

FOR SECRETARY OF STATE USE ONLY

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 02903-1335

401.222.3040

to distribution IPS No.	1 1000000000000000000000000000000000000				-
t. Gorporate ID No. 53919	2. Name of Corporation  M & T MANUFAC	TURING CO			
3. Sinyi Address Principal Business 30 Hopkins Lan	Office .	TOTALLO GO.	Peace Dale	State RI	2φ 02883
1 Business Phone No 401-789-047.2		5. State of Incorporation			6. SIC Code 1883
Brief Description of the Character MANUFACTURE AND D	ISTRIBUTION OF WOO	thickle Island DDEN FORMS AND RE	LATED PRODUCTS		
names and addresses Pasident Name Burton H. Strom		("X" BOX FOR ATI	Vice President Name Burton H. Str	OM	ATTACHMENTS
Sireri Addinss 418 Pond Street .		Sirrer Address Pond Stre	et		
<sub>Guy</sub> Wakefield	State RI	<sup>zip</sup> 02879	Wakefield	State RI	<sup>zφ</sup> 02379
Burton H. Strom		Burton H. Sti	com		
Sinvi Address 418 Pond Street			Sirver Address 418 Pond Stre	eet	
Wakefield	State RI	02879	Wakefield	State RI	<sup>2φ</sup> 02879
). NAMES AND ADDRESSE: Director Nume	5 OF THE DIRECTOR	S: ("X" BOX FOR A	TTACHMENT)	SPACES BEFORE USING	G ATTACHMENTS
Street Address			Street Address		
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Streetor Name	J	.J	Director Name		
Street Address			Street Address		
Cuy	State	Zip	City	State	Zip
0. SHARES AUTHORIZED	("X" BOX FOR ATTA	I ACHMENT) [	11. SHARES ISSUED (	"X" BOX FOR ATTACHM	IENT) 🗆
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			50	common	no par
This report must be	signed in ink by eithe	er the President, Vice	President, Secretary, Assistan	nt Secretary, Treasurer, R	eceiver or Trusice
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			Under penalty of per		
File Date	, / o <			panying s <del>choolder an</del> d states	
File Date   S Check No   S C	, 105 , 75		including my accom	panying shoulder and states	



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

Matthew A. Brown, Secretary of State

Corporations Division 100 Notes Januaricas Providence RI 02903-1335 921 222 3640

ROFIT	CORPORATIO	$N_{i}$	ANNUAL	REPORT	<b>FOR</b>	THE YEAR	2004
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Corporate (I) No	2 Name of Corpor	dher	·		<del></del>
53919 Street Address Principal Lusino	M & T MAN	UFACTURING CO.	<del>-</del>		
30 Hopkins La			Peace Dale	suite RI	02883
Positive Phone No		5 Male of Incorporate	<del></del>	IVI	0.5h, t.ode
401-789-0472	<del></del>	RHODE ISLA	ND		1883
MANUFACTURE AND	DISTRIBUTION OF	Tim Rhode Read WOODEN FORMS AND	RELATED PRODUCTS		
NAMES AND ADDRESS				PACES BEFORE USING	ATTACHMENTS
Burton H. Str	·Om		Vice Fresident Name		
			Burton H. Str		
418 Pond Stre	et		418 Pond Stre	et	
Wakefield	Nane RI	02879	Wakefield	some RI	02879
- (ctar) Name -	******************		Treasmer Name	·····I································	
Burton H. Strom			Burton H. Str	om	<del></del>
418 Pond Street		418 Pond Stre	o.t		
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TOU NO PAR VALUE	<del></del>		50	common	no par
This report must be	signed in ink by	either the President. Vic	e President, Secretary, Assistan	t Secretary, Treasurer, Re	ceiver or Trustee
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			Under penalty of peru	my. I declare and aftern that	I have examined th
*	<del>5 3 9 1 9</del>	th en	including any accomp	proyung schedules and staten	
le Dote	វ	TLED	contained herein are l	the and covect	. 11.
	NO	V ∮3 2004	Signature of Officer	+1/11/2 /	1-1-28/04
heck No	——	- Kmc	Burton H.	2	- цине
		1 8 4/85 (	י אווידרטים או	s to March mark	

