

Matthew A. Brown, Secretary of State Corporations Division 100 North Hain Street, Providence, RI 02903-1335 401-222,3040

Filing Period: January 1	DRATION A	NNUAL REPO	RT FOR THE Y	EAR 2005	
(FORM MUST BE TYPED IN E	niaich i 🔾 Fh	ung ree: \$50.00			
1 Curporate ID No	2. Name of Carport	ation			
101017	Joseph J. Re				
3 Street Address Principal Busin			Cin		7
30 Kennedy Plaza,	Suite 400		Providence	RI	Ζιρ
J. Business Phone No.		5. State of Incorporation		K.I	02903
401-453-9900		RHODE ISLAND			6 SIC Code 7617
7 Brief Description of the Chard TO PROVIDE LEGAL SE	ncier of Business Cond RVICES .				7617
8. NAMES AND ADDRESS President Name	SES OF THE OFFI	CERS ("\" BOX FOR ATT	ACHMENT) 🔲 FILL IN SPA	CES BEFORE USING A	TTACHMENTS
Joseph J. Reale, J			Vice President Name		
Sirces Address	J		None.		
30 Kennedy Plaza,	Suite 400		Sireei Address	- · · · · ·	
Ciny	State 400	7:	→ a·-		
Providence	RI	<i>Zip</i> 02903	City	State	Zip
Secretary Name	•••	. 02903	Treasurer Name		
Joseph J. Reale, J	r.		Joseph J. Reale,	7	
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30 Kennedy Plaza,	Suite 400				
City	State -		30 Kennedy Plaza		
Providence	RI	<i>Zip</i> 02903	Ciny Providence	Siore	Zιρ
9. NAMES AND ADDRESS			Providence TACHMENTO File in st	RI PACES REFORE USING	02903
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None.					
Street Address	•		Street Address	•	
Crty	State	Zıp	Cuy	Siaie	Zip
Director Name			Director Name		
Street Address		• •	Sircet Address		
City	State	Zip	Cin-	State	Z _{IP}
10. SHARES AUTHORIZE	D C'X" BOX FOR 41	TTACHMENT .	. II CHADEC ICCIDD (IV)	DOV SON JON JON	D
AUTHORIZED SHARES	_		11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMEN	カロ
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8,000 \$.01 PAR VALUE		· • •			, 5, ,,,,,,,
O,000 \$.01 FAR VALUE			100	Common	\$.01 Par
This report must be signed	l in ink by either	the President, Vice Pre	sident, Secretary, Assista	int Secretary. Treasi	irer, Receiver or Trustee
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	, , ,		Under penalty of perju	ry. I declare and affirm t	hat I have examined
· · · · · · · · · · · · · · · · · · ·		- -1	this report, including a	ny accompanying sched contained herein are tru	ules and statements.
1010	_		and that all statements	Contained herein are thi	e and correct.
File Daie)>		herst	ولاهنا	1/5/05
Check No. 2694			Signastire of Officer	- Li	ate 13703
C. neck No.			Joseph J. Re	ate, Jr.	
B_{V} \bigvee ,			Print or Type Name of Of		
			President		
FOR SECRETARY OF STATE U	ISE ONLY		Title of Officer		1. care 6 to 15 or
	-		y = y ·		Form 630 12 0



Mutthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401,222,3040

Curporate ID No. 101017	ACK) 2. Name of Corpora Joseph J. Re						
Street Addiess Principal Busine	*-		City	State	Zıp		
30 Kennedy Plaza,	Suite 400		Providence	RI	02903		
Business Phone No.		5. State of Incorporation			6 SIC Code		
401-453-9900		, Rhode Island			7617		
Brief Description of the Charac O PROVIDE LEGAL SER		ucted in Rhode Island					
B. NAMES AND ADDRESS resident Name	es of the offi	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SI	PACES BÉFORE USING À	TTACHMENTS		
oseph J. Reale, J	r.		• None .				
reer Address	 · ·	- 4- 	Sireei Address				
0 Kennedy Plaza,	Suite 400		•				
in	Siale	Zip	City	State	Zip		
Providence	RI	02903	• *		•		
cretary Name			Treasurer Name				
oseph J. Reale, J:	r.		Joseph J. Reale	e, Jr.			
iner Address			Street Address				
O Kennedy Plaza,	Suite 400		.30 Kennedy Plaza, Suite 400				
hi	State	Zip	'Cirv	State	Zip		
rovidence	RI	02903	Providence	RI	02903		
one .			Sireei Address				
ψ. <u> </u>	State	Zip	·City	State	Zip		
irector Name			Director Name	• • • • • • • • • • • • •			
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in:	Siole	Zip	·City	State	Zip		
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UTHORIZED SHARES	· · · · · · · · · · · · · · · · · · ·		ISSUED SHARES				
imber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
000 \$.01 PAR VALUE			100	Common	\$.01 Par		
,000 \$.01 PAR VALUE	Class/Series	Par Value	 	 			

 .	
File Date	1-13-104
Check No.	2288
By:	}
FOR SECRE	TARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| July | July |
| July | Jul

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 _

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

IFORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No.

2. Name of Corporation

101017

Joseph J. Reale, Jr., Ltd.

3. Street Address Principal Business Office One Financial Plaza, Suite 1600 City

Providence

State

Zip

4. Business Phone No.

5. State of Incorporation

RI

02903 6. SIC Code

(401) 453-9900

RHODE ISLAND

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

7617

Law firm.

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

President Name

Joseph J. Reale, Jr.

None Street Address

Street Address One Financial Plaza, Suite 1600

RI

State

Zip

Secretory Name

Street Address

Providence

Joseph J. Reale, Jr.

02903

Treasurer Name

Joseph J. Reale, Jr.

Street Address

One Financial Plaza, Suite 1600

State

Cliv

State

Zip

Providence

RI

02903

Providence

RI

One Financial Plaza, Suite 1600

02903

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

Director Name

None.

Street Address

City

State

Zip

Street Address

Director Name

Street Address

State

Zip

Director Name

Street Address

City

State

Zip

City

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ESSURE) SHARES

Number of Shares

Class/Series

Par Value

8,000 \$.01 PAR VALUE

100

Common

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

\$.01 Par Value

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



1-27-03

File Date:

Check No.: .

FOR SECRETARY OF STATE USE ONLY



that all statements contained herein are true and correct.

Joseph J. Reale,

Printer Type Name of Officer President

Title of Officer **(3)** 5

Form 630 12/02

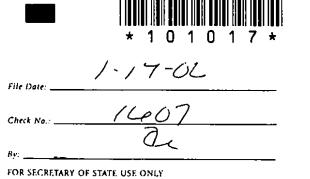
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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PROFIL COL			REPORT FOR TH	E YEAR	PLEASE READ INSTRUCTIONS		
IFORM MUST BE TYPED IN	! BLACK)						
1. Corporate ID No.	2. Name of Corpore	ation					
101017	•	eale, Jr., Ltd.					
3. Street Address Principal Bus One Financial	iness Office Plaza, Suite 1	600	Providence	State RI	Ö2903		
4. Business Phone No.		5. State of Incorpora	tion		6. SIC Code		
453 -99 00		RHODE ISLA	AND		7617		
7. Brief Description of the Cha	racter of Business Conducted	in Rhode Island					
Law firm.							
8. NAMES AND ADD! President Name		ICERS (*X* BOX FOR AT	Vice President Name	S BEFORE USING ATTAC	CHMENTS		
Joseph J. Real	le, Jr.		None				
Street Address	ni 1	(00	Street Address				
	Plaza, Suite 1		au.				
City	State RI	zιρ 02903	City	State	Zip		
Providence Secretary Name	K1	02303	Treasurer Name				
Joseph J. Real	leTr.		Joseph J. Reale, Jr.				
Street Address	ic, or.		Street Address				
One Financial	Plaza, Suite 1	600	One Financia	al Plaza, Suite 1	1600		
City	State	Zip	Cliv	State	Zip		
Providence	RI	02903	Providence	RI	02903		
9. NAMES AND ADDI Director Name	RESSES OF THE DIR	ECTORS ("x" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	ACHMENTS		
None.							
Street Address	•		Street Address				
	_						
City	State	Zip	City	State	Zip		
Oliector Name			Director Name				
Street Address			Street Address		•		
City	State	Zip	Сиу	State	Zip		
10. SHARES AUTHORI	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	")		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 \$.01 PAR VALU	E		100	_	A 84		
			100	Common	\$.01 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 accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer

Joseph J. Reale, Jr.

