

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

<sup>s</sup> amended

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

## STOP: PILLASE READ INSTRUCTIONS REPORT COMPLETING THIS FORM

## PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$20.00					INSTRUC BUTO	
(FORM MUST BE TYPED IN	BLACK				COMPLE	
1. Corporate ID No.	2. Name of Corporat	lon	·			
87913	NEW ENG	LAND LIVE AUDI	D, INC.			
3. Street Address Principal Bus	Iness Office		Woonsocket	State	ZIp	
64 Kodman	Street		Woonsocicer	KI	02895	
4. Business Phone No.	67	5. State of Incorporat	1		6. SIC Coile	
(401) 762-06	_	Rhode Is	land			
7. Brief Description of the Cha			a C			
SOUNCE REINTON	cement/Rent	,	<del>-</del> '. '			
President Name	KESSES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT) V <u>ice</u> President Name v			
Jennifer A.	makail		7 1 1	socker!		
Sureet Address	Concracy		UACQUES A. L Street Address	oriciay		
64 Rodman	St.		64 Rodman	St, ´		
City Jalan are of Cal	State	Zip	City,	State RI	Zip	
Woonsocket	V-T	02895	Woonsocket	· K.L.	02895	
To a so law 1	anaha I		Treasurer Name	Lombard		
Jenniter A. L	-oneray		Jac Ques A. Suren Address	Lorenay		
64 Rodman S	37		64 Rodman	.St.		
City	State	Zip	City	State	Zip	
Woonsocket	R <u>1</u>	02895	Woonsocket	RI	62895	
9. NAMES AND ADD	RESSES OF THE DIRE	ECTORS ("X" BOX FOR	ATTACHMENT)	,		
Director Name	A 1		Director Name		•	
Jenniter ;	A. Lorchay					
64 RUDMA	_ ,		Street Address			
UH KOUMW	η <b>Ο</b> Γ.	71.	Cin	Pa-a-	<b></b> -	
	RI.	Zip	City	State	Zip	
Woonsocket	<i></i>	02895	Director Name		• •	
Taconic A	l sociali					
Jacous A.	Lorichay		Street Address			
64 Rodman	2 St.					
city	State	Zip	City	State	Zip	
Noonsocket	RI	02895				
10. SHARES AUTHOR	IZED AND ISSUED (*	X" BOX FOR ATTACHMEN	T)	•		
AUTHORIZED SHARES			ESPUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Şerleş	Par Value	
100 Shares	NO par value		100		NONE	
					•	
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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, an
that/all statements contained herein are true and correct.
Generales a Louchau 4-10-97
Signature of Officer Date
Dennifer A Lunchau
Print or Type Name of Officer
President
Title of Officer