



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No. 84918		2. Name of Corporation OLYMPIC TILE INC.			
3. Street Address Principal Business Office 8 GARFIELD DR.			City Coventry	State RI	Zip 02816
4. Business Phone No. 826 2614		5. State of Incorporation RHODE ISLAND		6. SIC Code 414	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND INSTALLATION OF TILE, CERAMIC TILES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name George Boskos			Vice President Name LINDA BOSKOS		
Street Address 8 Garfield Dr			Street Address same		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name LINDA BOSKOS			Treasurer Name George BOSKOS		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			NONE		

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



FILED

File Date: APR 14 2005
Check No.:
By: [Signature]

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.

Signature of Officer: Linda Boskos 3-25-05
Date: [Signature]
Print or Type Name of Officer: LINDA BOSKOS
Title of Officer: V.P.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

1. Corporate ID No 84918		2. Name of Corporation OLYMPIC TILE INC.			
3. Street Address Principal Business Office 8 GARFIELD DRIVE			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-529-2979		5. State of Incorporation RHODE ISLAND		6. SIC Code 414	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND INSTALLATION OF TILE, CERAMIC TILES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GEORGE K. BOSKOS			Vice President Name GEORGE BOSKOS		
Street Address 8 GARFIELD DR.			Street Address 8 GARFIELD DR.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name LINDA M. BOSKOS			Treasurer Name LINDA M. BOSKOS		
Street Address 8 GARFIELD DRIVE			Street Address 8 GARFIELD DR.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			0		

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



* 8 4 9 1 8 *

File Date 6/14/04
Check No. 2270
By: W.
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.

Linda M. Boskos 2-29-04
Signature of Officer Date
LINDA M. BOSKOS
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **84918** 2. Name of Corporation **OLYMPIC TILE INC.**
3. Street Address Principal Business Office **8 GARFIELD DRIVE** City **Coventry** State **RI** Zip **02816**
4. Business Phone No. **826-2614** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**
7. Brief Description of the Character of Business Conducted in Rhode Island **tile installation**

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

President Name George BOSKOS	Vice President Name LINDA BOSKOS
Street Address 8 GARFIELD DR.	Street Address 8 GARFIELD DR.
City Coventry State RI Zip 02816	City Coventry State RI Zip 02816
Secretary Name LINDA BOSKOS	Treasurer Name George BOSKOS
Street Address	Street Address
City State Zip	City State Zip

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

Director Name none	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 COMM NO PAR VALUE

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

ISSUED SHARES **none**
Number of Shares Class/Series Par Value
none

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



* 8 4 9 1 8 *
FILED

File Date: MAR 20 2003

Check No.: BY COMA 2156

By: _____

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.

Linda M. Boskos 3-1-03
Signature of Officer Date

LINDA BOSKOS
Print or Type Name of Officer

Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84918** 2. Name of Corporation **OLYMPIC TILE INC.**
3. Street Address Principal Business Office **8 GARFIELD DRIVE** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **(401) 826-2614** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
CERAMIC TILE SALES + SERVICE

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

President Name GEORGE K. BOSKOS Street Address 8 GARFIELD DRIVE City COVENTRY State RI Zip 02816	Vice President Name LINDA M. BOSKOS Street Address 8 GARFIELD DRIVE City COVENTRY State RI Zip 02816
Secretary Name LINDA M. BOSKOS Street Address 8 GARFIELD DRIVE City COVENTRY State RI Zip 02816	Treasurer Name GEORGE K. BOSKOS Street Address 8 GARFIELD DRIVE City COVENTRY State RI Zip 02816

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

Director Name GEORGE K. BOSKOS Street Address 8 GARFIELD DRIVE City COVENTRY State RI Zip 02816	Director Name Street Address City State Zip
Director Name LINDA M. BOSKOS Street Address 8 GARFIELD DRIVE City COVENTRY State RI Zip 02816	Director Name Street Address City State Zip

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

Number of Shares	Class/Series	Par Value
100	Common	NO PAR

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

Number of Shares	Class/Series	Par Value
100	Common	NO PAR

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

FILED

FEB 05 2002

File Date: _____

Check No.: **BY COMA 200337**

By: _____

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.