President Title of Officer <**ॐ** 5

Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

101017

Joseph J. Reale, Jr., Ltd.

3. Street Address Principal Business Office

Providence

State

One Financial Plaza, Suite 1600

5. State of Incorporation

RI

02903

4. Business Phone No.

RHODE ISLAND

6. SIC Code 7617

(401) 453-9900

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

Law firm.

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

President Name

Joseph J. Reale, Jr.

None

Street Address

One Financial Plaza, Suite 1600

City

Street Address

City

State

Zip

Providence

Secretary Name

RI

02903

Joseph J. Reale, Jr.

Treasurer Name Joseph J. Reale, Jr.

One Financial Plaza, Suite 1600

One Financial Plaza, Suite 1600

City **Providence** State RI

02903

City Providence RT

02903

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

Director Name

None.

Street Address

Street Address

Director Name

City

State

City

State

Zip

Director Name

Zip

Olrector Name . Street Address .

Street Address

City

State

ZIp

Clty

State

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

8,000

\$.01

Par Value

100

Common

\$.01Par Value

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

	n İ	
File Date:	2/2	
Check No.:	1280	
	7,	
FOR SECRETARY OF STA		

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 berein are true and correct.

Reale. Jóseph J. Int or Type Name of Officer

President Title of Officer

ute of Officer

Form 630 12/00

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	ΒE	TYPED	IN	BLACK)
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1. Corporate ID No. 101017 2. Name of Corporation

Joseph J. Reale, Jr., Ltd.

3. Street Address Principal Business Office

One BankBoston Plaza, Suite 2443

Providence

Vice President Name None

Street Address

^z 02903

4. Business Phone No.

5. State of incorporation

6. SIC Code

(401) 453-9900

RHODE ISLAND

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

law firm

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

President Name

Josep J. Reale, Jr.

Street Address

One BankBoston Plaza; Suite 2443

Providence

ő2903

City

State

ZIp

Secretary Name

Joseph J. Reale, Jr.

One BankBoston Plaza, Suite 2443

CITY Providence

RI

์ด็ว903

Providence

StateRI

One BankBoston Plaza, Suite 2443

zip02903

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

Director Name

None

City

City

Street Address

State

Zip

Street Address

Director Name

Street Address

Director Name

Joseph J. Reale, Jr.

State

Ζiρ

Director Name

Street Address

Zip

Clly

City

State

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

Zip

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

AUTHORIZZZO SHARES

Number of Shares

Class/Series

Par Value

ESSUED SHARES

Number of Shares

Class/Serles

Par Value

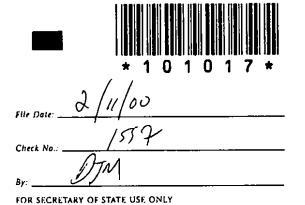
\$.01 Par Value

8,000 \$.01 PAR VALUE

100

Common

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.

