

Check No

FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

Matthew A. Brown, Secretary of State

Filling P	Period: January	1 - March 1	•	Filing Fee: \$50.00
FORM M	IUST BE TYPED OF	R PRINTED IN BLA	CK)	

Corporate ID No. 67316	2 Name of Corporati SRU Inc.	он			
Sincer Address Principal Business () 141 Industrial Hi	fice .		Slatersville	State R I	^{Ζιρ} 02876
Business Phone No. (401) 762-1400		5. State of Incorporation RHODE ISLAND			G. SIC Girle 7245
ETC. NAMES AND ADDRESSES	ATION SERVICES;	n Rhode Island TO BUY, SELL, LEASE,	USE& SERVICE,ETC. MACHINE	S, EQUIPMENT, GOO	•
esideni Name William P. Sibili	a		Vice President Name David V. MacDonal	d	
ree Address 57 Pond House Roa	d		Sirce Address 40 Hilltop Road		
ny North Smithfield Groupy Name	State R I	2ip 02876	City Lancaster Transurer Name	State MA	^{Zip} 01523
David V. MacDonal	d		William P. Sibili	a	
40 Hilltop Road			517 Pond House Roa	d	
n Lancaster NAMES AND ADDRESSES	State MA	21p 01523	North Smithfield	RI RI	02876
rector Name William P. Sibili		, a son you m	David V. MacDonal		
57 Pond House Roa	 d		Sircer Address 40 Hilltop Road		
n North Smithfield	State R I	Zip 02876	City Lancaster	State MA	<i>Ζίρ</i> 01523
rector Name			Director Name		
tçi Addriss			Street Address		·
'r	State	ZIp	City [*]	State	Zip
. SHARES AUTHORIZED (("X" BOX FOR AT	TACHMENT)	in 11. SHARES ISSUED ("X	 " BOX FOR ATTACI	I HMENT) [
onbor of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200 shares	Common	No Par Valu
This report must be s	igned in ink by ci	ther the President, Vice	President, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee

William P. Sibilia Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division

	Secretary of State Brown, Secretary of	State			Providence, RI 02903-13 401.222.30
PROFIT CORPOI Filing Period: January 1 - M FORM MUST BE TYPED OR PRIN	iarch I 🔸 Filin		T FOR THE YEAI	R 200	14
1 Gorporate ID No.	2 Name of Corporation		·		
67316 3 Street Address Principal Business C	SRU Inc.				
141 Industrial Hi			Slatersville	State R I	<i>Σιρ</i> 02876
Husiness Phone No. (401) 762–1400		5. State of Incorporation			6. SIC Code
7 Brief Description of the Character	of Business Conducted in i	RHODE ISLAND			7245
TO PROVIDE CONSULT ETC. NAMES AND ADDRESSES	TATION SERVICES; T	O BUY, SELL, LEASE,		IES, EQUIPMENT, GOO PACES BEFORE USING	•
Presideni Name William P. Sibi	lia		Vice President Name David V. MacDon	ald	
Street Address			Street Address		
57 Pond House Re	nad		40 Hillton Road	l	
• •	David V. MacDonald			lia	
Sireer Address 40 Hilltop Road			Sirrei Address 57 Pond House R	load	
City Lancaster D. NAMES AND ADDRESSES Official Name	State MA OF THE DIRECTOR	21p 01523 ss: ("X" box for a	City North Smithfiel FIACHMENT) FILL IN Director Name	State d RI SPACES BEFORE USIN	zip 02876 ng attachments
William P. Sibi	lia		David V. MacDon	ald	
Street Address			Street Address		
57 Pond House Re	oad Tsrate	Zip	40 Hilltop Road	State	7/2
North Smithfield	1" '	02876	Lancaster Director Name	MA MA	^{Zip} 01523
Street Address			Street Address		
./IIy	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	 (*X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*.	 X" BOX FOR ATTACH	 MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200 shares	Common	No Par Value
This report must be s	signed in ink by cith	er the President, Vice	President, Secretary, Assistan	t Secretary, Treasurer,	Receiver or Trustee
					hat I have examined this repo tements, and that all statemer
File Date 1.28	04		consainfid herein are stated of Officer	hue that correct.	7 1/26/0
Check No.			William P.	Sibilia	
Ву:		_	Print or Type Name of t	Officer	
FOR SECRETARY OF ST	ATE USE ONLY		President		