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FOR SECRETARY OF STATE USE ONLY

President Tale of Officer



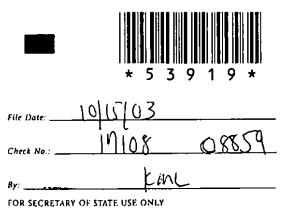
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP

FORM MUST BE TYPED OR PRIN	NTED IN BLACK)				
1. Corporate ID No.	2. Name of Corporal	ion			
53919	M & T MANU	IFACTURING CO.			
3. Street Address Principal Busines			City	State	Zip
30 Hopkins La	ane		Peace Dale	RI	02883
4. Business Phone No.		S. State of Incorporation			6. SIC Code
401-789-0472 7. Brief Description of the Charact					1883
manufacture a 8. NAMES AND ADDRE President Name			Vice President Name	BEFORE USING ATTACI	HMENTS
Burton H. St:			Burton H. St		
418 Pond Str	eet		418 Pond Str	eet	
City	State	Zip	City	State	Zip
Wakefield Secretary Name	RI	02879	Wakefield Treasurer Name	ŖI.	02879
Burton H. St	rom		Burton H. St	rom	
Street Address			Street Address		
418 Pond Str	eet		418 Pond Str		<b></b>
City	State	Zip	City	State	zip 02879
Wakefield	RI	02879	Wakefield	RI	
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMEN13
none Street Address			Street Address		
City	State	Zip	Спу	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	219
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*x* BOX FOR ATI	ACHMENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHMENT.	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			50	common	no par

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



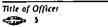
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Burton H. Strom

Print or Type Name of Officer

President





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

RI

Title of Officer

Burton H. Strom Print or Type Name of Officer President

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

S. State of Incorporation

manufacture and distribution of wooden forms and related products

**RHODE ISLAND** 

Peace Dale

02883

1883

6. SIC Code

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

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

2. Name of Corporation

M & T MANUFACTURING CO.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office 30 Hopkins Lane

1. Corporate ID No.

53919

4. Husiness Phone No.

FOR SECRETARY OF STATE USE ONLY

401-789-0472

8. NAMES AND ADDRES: President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACH	MENTS
Burton H. Stron	ı		Burton H. Stro	m	
sireer Address 418 Pond Street	:		Street Address 418 Pond Stree	t	
Wakefield,	State RI	<sup>zip</sup> 02879	<sub>cuy</sub> Nakefield	State RL	21p 02879
eccetary Name Burton H. Strom	n		Deasurer Name Burton H. Stro	n	
irrer Address 418 Pond Street	:		Siteet Addiess 418 Pond Stree	t	
Wakefield	State RI	21p 02879	cuy Wakefield	State RI	<sup>Zip</sup> 02879
P. NAMES AND ADDRESS Director Name None	SES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	HMENTS
treet Address			Street Address		
Illy	State	Zip	City	State	Zip
Director Name	•		Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORIZEI	O ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			50	common	no par
his raport must be signe	a <b>d in in</b> k by airl		Provident Constant torio		
			President, Secretary, Assist	ant secretary, treasure	r, Receiver or Trustee
					3
*	5 3 9 1 9	*		ury, I declare and affirm th arpy accompanying schedu	
File Date:	8.02 T663			ntrined herein are true and	
Check No.:	5663		Ignature of Officer	> V V 1	( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Check No.:	$\overline{}$		Rurton H. S	trom	

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

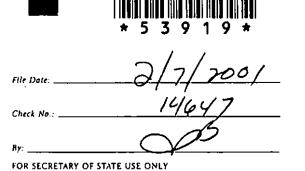
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

