

## 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 ()2903-1335

401.222.3010

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR P	PRINTED IN BIACK)	.,				
I. Corporate ID No.	2. Name of Corporate	ton				
80618	SANCO Finan	cial Services Inc.		T	T.m.	
3 Street Address Principal Busin 1390 MEA	IDON RD		CUMBERLAND	State R1	02864	
i. Business Phone No	_	5 State of Incorporation		<del></del>	6 SIC Code	
334-27		RHODE ISLAN	D		7658	
7 Brief Description of the Charac BOOKKEEPING AND	cter of Business Conducted i TAX PREPARATION	n Rhode Island				
8. NAMES AND ADDRESS President Name	SES OF THE OFFICER	RS: ("X" BOX FOR AT	TACHMENT) [] FILL IN \$	PACES BEFORE USING	ATTACHMENTS	
NORMAN E	LECOURS					
Singl Address	A FCOURS		Street Address		<u> </u>	
1390 MEN	DUN RD.					
City 6	State R1	Zip 2 St. 10	City	State	Zip	
CUMB, Secretary Name	1	1 02864	: Tryasiaer Name			
servary vame			<b>.</b>	F. LECOURS		
Street Address			Street Address		<u> </u>	
			SAM	P		
City	State	Zip	City	State	Zip	
0 N.MEC 1NO 1000EC	CEC OF THE DIDECT			CDACES BEFORE USIN	UC APPLACIANTS	
9. NAMES AND ADDRES: Director::Name:	SES OF THE DIRECTO	OKS: ("A BOX FOR A		SPACES BEFORE USIN	TO ATTACHMENTS	
Street Address			Street Address		<u> </u>	
Clty	State	Zip	City	State	Zip	
Director Name			Director Name			
Singl Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZE	D (6V* 8AV 6A6 4		11 CHARPE ICCUES C	Y' POY EOR ATTACK	MENT)	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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500 NO PAR VALUE			0	CONTINION	//////	
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inis report must	oc signed in the by c	mer me President, Vice	e President, Secretary, Assistar	it sectetary, treasurer,	Receiver of Trustee	
П		<b>81</b> 1 <b>8</b> 11 <b>188</b> 1				
ا ا					<u>)-</u>	
	##		Under penalty of peri	jury. I declare and affirm th	nat I have examined this repo	
			including any accomp	panying schedules and stat	ements, and that all stateme	
<u> </u>			contained herein are (	true and correct.	, 1	
File Date	3/05	_	1 Carman	Checours	6/20/05	
, C	o u		Signature of Officer		Date	
Check No.	~ <del></del>	-	NORMAN	E. LECOUR	<u>ک</u>	
Ву:	ΛA		Print or Type Name of	^		
,	<del>( )    </del>	-	POES			
FOR SECRETARY O	F STATE USE ONLY		Title of Officer	<del></del> -		



## 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 401.222.3040 2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1 Corporate ID No. 2. Name of Corporation' 80618 **SANCO Financial Services Inc** 3 Street Address Principal Business Office 5. State of Incorporation RHODE ISLAND 7658 7. Brief Description of the Character of Business Conducted in Rhode Island **BOOKKEEPING AND TAX PREPARATION** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name ECOU<u>RS</u> NORMAN Street Address Zip ECOURS Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State 7.10 City Zip Director Name Director Name Sinver Address Street Address City State Zip City State Z.Ip 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 Class/Scries Par Value COMMON **500 NO PAR VALUE** 0 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

File Date

AUG: 1.8 2006:

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declar including any accompanying sche conteined herein are true and conteined her

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

Signature of Officer

Print or Type Name of Officer

The of Officer

The of Officer

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

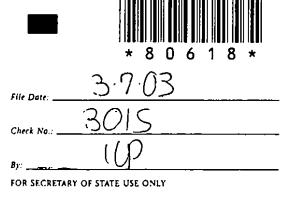
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003