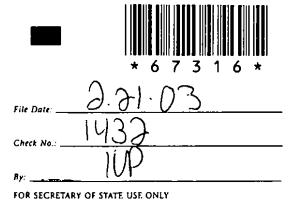
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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 PRINTE	D IN BLACKT				
1. Corporate ID No.	2. Name of Corporation				
67316	SRU Inc.				
3. Street Address Principal Business O	ffice		City	State	Zip
141 Industrial H 4. Business Phone No.	ighway	5. State of Incorporation	Slatersville	RI	02876 6. SIC Code
(401) 762-1400 7. Brief Description of the Character o	f Business Conducted in R	RHODE ISLAND			7245
To provide consult 8. NAMES AND ADDRESS! President Name William P. Sibil Street Address	ia		MENT) FILL IN SPACES B Vice President Name David V. Mac[Street Address	efore using attach	
57 Pond House Ro			40 Hilltop Ro		
No. Smithfield	State R I	^{zıp} 02876	Lancaster	State MA	01523
Secretary Name David V. MacDona	1d		Treasurer Name William P. Si	ibilia	•
Street Address 40 Hilltop Road	10		Street Address 57 Pond House		
chy Lancaster	State MA	zip 01523	No. Smithfield	State Id RI	^{21p} 02876
9. NAMES AND ADDRESSI Director Name	ES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	CHMENTS
William P. Sibil Street Address	ia		David V. MacI	Oonald	
57 Pond House Ro	ad State	Zip	40 Hilltop Ro	State	Zip
No. Smithfield Director Name	RI	.02876	Lancaster Director Name	MA .	. 01523
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACE	(MENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200 shares	Common	No Par Value

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 occompanying schedules and statements, and that all statements contained herein are true and correct.

2/18/03

Signature of Officer

Date

William P. Sibilia

Print or Type Name of Officer

President

Title of Officer

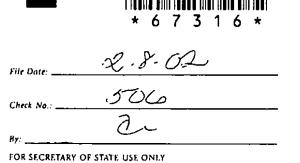
Form 630 12102

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

2002

riting retion. Juntury 1	- Matter 1 + Fi	mg ree: \$50.00			INSTRUCTION
FORM MUST BE TYPED IN BLACK					
, Corporate ID No.	2. Name of Corporation			•	
67316	SRU inc.				
. Street Address Principal Business Of	•		City	State	Zip
141 Industrial H	Highway		Slatersville	RI	02876
. Rusiness Phone No.		5. State of Incorporation			6. SIC Code
(401) 762-1400		RHODE ISLAND			7245
. Brief Description of the Character of					
	-		operations, constru	iction and store	e design.
S. NAMES AND ADDRESSE resident Name	S OF THE OFFICE	RS ("X" BOX FOR ATTACH.	MENT) FILL IN SPACES BEFO Vice President Name	DRE USING ATTACHM	ENTS
William P. Sibilia			David V. MacDonald		
treet Address			Street Address		
57 Pond House Road			40 Hilltop Road		
lity	State	2.1p	City	State	Zip
No. Smithfield	RI	02876	· Lancaster Treosurer Name	MA	01523
David V. MacDonald			William P. Sibilia Street Address		
40 Hilltop Road			57 Pond House Road		
ity	State	Zip	City	State	Zip
Lancaster	MA		No. Smithfield	RI	02876
P. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Name	FORE USING ATTACH	MENTS
William P. Sibilia treet Address			David V. MacDonald Street Address		
57 Pond House Road			40 Hilltop Road		
lity	State	Zip	City	State	Zip
No. Smithfield	RI	02876	Lancaster Director Name	MA	01523
treel Address			Street Address		
ity	State	Zip	City	State	Zip
0. SHARES AUTHORIZED	(*X* BOX FOR ATTACH!	MENT)	11. SHARES ISSUED (*x* BO	OX FOR ATTACHMENT)	
UTHORIZED SHARES			ISSUTE) SHARES		
umber of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200 shares	Common	no par value
·					
his report must be signed	l in ink by either:	the President, Vice P		t Secretary, Treasurer	, Receiver or Trus
,	.	•	,,	••	

> Title of Officer <>> s



Upder penalty of perjury, I declare and aff	firm that I have examined
this report, including any accompanying :	schedules and statements,
what all statements for fained herein are to	2/6/02
Signature of Officer	Date
William P. Sibilia	
Print or Type Name of Officer	
President	

Form 630 12/01



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

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M NUT	MUSI	DΕ	11	rev	H	DEMON

1. Corporate ID No.

2. Name of Corporation

67316

SRU Inc.