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PLEASE	READ-
INSTRU	CHONS

(FORM MUST BE TYPED IN BLA	CK)				
I. Corporate ID No. 53919	2. Name of Corpora	NUFACTURING CO.			
3. Street Address Principal Business	Office		City	State	Zip
30 Hopkins Lan 4. Rusiness Phone No. 401-789-0472 7. Brief Description of the Character		S. State of Incorporation RHODE ISLA		RI	02883 6. stc. code <b>1883</b>
manufacture an 8. NAMES AND ADDRESS President Name			n forms and rel  CHMENT) FILLIN SPACES  Vice President Name	ated products s before using attack	HMENTS
Burton H. Strog Street Address 418 Pond Stree		·	Burton H. St Street Address 413 Pond Str		
City	State	Zip	City	State	ZIp
Wakefield Secretary Name	RI	02379	Wakefield Treasurer Name	RI	02879
Burton H. Stro	m		Burton II. St		
418 Pond Stree	t		418 Pond Str	eet	
Wakefield	State RI	zip 02879	cuy Wakefield	State RI	zip 02879
9. NAMES AND ADDRESS Director Name		ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPAC Director Name	CES BEFORE USING ATTA	CHMENTS
NONE Street Address			Street Address		-
City	State	Zip	City	State	7.1p
Director Name		•• .	Director Name		•
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
10. SHARES AUTHORIZE.	D (*X* BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	1
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR V	/AL		50	common	no nar

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 fill statements concluded he cin are true and correct. Stron Burton H. Print or Type Name of Officer President 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 2000

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

(FORM MUST BE TYPED IN BLACK)

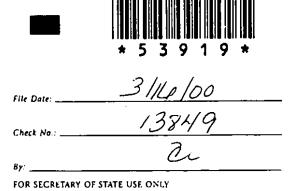
1. Corporate ID No. 53919

2. Name of Corporation

M & T MANUFACTURING CO.

. Street Address Principal Business Off	Tice		City	State	ZIp
30 Hopkins Lane			Peace Dale	RI	02883
Business Phone No.		5. State of Incorporation			6. SIC Code 1883
401-789-0472		RHODE ISLAND			1005
Brief Description of the Character of			•		
manufacture and	distribution	n of wooden f	orms and related	products	
I. NAMES AND ADDRESSE resident Name	S OF THE OFFICER	S ("X" BOX FOR ATTACHM	Vice President Name	RE USING ATTACHME	NTS
Burton H. Strom			Burton H. Strom		
ureet Address 418 Pond Street			Street Address 418 Pond Street		
lity	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
ecretary Name	•		Treasurer Name Burton H. Strom		
Burton H. Strom					
treet Address 418 Pond Street			Street Address 418 Pond Street		
lity	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
D. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE Director Name	FORE USING ATTACHN	AENTS
none					
treet Address			Street Address		
City	State	Zip	City	State	ZIp
Director Name	•	•	Director Name		
itreet Address			Street Address		
City	State	7.1p	City	State	Zip
10. SHARES AUTHORIZED	(*X* BOX FGR ATTACHN	(ENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VAL	L		50	common	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 d herein are true and correct. 00 Signature of Officer Burton H. Strom Print or Type Name of Officer



President





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 BLACK)

I. Corporate ID No. 52019

2. Name of Corporation

M & T MANUFACTURING CO.

23818	M & I MANOPA	JIONING CO.			
8. Street Address Principal Business Offi 30 Hopkins Lane	(e		Peace Dale	State RI	<sup>zip</sup> 02883
Business Phone No. (401) 789-0472		5. State of Incorporation RHODE ISLAND			6. SIG Code 1883
r. Brief Description of the Character of I manufacture and			forms and related	i products	
B. NAMES AND ADDRESSES President Name Burton H. Strom	OF THE OFFICERS	("X" BOX FOR ATTACHM	ENT) FILLIN SPACES BEFO Vice President Name Burton H. Strom	DRE USING ATTACHME	NTS
treet Address 418 Pond Street			Street Address 418 Pond Street		·
Wakefield	RI RI	02879	Wakefield	State RI	02879
Burton H. Strom		•	Burton H. Strom	•	***** * **** **
Street Address			Street Address		· •
418 Pond Street	State	Zip	418 Pond Street $city$	State	Zip
Wakefield  9. NAMES AND ADDRESSES  Director Name	RI S OF THE DIRECTO	02879 RS (*x* BOX FOR ATTACE	Wakefield HMENT) FILLIN SPACES BE Director Name	RI FORE USING ATTACHN	02879 MENTS
none Street Address	٠	·	Street Address		
Chy	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 ATTACHM	ENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Vumber of Charee	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

