	INC.					
3. Street Address Principal Business Of			City	State	Zip		
324 County Road			Barrington	RI	02806		
4. Business Phone No.		5. State of Incorporation	<u> </u>		6. SIC Code		
(401) 245-1913		RHODE ISLAND			7658		
7 Brief Description of the Character of TO MAINTAIN EXAMINE		oode Island	COUNTS.				
B. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT)	CES BEFORE USING AT	TACHMENTS		
Patricia Heath			Patricia Heath				
Sirect Address P.O. Box 231- 0	ld Victory	Hwy.	Street Address P.O. Box 231 -	Old Victory	Hwy.		
 City	State	21p	City	State	Zip		
Pascoag Secretary Name	RI	02859	Pascoag Treasurer Name	RI	02859		
Patricia Heath			Patricia Heath				
Sirect Address		· -· · · -·	Street Address				
P.O. Box 231 -	Old Victory	Hwy.	P.O. Box 231 - Old Victory Hwy.				
City	State	Zφ	City	State	Zip		
Pascoag Names and addresses	RI OF THE DIRECTORS	02859 6: ("X" BOX FOR ATT	Pascoag (CHMENT) [] FILL IN SP.	RI ACES BEFORE USING A	02859 ATTACHMENTS		
Director Name Patricia Heath			Otrector Name None				
Street Address		=+=	Street Address		-		
P.O. Box 231 -	Old Victory	Hwy.					
City	State	Zíp	City	State	Ζφ		
Pascoag	RI	02859					
Director Name None			Director Name None				
Street Address			Sircei Address	,			
Cuy	State	Zip	City	State	Zíp		
10. SHARES AUTHORIZED (("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME.	(,t _N		
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value		
8,000 \$1.00 PAR VALUE	.	· ··	100	Common	\$1.00		

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

	* <u>87413</u>
File Date	FILED
Check No.	MAR 1 2 2004
<i>By:</i>	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and scompanied bearing are true and correct.	
Signature of Officer	Date
Patricia Heath	
Print or Type Name of Officer	
President	
Title of Officer	

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

2002

PROFIT CORPORATION Filing Period: January 1-March 1 •		PORT FOR TH	E YEARZUU	MIJASE INSTRUC
FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporate 87413 ACCOUNT-E				
1. Street Address Principal Business Office		City	State	Zip
324 County Road 1. Business Phone No.	S. State of Incorporation	Barrington	RI	02806 6. SIC Code
(401) 245–1913 Brief Description of the Character of Business Canducted in		ntain, examine,	inspect and	7658 audit the
books and accounts of ot: B. NAMES AND ADDRESSES OF THE OFFIC Tresident Name			BEFORE USING ATTAC	HMENTS
Patricia Heath		Patricia Hea	th	
P.O. Box 231 - Old Victo State	ry Hwy.	P.O. Box 231	- Old Victor	y Hwy.
Pascoag RI ecretary Name	02859	Pascoag	RI	02859
Patricia Heath treet Address		Patricia Hea Street Address	th	
(same as above) State	Zip	(same as ab	ove) State	Zip
D. NAMES AND ADDRESSES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	ACHMENTS
Patricia Heath treet Address		None Street Address		
P.O. Box 231- Old Victor	y Hwy.	City	State	Zip
Pascoag . RI .	02859	Director Name		•
None		None Street Address		
City State	Zip	City	State	Zip
O. SHARES AUTHORIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT	7)
Jumber of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE		100	Common	\$1.00

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

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.