Filing Period: Janua		Filing Fee: \$50.00	PORT FOR T	nc	1EAR	PLEASE REALIST RECEIPTION
FORM MUST BE TYPED OR PR						
. Corporate ID No.	2. Name of Gorporal					
80618		icial Services Inc.			_	
). Street Address Principal Busin			CUMBERLA		State R/	Zip
1390 MEA 1. Business Phone No.	UDON KO.	5. State of Incorporation	CUMBERLA	( N D	K/	0286 € 6. SIC Code
$334\cdot 2$ T. Brief Description of the Chara	774 cter of Business Conducted In	RHODE ISLAND				7658
TAX PRE	P & BOONNEE	PING				
		CERS (*x* box for attaci	HMENT) FILL IN SPA	CES BEF	ORE USING ATTACHM	IENTS
resident Name			Vice President Name			
NORMAN		s	SANDRA Street Address	B.	LECOURS	
1390 MEN CUMBERLAND	IDAN RO.			SAN	1E	
City	State	Zip	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	ZIp
COMBERLAND	$\mathcal{R}_{I}$	62864				
ecretary Name		•	Treasurer Name		,	
treet Address			NORMAN Street Address	E.	LECOURS	
City	State	Zip	City		State	Zip
D. NAMES AND ADDR'	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	ACHMENT) FILL IN SI Director Name	PACES B	EFORE USING ATTACH	IMENTS
ireet Address · · · · · · · · ·	egista et en		rStreet Address ····		म्पूरमञ्जूषा चित्रप्राप्ता	i kalendar ya mwanika wali i T
Sity	State	Zip	City		State	Zip
Director Name			Director Name			•
treet Address			Street Address			
Stry	State	Zip	City		State	Zip
O. SHARES AUTHORIZ	ZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUE	E <b>D</b> (*x* 8	OX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares		Class/Series	Par Value
500 NO PAR VALUE	CUMMON	NONE	NONE			

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

**€** 5



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.

| Larman | Green | 3-5-03

/Carman	( hecaus	J -:	5-02
Signature of Officer		Date	
NORMAN E	- LECOURS		
Print or Type Name of Office	·		_
PRES			
Title of Officer			

Form 630 12/02

2. Name of Corporation

SANCO Financial Services Inc.

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No.

80618

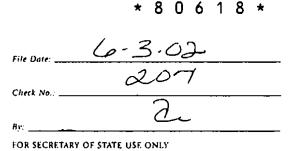
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

. Street Address Principal Rusin 1390 MEA	UDON RO		CUMBERLAND	State	0286
. Ausiness Phone No. 334-  . Brief Description of the Chara		5. State of Incorporation RHODE ISLAND	- v. 2 2	. •	6. SIC Code 7658
TAX PR	EPARATION	CERS ("X" BOX FOR ATTACK	IMENT) FILL IN SPACES BI	EFORE USING ATTACHN	MENTS
resident Name	,		Vice President Name  SANDRA  R	3. LECOURS	
NORMAN E 1390 MENK LUMBERLAND	ON RO.	Zip	Street Address  SA) City	ME State	Zip
CUMBERLAND eccetaty Name	**** <b>R</b> /	JO389X	Treaturer Name		
treet Address			NORMAN E.	LECOURS	
			J,	AME	
lity	State	Zip	City	State	Zip
D. NAMES AND ADDR Director Name  Irect Address	ESSES OF THE DIRE	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name  Street Address	BEFORE USING ATTACE	HMENTS
Sity	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
lity ·	State ·	Zip	City	State	Zip
O. SHARES AUTHORIZ UTHORIZED SHARES	ZED (*x* box for atta	CHMENT)	11. SHARES ISSUED (*X ISSUE) SHARES	* BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Far Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE	COMMON	0	0	COMMON	0
		<b>.</b>			