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File Date:	pel 26,99
Check No.:	12844
By:	<b>3</b> P
FOR SECRETARY (	OF STATE USE ONLY

100 SHS NO PAR VAL

Under penalty of perjury, I declare and affirm that I have examined report, including any accompanying schedules and statements, and contained herein are true and correct. Burton H. Strom Print or Type Name of Officer President

common

no par





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

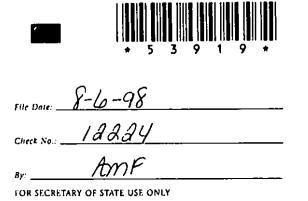
(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No. 53919

<sup>2</sup>M & T MANUFACTURING CO.

3. Street Address Principal Business Off 30 Hopkins Lane	(Ice		Peace Dale	State RI	02883
4. Business Phone No. (401) 789-0472		'AHODE ISLAND			6. SIC <b>1883</b>
7. Brief Description of the Character of manufacture and	Business Conducted in Rh distributio	ode Island n of wooden f	orms and related	products	
8. NAMES AND ADDRESSE President Name Burton H. Strom	S OF THE OFFICE	RS ("X" BOX FOR ATTACHN	MENT) Vice President Name Burton H. Strom		
Street Address 418 Pond Street			Street Address 418 Pond Street		
<sub>cuy</sub> Wakefield	State RI	<sup>zip</sup> 02879	cuy Wakefield	State RI	02879
Secretary Name Burton H. Strom			Treasurer Name Burton H. Strom	•	
Street Address 418 Pond Street			Street Address 418 Pond Street		
cuy Wakefield	State RI	02879	Wakefield	State RI	02879
9. NAMES AND ADDRESSE Director Name none	S OF THE DIRECT	FORS ("X" BOX FOR ATTAC	CHMENT) 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 AUTHORIZED SHARES	(*X* BOX FOR ATTACE	iment)	11. SHARES ISSUED ("X" BO	DX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VAL	•		50	common	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 a) statement/contained herein are true and correct. Burton H. Strom

Print or Type Name of Officer

President

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

### PROFIT CORPORATION ANNUAL REPORT 1997

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

FORM MUST	BE.	TYPED	IN	BLACK)	
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1. Carporate ID No.

2. Name of Corporation

53919

4. Business Phone No.

M & T MANUFACTURING CO.

3. Street Address Principal Business Office 30 Hopkins Lane

5. State of Incorporation

Peace Dale

State RI

02883

6. SIC Code

(401) 789-0472

RHODE ISLAND

1883

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

manufacture & distribution of wooden forms and related products

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name

Burton H. Strom

Street Address

418 Pond Street

Wakefield

02879 RI

Burton H. Strom

Street Address

418 Pond Street

Wakefield

State

RI

02879

Vice President Name

Burton H. Strom

Street Address

418 Pond Street

Wakefield

RI

RI

02879

Treasurer Name

Burton H. Strom

Street Address

Director Name

Street Address

418 Pond Street

Wakefield

02879

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

Director Name

Secretary Name

none

Street Address

City

Director Name

Street Address

City

State

City

State

Zip

Director Name

Street Address

Clly

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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ISSUITED SHARES

Number of Shares

Class/Series

Par Value

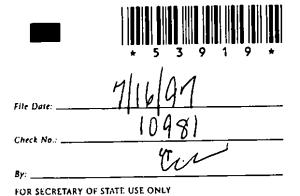
100 SHS NO PAR VAL

50

common

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 seport, theluding any accompanying schedules and statements, and