City 3. Street Address Principal Business Office State 7,1p Slatersville RI02876 141 Industrial Highway S. State of Incorporation 6. SIC Code 4. Business Phone No. 7245 RHODE ISLAND (401) 762-1400

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

To provide consulting service including mfg. operations, construction and store design. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Vice President Name David V. MacDonald William P. Sibilia Street Address Street Address 40 Hilltop Road 57 Pond House Road State Zip Zip City State RI 02876 MA 01523 No. Smithfield Lancaster Treasurer Name Secretary Name David V. MacDonald William P. Sibilia Street Address Street Address 57 Pond House Road 40 Hilltop Road Zip Clly Zip 01523 RI 02876 MA No. Smithfield Lancaster FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name David V. MacDonald William P. Sibilia Street Address Street Address 40 Hilltop Road 57 Pond House Road Zip City State Zip City State No. Smithfield RI 02876 Lancaster. MA 01523 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 ESSUEED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 SHS NO PAR VALUE 200 shares Common no par value

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

Title of Officer



Under penalty of perjury, Laleclare and affirm that I have examined feport, including any fccompanying schedules and statements, and htashed herein are true and correct. 3/12/01 Date William P. Sibilia Print or Type Name of Officer



To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 101774

Annual Report for the year 2000

1.	The name of the limited liability compa	iny is:	
	SRU HOLDINGS, LLC		
2.	The address of the principal office of t	he limited liability company is:	
	Ochre Court, 100 Ochre Poin	t Avenue, Newport, RI 02840	
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident	agentis: ADLER POLLOCK & SHEEHAN	<u></u>
	ATTN: JOSEPH R. DISTEFANO 2300	BANKBOSTON PLAZA PROVIDENCE RI 02903	
5.	The current mailing address of the lim	ited liability company and the name or title of a person to who	m communications
		e of the President, Ochre Court, 100 Ochre	_
	Point Avenue, Newport, RI		
6.		the business in which the limited liability company is actua	lly engaged in this
	state: owner of real estate		
7.		nagers, the name and address of each manager of the limited	d liability company
	Name	Address	
	N/A		
	1.1		
Da	ted 9/00	Under penalty of perjury, I declare and affirm that I h	nave examined this
	21 01 01 01 01 01 01 01	report, including any accompanying schedules an that all statements contained herein are true and corre	d statements, and ct.
		SRU Holdings, LLC	
	1 0 1 7 7 4	Exact Name of Limited Liability Company	
F.,	FOR SECRETARY OF STATE USE ONLY	BY TO THE	
I	Date: $9-19-00$		
Che	eck No.: 68825	Title	Form No. 632 Revised 01/99



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 1999

iling Period:	January	1-March 1	•	Filing	Fee:	\$50.00
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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

67316 3. Street Address Principal Business Office	SRU, Inc.		City	State	Zip
141 Industrial Hi	ghway	5. State of Incorporation	No. Smithfield	RI	02876 6. SIC Code
(401) 762-1400 7. Brief Description of the Character of Bu	siness Conducted in Rhod	Rhode Island			7245
To provide consults. NAMES AND ADDRESSES President Name	ting service OF THE OFFICER	including mfg. S (*x* box for ATTACHM	operations, constructions) Vice President Name	ction and store	design.
William P. Sibilian P. Sibilia	3		David V. MacDonale Street Address	d	
57 Pond House Road	d tate	Zip	100 Mt. Vernon St	reet State	Zip
No.Smithfield	RI	02876	Fitchburg Treasurer Name	MA	01420
David V. MacDonal	đ		William P. Sibili	5	
100 Mt. Vernon St	reet	Zip	57 Pond House Roa	d State	Zip
Fitchburg 9. NAMES AND ADDRESSES Director Name	MA OF THE DIRECTO	04140 DRS ("X" BOX FOR ATTAC	No.Smithfield HMENT) Director Name	RI	02876
William P. Sibili Street Address	a		David V. MacDonald Street Address		
57 Pond House Roas	d tate	Zip	$100~\mathrm{Mt.}$ Vernon Str	eet State	Zip
No.Smithfield	RI .	02876	Fitchburg Director Name	MA	01420
Roland Desmarais			Street Address		
City 32 Edmund Street s	tate	Zip	City	State	Zip
Woonsocket 10. SHARES AUTHORIZED (*) AUTHORIZED SHARES	RI K* BOX FOR ATTACHM	02895 (ENT)	11. SHARES ISSUED ("X" BO) DX FOR ATTACHMENT)	•
	llass/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS NO PAR V	ALUE		200 shares	Common	no par value

