

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

Form 630 12/01

PROFIT CORPORATION ANNIIAL DEPONT FOR THE VEAR 2005

401-272-3000 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island 7 Brief Description of the Character of Business Conducted in Rhode Island 7 Brief Description of the Character of Business Conducted in Rhode Island 7 Brief Description of the Character of Business Conducted in Rhode Island 8 NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name None None Street Address 235 Promenade Street City Providence RI 02908 Providence Providence Providence Providence RI 02908 Providence Providence Providence Providence Providence Providence RI 02908 Providence RI 02908 Providence Pro	FORM MUST BE TYPED I							
1. Siret Address Principal Baumess Office 229 08 235 PROMENADE STREET Soute of Incorporation AUL 272 - 3000 Soute of Incorporation AUL 272 - 3000 A				7.011	ONE			
235 PROMENADE STREET PROVIDENCE RI 02908 # Business Phone No			LEANING CORPORA					
4. Bauness Phone No. 4.01-272-3000 RHODE ISLAND RHODE ISL	235 PROMENADE S	TREET		1 '	1	2ір		
## Address Street Address Street Address Street Address Street Address			S State of Incorporate		RI	02908		
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CLEANING AND MAINTENANCE SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name None None None Street Address 235 Promenade Street City Saire Providence RI 02908 City Saire City Soure Address Street Address Street Address Soure Address Sour								
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Providence RI 02908 Providence RI 02908 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Thomas F. Guerra Sireel Address 235 Promenade Street City State Zip City State Director Name Director Name Director Name Screel Address Sreel Address	City City	State	\Zip					
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his report must be signed in ink by either the President, Vice President, Secretary Assistant Secretary Traceyor President		•			Georeiary, Treast	arer, receiver or fr		
his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or	8/86 18/86							
his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or								
his report must be signed in ink by either the President, Vice President. Secretary, Assistant Secretary, Treasurer, Receiver or		 		•				
	7 0 3	2 0		Under penalty of perj	ury, I declare and affirm	that I have examined		
Under penalty of perjury, I declare and affirm that I have examine				this report, including	any accompanying sched	lules and statements		
Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements	.1 //	_		and that all matement	s contained herein are tru	e and correct.		
	File Date 114	വട				1.1.1		
Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	~	-	/ Mmn	June 1	110/04		
Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements and that all statements contained herein are true and correct. File Date 1 14 05	Check No. 201.99	1				Sale		
Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements and that all statements contained herein are true and correct. File Date Check No. 20199	()		_					
Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements and that all statements contained herein are true and correct. File Date Check No. 20199 Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements and that all statements contained herein are true and correct. Signature of Officer Thomas F. Guerra	<u> يرك</u>		_)[Jicer			
Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements and that all statements contained herein are true and correct. Signature of Officer Thomas F. Guerra Print or Type Name of Officer Fint or Type Name of Officer				Drooidont				
File Date 1 14 05 Check No. 20199 this report, including any accompanying schedules and statements and that all statements contained herein are true and correct. Signature of Officer Thomas F. Guerra	OR SECRETARY OF STAT	E LISE ONLY		Fresident				



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

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$	2004
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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 ALPINE CLEANING CORPORATION 48320 Providence 3. Street Address Principal Business Office State 02908 RI 235 Promenade Street 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-272-3000 7476 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CLEANING AND MAINTENANCE SERVICES. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) None Gary Spicuzza Street Address Street Address 235 Promenade Street ZIP State Providence 02908 RI Secretary Name Treasurer Name Thomas F. Guerra Thomas F. Guerra Street Address 235 Promenade Street 235 Promenade Street State 7.Ip 02908 02908 Providence RI Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Thomas F! Guerra Street Address Street Address 235 Promenade Street 7.Ip ZΦ Cuv State 02908 RI Providence Director Name Director Name Gary Spicuzza Street Address Street Address 235 Promenade Street City Zíp State Zip 02908 Providence RΙ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Number of Shares Class/Series Par Value Number of Shares Class/Series 8,000 NO PAR VALUE 300 Common None 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 harrin are true and confect. File Date Signature of Officer