Patricia Heath

Print or Type Name of Officer

President

Title of Officer **♦** 5

Form 630 12/02

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

STOP PLEASE READ INSTRUCTIONS

\$1.00

Form 630 12/01

Filing Perlod: Janua	iry 1-March 1 🔹 Fii	ling Fee: \$50.00				INSTRUC
(FORM MUST BE TYPED IN F 1. Corporate ID No. 87413	RLACK) 2. Name of Corporation ACCOUNT-EZE,	INC.				
3. Street Address Principal Busin	•		City		State	Zip
324 County Ro 4. Business Phone No. (401) 245-19	13	5. State of Incorporation RHODE ISLAND	Barringto		RI	02806 6. SIC Code 7658
books and acc 8. NAMES AND ADDR President Name	counts of Othe ESSES OF THE OFFICER	rs and relate	ed Service of MENT) FILLIN SI Vice President Name	PACES BEFO	spect and a	
Patricia Head Street Address	th		Patricia Street Address	Heath		
P.O. Box 231	- Old Victory	Hwy.	P.O. Box	231 -	Old Victory	Hwy.
Pascoag Secretary Name	RI	02859	Pascoag		RI	02859
Patricia Head Street Address	th		Patricia Street Address	Heath		
(same as abor	ve) State	Zip	(same as	above)	State	Zip
9. NAMES AND ADDR Director Name	ESSES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN Director Name	SPACES BE	FORE USING ATTAC	HMENTS
Patricia Hea	th		None Street Address			
P.O. Box 231	- Old Victory	Hwy.	City		State	Zip
Pascoag	RI	02859	Director Name		•	
None Street Address			None Street Address			
City	State	Zip	City		State	Zip
10. SHARES AUTHORIZ	ZED (*X* BOX FOR ATTACHA	MENT)	11. SHARES ISS	UED ("X" BO	X FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares		Class/Series	Par Value

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

100

≪> 's



8,000 \$1.00 PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Common

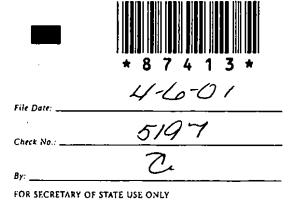
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

NEW L	HICT	RE	TYPEN	IN	BLACK)	

1. Carporate ID No. 87413	2. Name of Corporation ACCOUNT—EZE	, INC.			
3. Street Address Principal Business	Office		City	State	Zip
324 County Ro	ad	5. State of incorporation	Barrington	RI	02806 6. SIC Code
(401) 245-191 7. Brief Description of the Characte books and acce	r of Business Conducted in Rh		tain, examine,	inspect and	7658 audit the
8. NAMES AND ADDRES President Name	SSES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Patricia Heat	h		Patricia He	ath	
P.O. Box 231	 Old Victory State 	Zip -	P.Or Box 23	1 - Old Victo	ory Hwy.
Pasčoàg	RI	02859	Pascoag	RI	02859
^{Secretary Name} Patricia Heatl	h		Treasurer Name Patricia He	ath	
Street Address			Street Address		
(same as above	e)		(same as ab	ove)	
City	State	Zip	City	State	ZIP
9. NAMES AND ADDRES Director Name	SSES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
Patricia Heatl	h		None		
Street Address			Street Address		
P.O. Box 231	- Old Victory	Hwy.			
Clly	State	Zip	City	State	Zip
Pascoag	RI	02859			
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHMENT	יי
Number of Shares	Class/Series	far Value	Number of Shares	Class/Serles	Par Value
8,000 SHS \$1.00	PAR VALUE		100	Common	\$1.00

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. Date

Patricia Heath

Print or Type Name of Officer

President

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

401-222-3040

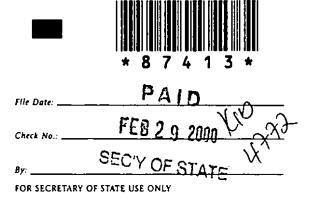
Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 87413 ACCOUNT-EZE, INC. 3. Street Address Principal Business Office City State Zip 324 County Road 02806 6. SIC Code Barrington RI S. State of Incorporation 7658 RHODE ISLAND (401), 245-1913

RHO

7. Brief Description of the Character of Business Conducted in Rhode Island To maintain, examine, inspect and audit the books and accounts of others and related services.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Patricia Heath Street Address Patricia Heath P.O. Box 231 - Old Victory Hwy. P.O. Box 231 - Old Victory Hwy. City City Pascoag ... 02859 Pascoag RI 02859 RT Secretary Name Treasurer Name Patricia Heath Patricia Heath Street Address Street Address (same as above) (same as above) ZIp Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Patricia Heath None Street Address (same as above) City Zip City State Zip **Director Name** Director Name None None Street Address Street Address 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 Par Value Class/Sertes 8,000 SHS \$1.00 PAR VALUE 100 Common \$1.00

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 ynis report, lgt)内ing any accompanying schedules and statements, and s spatained herein are true and correct. Signature of Officer Patricia Heath 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 CO	ORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	1999
Filing Period: Ja.	nuary I-March 1 •	Filing Fee: \$50	.00				