Linda M. Boskos 2-1-02
Signature of Officer Date

LINDA M. BOSKOS
Print or Type Name of Officer

SECRETARY
Title of Officer

20: 44 05 01

STATE OF RHODE ISLAND
CORPORATIONS DIVISION



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84918 2. Name of Corporation OLYMPIC TILE INC. ✓
3. Street Address Principal Business Office 8 GARFIELD DRIVE City COVENTRY State RI Zip 02816
4. Business Phone No. 401-826-2614 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
CERAMIC TILE SALES + SERVICE

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

President Name <u>GEORGE K. BOSKOS</u> Street Address <u>8 GARFIELD DRIVE</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>LINDA M. BOSKOS</u> Street Address <u>8 GARFIELD DRIVE</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>
Secretary Name <u>LINDA M. BOSKOS</u> Street Address <u>8 GARFIELD DRIVE</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Treasurer Name <u>GEORGE K. BOSKOS</u> Street Address <u>8 GARFIELD DRIVE</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>

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

Director Name <u>GEORGE K. BOSKOS</u> Street Address <u>8 GARFIELD DRIVE</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Director Name Street Address City State Zip
Director Name <u>LINDA M. BOSKOS</u> Street Address <u>8 GARFIELD DRIVE</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Director Name Street Address City State Zip

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

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>COMMON</u>	<u>NO PAR</u>

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

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>COMMON</u>	<u>NO PAR</u>

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

FILED

File Date: _____

FEB 05 2002

Check No.: _____

By: By [Signature] 280.337

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.

70: Linda M. Boskos 2-02-02
Signature of Officer Date

LINDA M. BOSKOS
Printed Name of Officer

SECRETARY
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84918** 2. Name of Corporation **OLYMPIC TILE INC.**
3. Street Address Principal Business Office **8 Garfield Street** City **Coventry** State **RI** Zip **02816**
4. Business Phone No. **8 Garfield Street** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**
7. Brief Description of the Character of Business Conducted in Rhode Island

Ceramic Tile Installation

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

President Name	George Boskos	Vice President Name	Linda Boskos
Street Address	8 Garfield Street	Street Address	8 Garfield Street
City	Coventry	City	Coventry
State	RI	State	RI
Zip	02816	Zip	02816
Secretary Name	George Boskos	Treasurer Name	Linda Boskos
Street Address	SAA	Street Address	SAA
City	SAA	City	SAA
State	SAA	State	SAA
Zip	SAA	Zip	SAA

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

Director Name	George Boskos	Director Name	Linda Boskos
Street Address	SAA	Street Address	SAA
City	SAA	City	SAA
State	SAA	State	SAA
Zip	SAA	Zip	SAA
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
100 SHS COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	non-par

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



* 8 4 9 1 8 *

File Date: 3/27/00
Check No.: 1728
By: [Signature]

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: Linda Boskos Date: 2-29-00
Print or Type Name of Officer: LINDA BOSKOS
Title of Officer: Vice-Pres.



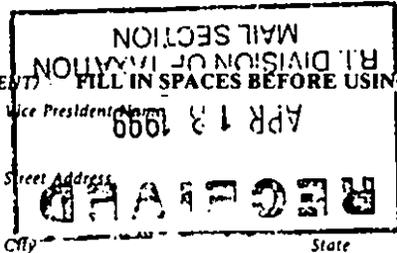
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84918** 2. Name of Corporation **OLYMPIC TILE INC.**
3. Street Address Principal Business Office **8 Garfield Drive** City **Coventry** State **R.I.** Zip **02816**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**

7. Brief Description of the Character of Business Conducted in Rhode Island
Tile Sales and Installation

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name **George Boskos**
Street Address **8 Garfield Drive**
City **Coventry** State **R.I.** Zip **02816**



Treasurer Name _____
Street Address _____
City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name **George Boskos**
Street Address **8 Garfield Drive**
City **Coventry** State **R.I.** Zip **02816**

Director Name _____
Street Address _____
City _____ State _____ Zip _____

Director Name **Linda Boskos**
Street Address **8 Garfield Drive**
City **Coventry** State **R.I.** Zip **02816**

Director Name _____
Street Address _____
City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares **100 SHS COMM NO PAR VALUE** Class/Series **Common** Par Value **No Par Value**

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares **100** Class/Series **Common** Par Value **No Par Value**