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

	11/23/99	
File Date:	Wy d That	
Check No.:	h20	
Ву:	90	
FOR SECRETARY OF	STATE LISE ONLY	

this report, including any accom-	re and affirm that I have examined panying schedules and statements,	ano
that all statements contained her	1/	
VILLE SUL	Meg 2/2/99	
Signature of Officer	Date	
William P. Sibilia		
Print or Type Name of Officer		
President President		

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

Zip

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

City

(FORM MUST BE TYPED IN BLACK)

1. Corpora	te I.	67316	2. Nam Stol
3. Street A	ddr	ess Principal Busin	ess Office
14] 4. Busines		ndustrial	Highway
•	•	762-1400 ption of the Chara	cter of Business

2. Name of Corporation
Stores R Us, Inc.

141 Industrial Hi Business Phone No.	ghway	5. State of Incorporation	No. Smithfield	RI	02876
(401) 762-1400 Brief Description of the Character of	Business Conducted in Rho	HHODE ISLAND		٠	6. SIC Code 7245
To provide consults. NAMES AND ADDRESSE	ting service is of the officer	ncluding mfg., (RS (*x* BOX FOR ATTACHA	operations, constru MENT) Vice President Name	uction, and stor	e design.
William P. Sibilia Greet Address	a		David V. MacDonald	1	
57 Pond House Road] State	Zip	100 Mt. Vernon Str	eet State	Zip
No. Smithfield	RI	02876	Fitchburg	, · MA	01420.
David V. MacDonald	d		William P. Sibilia Street Address		
100 Mt. Vernon Str	reet State	Zip	57 Pond House Road	 State	Zip
Fitchburg NAMES AND ADDRESSE Director Name	MA S OF THE DIRECTO	04140 ORS (*x* box for attac	No. Smithfield HMENT) Director Name	RI.	02876
William P. Sibilia	1		David V. MacDonald		
57 Pond House Road	State	Zip	100 Mt. Vernon Str	eet	Zip
No. Smithfield	ŔĬ	02876	Fitchburg	, MA .	01420
Roland Desmarais			Street Address		
32 Edmund Street	State	Zip	City	State	Zip
Woonsocket IO. SHARES AUTHORIZED IUTHORIZED SHARES	RI ("X" BOX FOR ATTACHN	02895 (ENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VA	ALUE		200	Common	No Par Value

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

	* 6 7 3 1 6 *
File Date:	3/2
Check No.5	5529
By:FOR SECRETARY	Y 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 datements conscined herein are true and correct. 2/26/98 Signature of Officer Date

William P. Sibilia 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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

67316

Stores R Us, Inc.

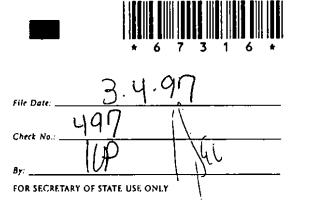
3. Street Address Principal Business Office
City
State
Zip
141 Industrial Hwy.
No. Smithfield RI
O2876
4. Business Phone No.
S. State of Incorporation
RHODE ISLAND
7245

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

To provide consulting service including mfg., operations, construction, and store design.

8. NAMES AND ADDRESS President Name	SES OF THE OFFI	CERS (*X* BOX FOR AT	TACHMENT) Vice President Nume		
William P. Sibi Street Address	lia		David V. MacDonal Street Address	d	
57 Pond House R	oad State	Zip	100 Mt. Vernon St	reet State	Zip
No. Smithfield Secretary Name	RI	02876	Fitchburg Treasurer Name	MA	01420
David V. MacDon Street Address	ald		William P. Sibili Street Address	a	
100 Mt. Vernon	Street		57 Pond House Roa	d	
City	State	Zip	City	State	Zip
Fitchburg	MA	01420	No.Smithfield	RI	02876
9. NAMES AND ADDRESS Director Name		ECTORS (*x* box for	ATTACHMENT) Director Name David V. MacDonal	d	
William P. Sibi	IIa		Street Address	u	
57 Pond House R)oad		100 Mt. Vernon St	reet	
City	State	Zip	City	State	Zip
No. Smithfield	RI	02876	Fitchburg	MA	01420
Director Name	11.2	02070	Director Name		51 12 5 .
Michelle A. Mul	lov		Roland Desmarais		
Street Address			Street Address		·
44 Circledale R	Road		32 Edmund Street		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Woonsocket	RI	02895
10. SHARES AUTHORIZE	D AND ISSUED	"X" BOX FOR ATTACHME	NT)		
AUTHORIZED SHARES			ESSUFED SHARES		
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			200	Common	No Par Value

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 and accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
William P. Sibilia