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	
this report, including any accompanying sched	tules and statements, and
that all statements contained hereig are true a	nd correct.
Harman E Lewes	5/31/02
Signature of Officer	Date
NORMAN E. LECOURS	\$
Print of Type Name of Officer	•
I'RES_	
Title of Officer	•
earth 5	Form 630 12/01

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



(FORM MOST BE LALFD IN HEY	(CK)				
1. Corporate ID No.	2. Name of Corpora	tion			
80618	SANCO Fin	ancial Services	Inc.		
3. Street Address Principal Business	Office		City	State	Zip
1390 MENDO	ON RO.	5. State of Incorporation	CIN BERLAN	10 K. I.	02864 6. SIC Code
401- 334-2 7. Brief Description of the Characte	776 r of Business Conducted I	RHODE ISLAN	D		7658
BOOKHEEPIN					
8. NAMES AND ADDRES President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTAC	HMENTS
NORMAN E	LECOUP	V	~	B. LECOUR	;
1390 MEND	ON RD		1390 MENU	ON RO	
City  CUMBERLAND  Secretary Name	State A. 1	0980x	City  CUMB  Deasweet Name	State R1	0986h
Street Address				E. LECOUR	د2
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name	SES OF THE DIRI	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
Street Address			Street Address		
City	State .	Zip	City	State .	Zip
Director Name	•		Director Name	•	4

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

500 SHS NO PAR VALUE - COMMON

State

AUTHORIZED SHARES

Number of Shares

Street Address

City

Class/Series

Par Value

Zip

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

ISSUED SHARES

Street Address

City

Number of Shares

Class/Series

State

Par Value

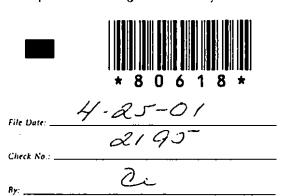
Zip

NONE

COMMON

6

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I deciate and attirm that I	nave examineu
this report, including any accompanying schedules	and statements, and
that all statements contained herein are true and co	rrect.
9/ 8/	4/21
Marman Chicaus	10/4/01
Signature of Officer Dat	•
NORMAN E. LECOURS	
Print or Type Name of Officer	
PRES.	
Title of Officer	

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

CUMBERLAND R.1.

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5. State of Incorporation RHODE ISLAND

SANCO Financial Services Inc.



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

8 0 6 1 8

FOR SECRETARY OF STATE USE ONLY

2. Name of Corporation

1. Corporate ID No.

1390

80618

3. Street Address Principal Business Office

MENDON

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

500 SHS NO PAR	VALUE COMM	ION	NONE	COMMON	'
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Va
10. SHARES AUTHORI	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUEI	O (*X* BOX FOR ATTACHMEN	T)
City	State	Zip	City	State	Zip
Street Address			Street Address		
Director Name	·		Director Name		
City	State	Zip	City	State	ZIp
Street Address			Street Address		
9. NAMES AND ADDR Director Name	RESSES OF THE DIRE	ECTORS (*x* box for	R ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS
City	State	Zip	City	State	Zip
Street Address			Street Address	,_	
LUNIBERLAN Secretary Name	γ. γ.	0000	Treasurer Name SAN	1 E	
1390 MEA	State R.	02860	City	State	Zip
Street Address	Inal Ro	,—	Street Address		
President Name  NORMAN	E. LECOU	IR.S	Vice President Name		
8. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR A		ES BEFORE USING ATTAC	HMENTS

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

that all statements contained besein are strue and correct.