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



File Date: 04-16-99
Check No.: 1364
By: JD
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.
Signature of Officer: George Boskos Date: 3-1-99
Print or Type Name of Officer: GEORGE BOSKOS
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84918** 2. Name of Corporation **OLYMPIC TILE INC.**
3. Street Address Principal Business Office
8 GARFIELD DRIVE City **COVENTRY** State **R. I.** Zip **02816**
4. Business Phone No. **401-826-2416** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name GEORGE BOSKOS	Vice President Name LINDA BOSKOS
Street Address 8 GARFIELD DRIVE	Street Address 8 GARFIELD DRIVE
City COVENTRY State R. I. Zip 02816	City COVENTRY State R. I. Zip 02816
Secretary Name LINDA BOSKOS	Treasurer Name GEORGE BOSKOS
Street Address 8 GARFIELD DRIVE	Street Address 8 GARFIELD DRIVE
City COVENTRY State R. I. Zip 02816	City COVENTRY State R. I. Zip 02816

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

Director Name GEORGE BOSKOS	Director Name
Street Address 8 GARFIELD DRIVE	Street Address
City COVENTRY State R. I. Zip 02816	City State Zip
Director Name LINDA BOSKOS	Director Name
Street Address 8 GARFIELD DRIVE	Street Address
City COVENTRY State R. I. Zip 02816	City State Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100 SHS COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100 SHS COMM NO PAR VAL		

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



* 8 4 9 1 8 *

File Date: 7-17-98
Check No.: 1425
By: 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.

Linda Boskos 3-1-98
Signature of Officer Date
Vice Pres. LINDA BOSKOS
Print or Type Name of Officer
Vice PRES
Title of Officer



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. **84918** 2. Name of Corporation **OLYMPIC TILE INC.**
3. Street Address Principal Business Office **8 GARFIELD DR** City **COVENTRY** State **R. I.** Zip **02816**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**

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

TILE SALES AND INSTALLATION

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

President Name GEORGE BOSKOS Street Address 8 GARFIELD DR. City COVENTRY State R. I. Zip 02816	Vice President Name Street Address City State Zip
Secretary Name LINDA BOSKOS Street Address 8 GARFIELD DR. City COVENTRY State R. I. Zip 02816	Treasurer Name Street Address City State Zip

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

Director Name GEORGE BOSKOS Street Address 8 GARFIELD DR. City COVENTRY State R. I. Zip 02816	Director Name Street Address City State Zip
Director Name LINDA BOSKOS Street Address 8 GARFIELD DR. City COVENTRY State R. I. Zip 02816	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
100 SHS COMM NO PAR VALUE	100 SH COMMON NO PAR VAL

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



* 8 4 9 1 8 *

File Date: 4-7-97
Check No.: 1208
By: [Signature]

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: George K. Boskos Date: 4-3-97
Print or Type Name of Officer: GEORGE K. BOSKOS
Title of Officer: PRESIDENT

**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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 84918 2. NAME OF CORPORATION OLYMPIC TILE INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 8 Garfield drive CITY Coventry STATE R.I. ZIP CODE 02816

4. BUSINESS PHONE NO. 401-826-2614 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 0414

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Ceramic Tile Sales and Installation

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME George Boskos			VICE PRESIDENT NAME Linda Boskos		
STREET ADDRESS 8 Garfield rd			STREET ADDRESS 8 Garfield rd		
CITY Coventry	STATE R.I.	ZIP CODE 02816	CITY Coventry	STATE R.I.	ZIP CODE 02816
SECRETARY NAME George Boskos			TREASURER NAME Linda Boskos		
STREET ADDRESS 8 Garfield rd			STREET ADDRESS 8 Garfield rd		
CITY Coventry	STATE R.I.	ZIP CODE 02816	CITY Coventry	STATE R.I.	ZIP CODE 02816

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME George Boskos			DIRECTOR NAME Linda Boskos		
STREET ADDRESS 8 Garfield rd			STREET ADDRESS 8 Garfield rd		
CITY Coventry	STATE R.I.	ZIP CODE 02816	CITY Coventry	STATE R.I.	ZIP CODE 02816

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS	COMM	NO PAR VALUE	100	comm	no par

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.

File Date: 7/16/96
Check No: 1150
By: *cu*

Linda Boskos
Signature of Officer
LINDA BOSKOS
Print or Type Name of Officer
V.P.
Title of Officer
7-13-96
Date