Print or Type Name of Officer
President



PLEASE TYPE or PRINT

File Annually
LLC, Sept. 3 - Nov. 1
CORP: Jan. 1 - March 1

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 6C1342

Corporate ID	0067316	Annual Report	for the year:	1994	
Name of Business Enti	ty	Stores	R Us, Inc.		
Rusiness entits pro-mond	under the laws of the State of Rhode I.	sland Business Ed	itity is (check one):		
		[X]	•	See RIGL Chapter 7-1-1)	
Federal Taxpayer Identific			Professional Service Co Limited Liability Comp.	rporation (See RIGL Chapter	17-5 1)
Por tore en entity, agaress	and telephone number of principal office		and mailing address of c	•	
			tions may be directed.	William Committee of the Committee of th	
		<u> </u>	orney Jill S. V	/otta	
			th Street		
Phone. ()		Provide	ence, RI 02908		
Address and telephone of	the principal office of business entity in Rh	hode		·	
Island (Provide street addr 11 Marigol Circl				usiness conducted in Rhode I	
II PARISOI CITCI	.e <u>-</u>	To provid	le consulting se	ervice including mand store design	fg.,
No. Providence.	RI 02904		is, constituentor	Tand store design	
	<u>'</u>	Date of Org	anization: March 1	2, 1992	
Pnone (401) 353-	0040	Date of Qu	alification to do business	in Rhode Island (if foreign e	ntity)
	•				
•	THE NA	MES OF THE OFFICER	S ARE:		
William P. Sib	OR AX PRESIDENT (Over over	STREET ADDRESS	(TTYSTATE		71P COD
-	OR XX V.CS.289 SIDS VT CNEX OND	igold Circle, No. I	rovidence, RI ()2904	ZIP COD
David V. MacDo	nald 100 Mt.	Vernon Street, St	. Fitchburg, M	<u> </u>	
William P. Sib			•		Y,s COD
DOMESTINANCIAL OFFICER	OR X, TREASURER (CNS) Cover	igold Circle, No. P	CITYSTA:	<u> </u>	7:P (*O;;
William P. Sib		igold Ci <u>rcle, No. P</u>		12904	
NAME:	THE NAM	MES OF THE DIRECTOR	RS ARE:	.	zie Cco
<u></u>					
NAME		STREET ADDRESS	CENSIAI		7JF (°CD
NAME		STREET ADDRESS	CITYISTATI		Z35 COC
•		,			
NUMBER OF SHARES	AUTHORIZED (If Applicable)	NUMBER OF	SHARES ISSUED AND	D OUTSTANDING (If Appl:	cable)
NUMBER	1,000 shares	NUMBER	200 shares		
CLASS	_,	CLASS	200 SHALES		
CILAGO	Соттоп	X.1.7 W.77	Common		
SERIES		; SERIES			
PAR VALUE OR		PAR VALUE	OR		
WITHOUT PAR	No Par Value	WITHOUT P.	No Par Value	<u> </u>	_
					
Date January	27 . 19 94	s./ Stores R	Us, Inc.)	
+ Aut .	. 17	1/10111	1/1 /		
		FINT OR TYPE NAME OF ODDAYS	RSENING	unan/	
		Presiden	t		
		TITLE OF OWNERS IGNING			
Form 31 - 1594					
	DESIGNATED REGISTERED	OD DESIDENT ACENT I	OR SERVICE OF E	POCESS:	

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

Filing Fcc \$50.00

Dated February 24, 19 93

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0067319		Annual Report f	or the year A REFERENCE	
FIRST: The name of the corporation is Stones R' Us. Inc.				
		Rhode Island		
THIRD: Character of busin	ness, briefly stated, is	Excellant		
FOURTH: If foreign corpo	ration, address of its p	rincipal office		
FIFTH: Business address in	n Rhode Island	l Marigold Circle, N	orth Providence 02904	
SIXTH: Names and address	sses of its directors and		(Attach rider if necessary) uding number, street, zip code)	
	Director			
	Director		······································	
	Director			
William P. Sibilia	President	11 Marigold Circle.	North Providence	
David V. MacDonald	Vice Presid	ledi00 Mt. Vernon St.	Fitchburg, Ma	
Betty A. MacDonald	Secretary	100 Mt. Vernon Str	eet, Fitchburg, Ma	
Cheryl A. Sibilia	Treasurer	ll Marigold Circle	. North Providence	
	ares authorized:	•	Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
1000		"nt	No Par Value	
Еіднтн: Number of Sha	res issued:	AMT	Par Value or statement that shares are without	
No. of Shares	Class • • ~.	Series 7	par value	

By William P. Sibilia...