Joseph J. Reale,

President

Print of Type Name of Officer

Title of Officer

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

401-222-3040

1. Composite 170 No. 1. Other Address Principal Positions Office City State 224 02903 3. State of Address Principal Positiones Office City State 2443 4. Building Principal Positiones Office City October RI 02903 5. State of Investment Principal Positiones Office City October RI 02903 7. Building Principal Positiones October Office City October Office City October Office City October October Office City October October Office City October	(FORM MUST BE TYPED IN BE	.ACK)				
One BankBoston Plaza, Suite 2443 * Bulling Frame No. * Bulling Frame No. * Bulling Frame No. * Bulling Frame No. * Code* * (401) 453-9900 * RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Binarle Island Law Firm 8. NAMES AND ADDRESSES OF THE OFFICERS * * **BOX FOR ATTACHMENT** FILL IN SPACES BEFORE USING ATTACHMENTS Precident Name * None **Street Address** One BankBoston Plaza, Suite 2443 City State ** State* ** O2903 Secretary Name * Joseph J. Reale, Jr. ** Street Address* One BankBoston Plaza, Suite 2443 City State ** State* ** O2903 Secretary Name * Joseph J. Reale, Jr. ** Street Address* One BankBoston Plaza, Suite 2443 City State* ** O2903 Secretary Name * Joseph J. Reale, Jr. ** Street Address* One BankBoston Plaza, Suite 2443 City One BankBoston Plaza, Suite 2443 City Providence RI O2903 Street Address One BankBoston Plaza, Suite 2443 City Providence RI O2903 Street Address One BankBoston Plaza, Suite 2443 City Providence RI O2903 City Providence State ** Street Address* Director Name ** None Street Address City State Zip City State Zip City State Zip City Director Name Street Address City State Zip City State Zip City State Zip City	•	•				
### Abdress Properties ### Abdress Propose	3. Street Address Principal Busines	is Office		City	State	Zip
(401) 453-9900 RHODE ISLAND 7, Ritely Description of the Character of Business Conducted in Rhadic Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS PErilatin Name None 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS PErilatin Name None 8. Street Address One BankBoston Plaza, Suite 2443 City State 72/p O2903 8. Street Address Secretary Name Joseph J. Reale, Jr. Secretary Name Joseph J. Reale, Jr. Secretary Name One BankBoston Plaza, Suite 2443 City State 2443 City State 2443 Providence Ri 2/p O2903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Size Address City State 2/p City State 2/p State City State 2/p		laza, Suite	2443	Providence	RI	<u>.</u>
Law firm 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Joseph J. Reale, Jr. Street Address One BankBoston Plaza, Suite 2443 City State Zip Providence RI 02903 Street Address One BankBoston Plaza, Suite 2443 City State Zip Providence RI 02903 Tressuiter Name Joseph J. Reale, Jr. Street Address One BankBoston Plaza, Suite 2443 City State Zip One BankBoston Plaza, Suite 2443 City Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address City State Zip Director Name Street Address City State Zip City State Zip City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Par Value Number of Shares Class/Series Par Value Par Value Providence State Class/Series Par Value Par Value Providence State City State Class/Series Par Value Par Value Par Value Providence State Par Value Providence Par Value Providence Par Value Providence	(401) 453-9900	(0.1	RHODE ISLA			
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Providence RI 02903 Secretary Name Joseph J. Reale, Jr. Street Address One BankBoston Plaza, Suite 2443 City Providence RI 02903 State Providence RI 02903 Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address City State Zip City State Zip Director Name Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name 11. SHARES ISSUED (*x* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value		laza, Suite	2443	Street Address		
Joseph J. Reale, Jr. Street Address One BankBoston Plaza, Suite 2443 City Providence RI O2903 City Providence RI O2903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name None Street Address City State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value			^{Zip} 02903	City	State	Zip
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Providence RI 02903 Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("x" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip Other Address City State Zip 10. SHARES AUTHORIZED ("x" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	One BankBoston P	laza, Suite	2443	Street Address One BankBosto	on Plaza, Suite	2443
Director Name None Street Address City State Zip City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip City State Zip City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Strates Class/Series Par Value Director Name 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Strates Class/Series Par Value			02903			
City State Zip City State Zip Director Name Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value	Director Name	SSES OF THE DI	RECTORS ("x" BOX FOR A		S BEFORE USING ATT	ACHMENTS
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City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	Director Name			Director Name	******	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	Street Address			Street Address		<u>-</u> -
AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	Clly	State	Z.ip	City	State	Zip · -
		ED ("X" BOX FOR A	TTACHMENT)		X° BOX FOR ATTACHMEN	T) -
8,000 \$.01 PAR VALUE 100 Common \$.01 Par	Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	8,000 \$.01 PAR VA	LUE		100	Common	\$.01 Par Value

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



ID. (CL

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 been accompanying and correct

that all statements contained herein are true and correct.

Signature of Officer

Joseph J. Reale, Jr.

Print or Type Name of Officer President

Title of Officer