(FORM MUST BE TYPED IN BI	.ACK)				
1. Corporate ID No. 87413	2. Name of Corporation ACCOUNT-EZ	ŽE, INC.			
3. Street Address Principal Busine	ss Office		City	State	Zip
324 County R	oad		Barrington	RI	02806
4 Business Phone No. (401) 245-19	13	S. State of Incorporation RHODE ISLA	ND		6. SIC Code 7858
7. Brief Description of the Charac	ter of Business Conducted in R	hode Island To ma	intain, examine	, inspect and	audit the
books and ac			ated services.	BEFORE USING ATTACE	IMENTS
President Name			Vice President Name		
Patricia Hea	th		Patricia Heat	th	-
P.O. Box 231	Old Victory	Hwy.	P.O. Box 231	Old Victory	Hwy.
City	State	Zip	City	State	Zıp
Pascoag	RI	02859	Pascoag	RI	02859
Secretary Name	. L		Treasurer Name	- h	
Patricia Hea	τn		Patricia Head	LII 	
Street Address same as abov	C		Street Address same as above	a	
City	State	Ζιρ	City		· ;
city		-7			- 1
9. NAMES AND ADDRE	SSES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
Director Name	_		Director Name		•• •
Patricia Hea	th		None		
Street Address	013 111-1	TT	Street Address		
•	Old Victory				7
Pascoaq	State · RI	21p 02859	City:	State	Zıp
Director Name			Director Name		
None Street Address		•	None Street Address		
City	State	Zip	City	State	Zip
					_
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHMENT	·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$1.00 PA	AR VALUE		100	Common	\$1.00
-,					•
			•		
		 	1	<u>-</u>	
This report must be sig	ned in ink by eithe	r the President, Vic	e President, Secretary, Ass	istant Secretary, Treasu	rer, Receiver or Truste
	imi imi);; tanii pinni timon ****				

	* 8 7 4 1 3 *
File Date:	Mar 2,99
Check No.:	43413
By:	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 statement contained herein are true and correct.

Patricia Heath

Print or Type Name of Officer President



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

(ST	OP Y
PLLAS	READ
INSTRU	CHOXS

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 87413 ACCOUNT-EZE, INC. 3. Street Address Principal Business Office City State ZIp RI 02806 324 County Road Barrington 4. Business Phone No. S. State of Incorporation 6. SIC Code RHODE ISLAND 7658 (401) 245-1913 7. Brief Description of the Character of Business Conducted in Rhode Island TO maintain, examine, inspect and audit the books and accounts of others and related services. 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) President Name Vice President Name Patricia Heath Patricia Heath Street Address Street Address P.O. Box 231 Old Victory Hwy. P.O. Box 231 Old Victory Hwy. City 02859 02859. Pascoag RI Pascoag RI Secretary Name Treasurer Name Patricia Heath Patricia Heath Street Address Street Address same as above same as above State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **Director Name** Director Name None Patricia Heath Street Address Street Address same as above City Zip State Zip Director Name Director Name None None Street Address Street Address State Zip City Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Class/Series Par Value Number of Shares Par Value Class/Jerles Number of Shares 100 \$1.00 8,000 SHS \$1.00 PAR VALUE Common

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

	* 8 7 4 1 3 *
File Date:	33/98~
Check No.:	3863
By:	OF STATE USE ONLY
· on ononlink!	XV

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that al) statements contained herein are true and correct. 311 Date

Patricia Heath

Print or Type Name of Officer

President

James R. Lungevin, 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

87413

ACCOUNT-EZE, INC.

3. Street Address Principal Business Office

324 County Road

City Barrington State

S. State of Incorporation

RI 02806 6. SIC Code

4. Business Phone No.

(401) 245-1913

RHODE ISLAND

7658

7. Brief Description of the Character of Business Conducted in Rhode Island To maintain, examine, inspect and audit the books and accounts of others and related services.

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

President Name

Vice President Name

Patricia Heath

Street Address

P.O. Box 231 Old Victory Hwy.

State

Pascoag Secretary Name

02859 RI

same as above

Street Address

Pascoag

P.O. Box 231-Old Victory Hwy. State

RI

02859

Treasurer Name

Street Address

same as above

Patricia Heath

Street Address

City

State

Zip

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

Director Name

Patricia Heath

Street Address

none Street Address

Director Name

none

Street Address

same as above

City

Zip

State

Zip

Director Name

none

Street Address

City

State

State

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Vulue

8,000 SHS \$1.00 PAR VALUE

100

common

\$1.00

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



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

Patricia Heath Print or Type Name of Officer

President