this report, including any accompanying schedules and statements, and

Value

0



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

(FORM MUST BE TYPED IN BL	.ACK)					
1. Corporate ID No. 80618	2. Name of Corpora SANCO Fit	nancial Services Ir	nc.			_
	ENDON RO.	· · · · · · · · · · · · · · · · · · ·	CUMBERLA	ND R. 1.	_ 0286 X	
4. Business Phone No.  401-334  7. Brief Description of the Charact	•, , ,	5. State of Incorpora RHODE ISI	LAND		6. SIC Code <b>7658</b> -	
TAX PRE 8. NAMES AND ADDRE	SSES OF THE OFF	HEEPPING	TTACHMENT) · FILL IN SPACI	ES REFORE LISING ATTA	CHMENTS	
President Name  NORNIAN  Street Address	E. LECO		Vice President Name	Same		
Street Address 1390 MEN	DON RO		Street Address	<del></del>	_	
CUMBERLAND	- State	0286)		State	Zip	
Secretary Name			Treasurer Name	me		<del></del>
Street Address		<u>.</u>	Street Address	,		
Gity	State	Zip	City :	* State :	Zip	
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOI	R ATTACHMENT)   FILL IN SPA	CES BEFORE USING AT	TACHMENTS	Far. 1
Street Address -			Street Address			<u> </u>
City	+ State	Zip	City	State	Zip	
Director Name		••• ••• •• •••	Director Name	• • • • • • • • • • • • • • • • • • • •		•••••
Street Address			Street Address	•		-
City	State 	Zip	City	- State -	Zip	<u> </u>
10. SHARES AUTHORIZ		FACHMENT)	11. SHARES ISSUEE	O ("X" BOX FOR ATTACHME	· (TV	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
500 SHS NO PAR V	ALUE	O	NONE			-
This report must be sign		her the President \	/ice President, Secretary, A	coistant Socratany Tran	surar Pacaivar or	Tructon
I III	11	(a) (a)	rice riesident, secretary, A	ssistant secretary, fred	sulei, Receiver of	nustee

Title of Officer

File Date:	5-10-99
Check No.:	1521
Ву:	AMF

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. Print of Type Name of Officer



James R. Langevin, Secretary of Stat.

Gorporations Division
100 North Main Street, Providence, RI 02903-133;
401-277-304(

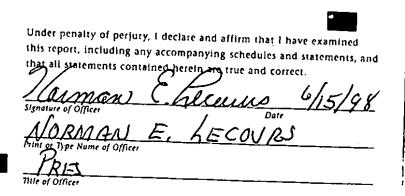
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 . Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 80618 <sup>2</sup> SANCO Financial Services Inc. 3. Street Address Principal Business Office State ess Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name LECOURS NORMAN Street Address City State Ziρ Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip CIN State Zip Director Name Director Name Street Address Street Address City State 7.ip City State 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 Class/Series **500 SHS NO PAR VALUE** Par Value NONE-COMMON

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

	* 8 0 6 1 8 *
File Date:	618/98
Check No.:	1275
By:	(UD
OR SECRETARY (	OF STATE USE ONLY



# TATE OF RHODE ISLAND 1D. 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 CORI	ORATION	N ANNUAL Filing Fee: \$50.00	REPORT 1997		STOP:  PLEASE READ INSTRUCTIONS INFORE COMPLETING
FORM MUST BE TYPED IN BLAC	ck)				THIS FORM
. Corporate ID No.	2. Name of Corporati	on 	SERVICES /NC.		
. Street Address Principal Business (	5ANCO	FINANCIAL	-DERVICES /NC.		
. Street Address Principal Business (	Office (1)	, , ,	City	Stole	Zip
1390 MEND	on Ko,		CUNIBERLAND	K. /,	02864
Business Phone No.					6. SIC Coile
401-334-2 Brief Description of the Character //CCOUNTIN	776 of Business Conducted in	R-L			7658
1/CCAUNITIA	11 2 744	PREDARATIO	) A C		
NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" ROX FOR ATTA	CHMENT)		
resident Name			Vice President Name	<b>-</b>	
NORMAN E	- Iraan	00	SANDRA D	ROUSSEAU	
/VUKNIAN E	, XECOU	<i>(</i> 3	Street Address	7,0003E40	•
i 20: Al mains	. $\mathcal{P}_{a}$		202 //11/1/0	NO TOUR	
1390 NIENDON	ו אף	71.	SYS HIGHLAN	VD RUE	Zip
Thy	Stal R-1	Zip		111	02703
UNIBERLAND	/\~/.	02864	Street Address 393 HIGHLAS CBY SO, A+1LEBORG Treasurer Name	. /3/34 -	
ecretary Name			Treasurer Name	DE - N.E. L	<u> </u>
24,	MĿ		JAN	だ ~ V゚ピ, ス	ECOURS
treet Address			Street Address		
Sity	State	Zip	City	State	ZIp
9. NAMES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT)		
Director Name			Director Name		
Street Address			Street Address		
City	State	ZIp	City	State	Zip
Lny	June	2.7	5,		•
			Director Name		
Director Name			Suffin Hame		
			Course & Adams		
Street Address			Street Address		
					••
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D AND ISSUED (	X BOX FOR ATTACHMENT	)		
AUTHORIZZZO SHARES			ESPUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
508					