Signature of Officer

Burton H. Strom Print or Type Name of Officer

President Title of Officer

#### **PROFIT CORPORATION ANNUAL REPORT**

1996



Burton H. Strom

Print or Type Name of Officer President

Title of Officer

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

ing Fee: \$50.00		PLEASE TYPE OR PR	INT IN RI ACK INK.				
ORPORATE ID NO. 2. I	JAME OF CORPORATION	read The diffi					
	M&TI	MANUFACTURING CO	<del></del>				
STREET ADDRESS PRINCIPAL BUSINESS OFFICE		·	ary	STATE	ZP COÓ€		
30 Hopkins Lan	е,		Peace Dale	; RI	02883		
usinėss Phonė (401) 789–0472		5. STATE OF INCORPORATION RHODE ISL	AND		1883		
REF DESCRIPTION OF THE CHARACTER OF BUSINES	IS COMOUCTED IN RHOOE IS	LAHO			······································		
manufacture &			forms and rela		s		
		NES AND ADDRE	SSES OF THE OF	FICERS			
SDENT NAME Burton H. Strom			VICE PRESIDENT NAME Burton H. Stro	מוס			
EET ADDRESS			STREET ADDRESS				
418 Pond Street			418 Pond Stree				
Wakefield i	RI	12P000E 02879	Wakefield	SIATE	02379		
RETARY HAME	1/ T	102077	TREASURER NAME				
Burton H. Strom			Burton H. Stro	OTA .			
LET ADORESS			siateradoress 418 Pond Street				
418 Pond Street	ATE	Zir COOT	- an	STATE	. DP CODE		
Wakefield	RI	02879	Wakefield	RI	j 02879		
ECTOR HAME  NONE  RÉÉT ADORÉSS			OTRECTOR NAME STREET ADDRESS	<del></del>			
y st	ATE	ZP 000E	CITY	STATE	ZIP COOE		
ECTOR NAME	· <u>····································</u>		DIRECTOR NAME	,,	<u>majorija mijolist - Albidost - A</u> gree		
REET ADORESS			STREET ADORESS				
Y 3:	TATE	ZIP CODE	· ÒIY	STATE	IP CODE		
				<u> </u>	<u>'</u>		
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100 SHS NO PAF			50	common	no par value		
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				<u>.i</u>	<u>:</u>		
	Thi	s report must be SIGI	NED IN INK by either th	۵			
Presider			ant Secretary, Treasurer,		e 🤼		
		•			affirm that I have examine		
			report/including	any action panying sch	edules and statements, an		
0616	) ,	•		11/1/1 7(1)	1/		
File Date: 3/1/9	طرر		Signature of Office		···		

For Secretary of State Use Only

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#### 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

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

#### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 0053919 1995 \_ Annual Report for the year: \_\_\_ M & T MANUFACTURING CO. Business entity organized under the laws of the State of: \_\_\_Rhode\_Island Business Entity is (check one): For foreign entity, address and telephone number of principal office: [XKBusiness Corporation (See RIGL Chapter 7-1.1) [ ] Professional Service Corporation (See RIGL Chapter 7-5.1) Brief statement of the character of business conducted in Rhode Island: manufacture\_&\_distribution\_of\_wooden\_\_\_ Address and telephone of the principal office of business entity in Rhode forms\_and\_related\_products\_\_\_\_\_ Island (Provide street address - Not P.O. Box): 30\_Hopkins\_Lane\_\_\_\_ Pcace Dale, RI 02883 Phone: (\_4.01)\_789 = 047.2\_\_\_\_\_\_\_\_ THE NAMES OF THE OFFICERS ARE: PRESIDENT CITY/STATE ZIP CODE Burton H. Strom, 418 Pond Street, Wakefield, RI 02879 VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE Burton H. Strom, 418 Pond Street, Wakefield, RI 028**7**9 SECRETARY STREET ADDRESS CITY/STATE ZIP CODE Burton H. Strom, 418 Pond Street, Wakefield, RI 02879 STREET ADDRESS CITY/STATE ZP CODE Burton H. Strom, 418 Pond Street, Wakefield, RI 02879 THE NAMES OF THE DIRECTORS ARE: CITY/STATE ZIP CODE STREET ADDRESS CITY/STATE ZIP CODE NAME STREET ADDRESS CITY/STATE NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series 100 50 common common Date February 19 95 Strom Burton