Matthew A. Brown, 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 I		Filing Fee: \$50.00			
(FORM MUST BE TYPED IN 1. Corporate ID No.	2. Name of Cor	noration		 .	
48320		LEANING CORPORA	TION		
3. Street Address Principal Bu			City	State	Zip
235 PROMENADE ST	**		PROVIDENCE	RI	02908
4. Business Phone No.		5. State of Incorpora		1``	6. SIC Code
4012723000		RHODE ISLA			7476
7. Brief Description of the Ch TO PROVIDE CLEANIN	gracter of Business (IG AND MAINTE	onducted in Rhode Island NANCE SERVICES.			
8. NAMES AND ADDRE	SSES OF THE O	FFICERS ("X", BOX FOR	ATTACHMENT) FILL IN SP.	ACES BEFORE USING AT	TACHMENTS
Gary Spicuzza			. None		
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235 Promenade St	reet		•		
City	State	Zip	City	State	Zip
Providence	RI	02908	<u></u>	, !]
Sccretary Name Thomas F. Guerra			Treasurer Name Thomas F. Guerr	a	
Street Address	· · · · · · · · · · · · · · · · · · ·		* Street Address		
235 Promenade St	reet		.235 Promenade S	treet	
City	State	Zip	'City'	State	Zip
Providence	RI	02908	. Providence	RI	02908
		IRECTORS ("X" BOX FO	Director Name		
Thomas F. Guerra			None		
Street Address			· Street Address		
235 Promenade St	reet		:		
City	State	Zip	•City	State	Zip
Providence	RI	02908	•		
Director Name			Director Name		
Gary Spicuzza			None		
Street Address			Street Address		
235 Promenade St	reet		:		
City	State	Zip	City	State	Zip
Providence	RI	02908	•	ļ	
10. SHARES AUTHORI	ZED C'X" BOX 50	OR ATTACHMENT	LI. SHARES ISSUED ("A	C ROX FOR ATTACHMEN	77 a
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUI	E		300	Common	None
	. <u>. </u>				
		·····	<u> </u>		
This report must be sig-	ned in ink by ei	ther the President, Vice	e President, Secretary, Assi.	stant Secretary, Treas	urer, Receiver or Trus
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				g any accompanying sched	
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File Dute			Signature of Officer	Jan 1)	Date
Check No. 203	38 	_	Thomas	Grucera	
	CAAA.	_	Print or Type Name of		
B <u>y:</u>	2000	-	Trans	urle	
FOR SECRETARY OF STAT	TE USE ONLY		Title of Officer	U/16	Form 630 17



Edward S. Inman, 111. 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	٠	Filing	Fee:	\$50.00	

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1. Corporate ID No.

2. Name of Carporation

48320

3. Street Address Principal Business Office

ALPINE CLEANING CORPORATION

City

State

4. Busine2315ne Promenade Street

S. State of Incorporation

RHODE ISLAND

Providence, R.I.

7476

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

Services and for any of her lawful purpos President Name

Gary Spicuzza

NONE Street Address

Street Address

City

City

235 Promenade Street

Zip

Secretary Name

Providence

02908

Treasurer Name

Street Address

Thomas F. Guerra

235 Promenade.Street Zip

Thomas F. Guerra

235 Promenade Street

Zip

Providence, R.I. 02908 Providence, R.I. 9. Names and addresses of the directors (*x* box for attachment) Fill in spaces before using attachment

Director Name

Street Address

Thomas Guerra

Director Name NONE

Street Address

235 Promenade Street

City

State

Providence, R.I.