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

NONE

COMMON NONE

1000

			Under penalty of perjury, I declare and affirm that I have examined
			this report, including any accompanying schedules and statements, ar
S(.)7.	97		that all statements contained herein are true and correct.
File Date:		, ,	Hamare Checaup 7/19/97
$\cdots$			Signature of Officer Date
Check No.:	<del></del>		
.(D			NORMAN E. LECOURS
· ( )			Pelat or Type Name of Officer
· · · · · · · · · · · · · · · · · · ·			PRESIDENT
FOR SECRETARY OF STATE USE ONLY			Title of Officer



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

Class/Series

COMMON

Par Value

AUTHORIZED SHARES

Number of Shares

500

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

•					
PROFIT CORP	l-March I • Fil		EPORT 1997		STO D. P. BASE INSTRUC BETO COMPL
FORM MUST BE TYPED IN BLAC: . Corpogate ID No.		و بنينه عبيب			THIS
80418	SANCO	FINANCIAL	SERVICES INC		
. Street Address Principal Business O	ffice D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CUMBERLAND	State	Zip
. Street Address Principal Business O 1390 NEND . Business Phone No.	ION KD.	5. State of Incorporation	CUMBERLAND	R.L	0286x 6. SIC. Cade
401-334-27 Brief Description of the Character of	776   Business Conducted in Rho	ode Island			7658
TAX PREP., NAMES AND ADDRESS	ACCOUNT!	NG,	MENT		
resident Name	•		Vice President Name		
NORMAN E	•		N, Er LECO	uns	
1390 MENDO	N Rp.		<b></b>	•	•••
1390 MENDO UMBERLANDO	K. 1.	0286V	City	State	Zip
ecretary Name	$\mathcal{D}$ .		Treasurer Name		
eccetary Name SANORA  Licent Address	DROUSSEAU		N.E. LECOL	IRS	
PO BOX 30	089			_	
So. ATTL.	State INA.	O 2703	City	State	Zip
		ORS ("X" BOX FOR ATTAC	CHMENT)		
lirector Name			Director Name		
treet Address			Street Address		
liy	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip

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

ISSUED SHARES

Number of Shares

Class/Series

NONE COMMON

Par Value

Ô

		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, as
File Date:	2/28/97	1 daman E Lucy 3/33/9
Check No.:	180426	Signature of Officer Date
Ву:	KID	Print or Type Name of Officer
FOR SECRETARY	OF STATE USE ONLY	Title of Officer

## **PROFIT CORPORATION 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

By:

For Secretary of State Use Only

1. CORPORATE ID NO. 2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
_	inancial Serv	ices Inc.		
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE	: :	ату	STATE	7P COOE
1700 MENDON RD.	5. STATE OF INCORPORATION	CUMBERLAND	R.1.	02864 sscooe
401-334-2776	RHODE IS	SLAND		7658
PLCCOUNTING				
PRESIDENT HAME	ES AND ADDR	ESSES OF THE OFF	CERS	•
NORMAN_E, LECO	10/23	STREET ADDRESS	<del></del>	
STREET ADDRESS  OUTY  CENTRAL FALLS  R. 1.	ZP CODE	ОПУ	STATE	7P COOE
CENTRAC PALCS /C. 1.	_ 02863	TREASURER HAME	<u> </u>	الماسية المحادث
STREET ADDRESS	<del></del>	STREET ADDRESS		
CITY STATE	ZIP COOK	сту	STATE	ZIP CODE
DIRECTOR HAVE	ES AND ADDR	ESSES OF THE DIR	ECTORS	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	STREET ADORESS		
OTY STATE	ZIP COOE	СПУ	STATE	ZIP COO€
DIRECTOR NAME	<del></del>	DIRECTOR NAME		- I
STREET ADDRESS		STREET ADDRESS		
STATE STATE	[2P 000E ]	ary	STATE	ar cook
1 0 . S H &	ARES AUTHOR	IZED AND ISSUED	IPCHEN CHARER	• •
HUMBER OF SHATES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES	PAR VALUE
500 SHS NO PAR VALUE		NONE_	COMMON.	NONE_
	·		·	
<del></del>	<del></del>	·		
This r President, Vice Presiden	report must be <b>SIG</b> it, Secretary, Assis	INED IN INK by either the tant Secretary, Treasurer, F	Receiver or Trustee	
_		Under penalty of preport, including a	perjury, I declare and aff ny accompanying sched	irm that I have examined this ules and statements, and that
File Date: 5/2/96		all statements con	tained herein are true an	g correct.
1098		Signature of Office	er /	COURS
Check No:		/V O/K/V/ P./ Print or Type Name		

Title of Officer

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#### PLEASE TYPE or PRINT

File Annually LLC Sept. I - Nov. 1 CORP Jun. I - March E

### 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

	401-277 3040 ICIC #
rporate ID: <u>0080678</u>	Annual Report for the year:
ane of Business Entity: SANCO FINANC	CIAL SERVICES /NC
siness entity organized under the laws of the State ofR	Business Entity is (check one):    Javaness Corporation (See RIGL Chapter 7-1.1)
one:	ONE TELLY NIMONDU NOU  JOUNICACE, P.J. 02904
idress and releptione of the principal office of husiness entity in Rho and (Pravide street address - Not P O Box):	Brief statement of the character of business conducted in Rhode Island.  HCCOUNTING
one: (401) 334-1025	Date of Organization <u>7 - 79.9 4</u>
CHIEF OFFICE IN FORTING OFFICE OF THE NAME	TES OF THE OFFICERS ARE:  STRITT ADDRESS  I BRORD ST. CENTRAL FALLS, STRITT ADDRESS  CITYSTATE  CITYSTATE  ADDRESS  CITYSTATE  CITY  CITYSTATE  CITY  CITYSTATE  CITY  CITY  CITY  CITY  CITY  CITY  CITY
THE NAM	ES OF THE DIRECTORS ARE: CITATALE ZOCUD
.SII	STREET VIOLENCES CHARGE THATE THE STREET THE
UMBER OF SHARES AUTHORIZED (III Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
LASS COMMONIERES  AR VALUE OR THOUGH PAR	CLASS SERIES PAR VALUE OR WITHOUT PAR
rate9	By: Lauriano E. Lecours  PRINT DE LA LECOURS  PRES.
DESIGNATED REGISTERED OF LEASE NOTE If the Corporation has changed as registered of the Corporation for A. LANCIA ONE FELIX MIRANDO	OR RESIDENT AGENT FOR SERVICE OF PROCESS:  ice and/or registered or resident agent. Form 9 or Form 1 LC 3 must be filed  a UJAY

JEC'Y OF STATE

PROU. R.1. 02904