FRINT OPTYESAMEDERIE

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MATTHEW F. CALLAGHAN, JR POST ROAD NO. KINGSTOWN, RI 02852

Form 31 1/95

Filing Fee \$50.00 Payable to Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC Sept 1 - Nov. I CORP Jan 1 - Murch I

#### 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

Corporate ID:	0053919	Armu	iai Report for the yea	ır:1	<u> </u>
Name of Business Entit	y:		& T MANUFAC	TUPING CO.	
Business entity organized to bederal Tuxpayer Identifies  For foreign entity, address  n/a  Phone ()  Address and telephone of t	ander the laws of the State of Rhode atton Number and telephone number of principal office the principal office of business entity in Rh		[ ] Professiona [ ] Limited Lia Name, title and mailing communications may be Burton H, St 4 & T Manufa P.O. Box 215 Peace Dale,	orporation (See RIGI al Service Corporation ability Company (See gaddress of contact p e directed. rom, Presic cturing Co	n (See RIGL Chapter 7-5 1) : RIGL 7-16) erson to whom dent
Sland (Provide street address 30 Hopkins Peace Dale Phone (401) 789-	s Lane	r	manufacture forms and re Date of Organization:	& distributed production & distributed production & & & & & & & & & & & & & & & & & & &	conducted in Rhode Island: tion of wooden ucts te Island (il fore:ga entity):
		MES OF THE O	FFICERS ARE:	CITYOTATE	
	on Skyler Pasings (Skyler Pasings)		d, RI <u>02879</u>	CITASAIE	
Burton H. Str	com, 418 Pond Street,	STREET ADDRESS	· ·	C INSTACE	- ·
THE FEED AND LAUGHFULK OF	on 418 Pond Street,	STREET ADDRESS		CITY STATE	/I÷C(
NAME			RECTORS ARE:	(.15/5147)	
NAME -		STREET ADDRESS		CITYNIATE	V P C
NAME -		STREET ACCIDATESS		CHYSTAT	ZIP ( (
		·		LEGISTIN AND AND AND	TANDING (Il Applicable)
	AUTHORIZED (It Applicable)	_ ·			FEB 2 1 (242/16)
NUMBER	100 common	i	JMBER .ASS	50 commorPy	1567/
SERIES	none		RIES	none	•••··
PAR VALUE OR WITHOUT PAR	no par value		AR VALUE OR TTHOUT PAR	no par	value 
Date February		Ву	Baw	Alls.	
		Burton FOSTORIYOUS	H. Strom	<del></del> -	
		<u>Preside</u>			
Form 31 - 1/94	DESIGNATED REGISTERED	OR RESIDENT	AGENT FOR SER	VICE OF PROCI	ESS:

# 

SECOND: It is inc THIRD: Character		the laws of							
forms and relat									
FIFTH: Business a	ddress in Rhode	Island Hopki	ns La	ne M	ill.	Peace	Dale,	RI	02883
SIXTH: Names and	l addresses of its	directors and of	fficers:	••••	Address (i	ncluding num	•		ider if necessary)
	******************	Director					•••••		
		Director							
		Director				****			
BURTON H. STROM		President	P.O.	Вох	215,	Peace	Dale,	RI	02883
BURTON H. STROM		Vice President	P.O.	Box	215,	Peace	Dale,	RI	02883
BURTON H. STROM		Secretary	P.O.	Box	215,	Peace	Dale,	RI	02883
BURTON H. STROM		Treasurer	P.O.	Box	215,	Peace	Dale,	RI	02883
SEVENTH: Number of Shares authorized:  No. of Shares Class				Par Value or statement that shares are without Series par value			it that rithout		
100	commor	1				no	o par	val	ue
Еіднтн: Number c	of Shares issued:						0; 9	Par Vel tatemer es are w	it that
No. of Shares	Class			Series				ובייונק	uc
50	common					no	o par	val	ue

- orm 31 - 1/85

Form 31 1/85

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# State of Rhode Island and Fronidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0053919::::			Annual Report for the year 1992				
FIRST: 'The name o	of the corporation isM&.						
SECOND: It is incor	porated under the laws of						
THIRD: Character of	of business, briefly stated, is	manufa	acture a	nd distrib	ution of wooder		
forms and related	d products.	•••••		······································			
FOURTH: If foreign	corporation, address of its						
Fifth: Business add	dress in Rhode Island Hop				, RI 02883		
Sixth: Names and a	addresses of its directors an	nd officers:	Address (1	(ncluding number, street	Attach rider if necessary)		
	Director						
	Director						
	Director						
BURTON H. STROM	President	P.O. E	3ox 215,	Peace Dale	e, RI 02883		
BURTON H. STROM	Vice Presion	dent P.O. I	Box 215,	Peace Dale	e, RI 02883		
BURTON H. STROM	Secretary	P.O. E	Box 215,	Peace Dale	e, RI 02883		
BURTON H. STROM	Treasurer	P.O. I	Box 215,	Peace Dale	e, RI 02883		
SEVENTH: Number of	of Shares authorized:		Seri <del>cs</del>		Par Value or statement that thares are without par value		
100	common		30103	no par	r value		
200	Common.	ta se ali		P C			
Eighth: Number of	Shares issued:	orani digili. Tana			Par Value or statement that		
No. of Shares	Class	· ~ : / / · · · · ·	Series		shares are without par value		
50	common			no pa:	r value		
Dated December	311992	M & T M/	NUFACTU	TING CO.			
(Report must be sign	oned by an officer)	Title Presi	.dent				

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

<del>-</del>		Annual Report for the year1991
FIRST: The name of	the corporation isM. &T	MANUFACTURING CO.
		Rhode Island
THIRD: Character of	business, briefly stated, is	manufacture and distribution of wooder
forms and related	products.	
FOURTH: If foreign of	corporation, address of its p	orincipal office not applicable
Fifth: Business add	ress in Rhode Island Hopl	kins Lane Mill, Peace Dale, RI 02883
SIXTH: Names and a	addresses of its directors and	d officers: (Attach rider if necessary)  Address (including number, street, zip code)
	Director	
	Director	
	Director	
BURTON H. STROM	President	184 Boon Street, Narragansett, RI
SHARON H. STROM	Vice Presid	dent 184 Boon Street, Narragansett, RI
SHARON H. STROM	Secretary	184 Boon Street, Narragansett, RI
BURTON H. STROM	Treasurer	184 Boon Street, Narragansett, RI
SEVENTH: Number	of Shares authorized:	Par Value or statement that
No. of Shares	Class	shares are without Series par value
100	common	no par value
Eighth: Number o	f Shares issued:	SECY 1991 Par Value or statement that shares are without par value
No. of Shares	, Class	Series STATE shares are without par value
50	common	no par value
Dated February	28 19 91	M & T/MANUFACTURING CO.  (Name of Corporation)  By
(Report must be	signed by an officer)	Title President

# State of Rhade Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0053919		Annual Report for	the year1990
		MANUFACTURING CO.	
THIRD: Character of	business, briefly stated, is	manufacture and	distribution of wooder
FOURTH: If foreign o			icable
FIFTH: Business add			ce Dale, RI 02883
SIXTH: Names and a	ddresses of its directors and	Officers: Address (includation)	(Attach rider if necessary) ing number, street, zip code)
	Director	and the second s	and the second s
	Director		
and the second s	Director	and the second s	
BURTON H. STROM		184 Boon Street,	Narragansett, RI
		ent 184 Boon Street,	Narragansett, RI
	Secretary		Narragansett, RI
BURTON H. STROM	Treasurer	184 Boon Street,	Narragansett, RI
	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series PAN	par value
100	common	1117 20 20	no par value
Eighth: Number of	Shares issued:	SEC'Y OF STATE	Par Value or statement that shares are without
No. of Shares	Class	Senes	par varue
50	common		no par value
Dated February		M & T MANUFACTURIN	NG CO.
(Report must be s	igned by an officer)	Title President	