Gary Spicuzza

Director Name

NONE

Street Address

Number of Shares

City

235 Promenade Street

City

State

ZIp

Providence, R.I. 02

10. SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT) 02908

AUTHORIZED SHARES

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

8,000 SHS NO PAR VALUE

300

Common

NONE

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

- S

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

Signature of Officer

Title of Officer

_ 420 17/01

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 MUST BE TYPED IN BLACK)

1. Corporate ID No. 48320

2. Name of Corporation
ALPINE CLEANING CORPORATION

l. Street Address Principal Business Oj	fice		City	State	ZIp
235 Promenade Stre	et	5. State of Incorporation	Providence	RI	02908 * ४६ <i>५%</i> *
(401) 272-3000 The Brief Description of the Character of	Business Conducted in R	RHODE ISLAN	J	,	1410
To provide cleaning. NAMES AND ADDRESSE President Name				lawful purpose BEFORE USING ATTAC	CHMENTS
Gary Spicuzza			None Street Address		
235 Promenade Stree	t. State	Zip	City	State	Zip
Providence	RI	02908			
ecretary Name			Treasurer Name		
Thomas F. Guerra			Thomas F. Guer	ra	
235 Promenade Stree	t		235 Promenade	Street	
Lity	State	Zip	City	State	Zip
Providence D. NAMES AND ADDRESSI Director Name	RI S OF THE DIREC	02908 TORS (*X* BOX FOR ATT	Providence FACHMENT) FILL IN SPACE Director Name	RI ES BEFORE USING ATT	02908 ACHMENTS
Thomas Guerra	•		None Street Address		•
35 Promenade Stree	t				
Otty	State	Zip	City	State	Zlp
Providence Director Name	RI	. 02908	Director Name		
Sary Spicuzza			NONE Street Address		
235 Promenade Stree	t State	Zip	City	State	Zip
Providence	RI	02908			
10. SHARES AUTHORIZED SHARES	("X" BOX FOR ATTAC		11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHMEN	T)
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR	VALUE		300	Common	None

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



File Date:

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and contained nerely are true and epirect.

<u>Thomas F. Guerra</u> Print or Type Name of Officer

Secretary/Treasurer

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)

I. Corporate ID No.

Street Address

2. Name of Corporation

4832U ALPINE CI	EANING CORPORATION		
3. Street Address Principal Business Office	City	State	Zip
235 Promenade Street 1. Business Phone No.	5. State of Incorporation Providence	RI	02908 6. SIC Code
272-3000	RHODE ISLAND		7476

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

To provide cleaning and maintenance services and for any other lawful purpose 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Gary Spicuzza None Street Address

235 Promenade Street City State Providence RT 02908

Secretary Name Treasurer Name

Thomas F. Guerra Thomas F. Guerra Street Address

235 Promenade Street 235 Promenade Street Zip

Providence RI 02908 Providence RI 02
9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 02908 02908

Director Name Thomas Guerra None Street Address

235 Promenade Street City

ZIp City State Zip Providence, RI 02908

Director Name Director Name Gary Spicuzza None Street Address Street Address

235 Promenade Street

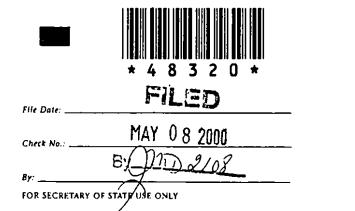
City City Zip

Providence RΙ 02903 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/Sertes Par Value

300 Common None 8,000 SHS NO PAR VALUE

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



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

Signature of Officer

<u>Thomas F. Guerra</u> Print or Type Name of Officer Secretary/Treasurer

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

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INSTRUCTIONS

(FORM MUST BE TYPED IN BI				·	
1. Corporate ID No. 48320	2. Name of Corporati	ANING CORPORA	TION		
3. Street Address Principal Busine	rss Office		City	State	Zip
235 Promenade S	Street		Providence	RI	02908
4. Business Phone No.		S. State of Incorporation	, ND		6. SIC Code 7476
401-272-3000 7. Brief Description of the Charac To provide clea		Rhode Island	s and for any other	r lawful purpose	
8. NAMES AND ADDRE	SSES OF THE OFFICE	ERS ("X" BOX FOR ATT)	CHMENT) FILL IN SPACES	S BEFORE USING ATTAC	HMENTS
President Name Gary Spicuzza		• • • • • • • • • • • • • • • • • • • •	Vice President Name NONE		
Street Address 235 Promenade S	Street		Street Address	'' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
City	State	ZIP	City	State	Zip
Providence	j RI	02908	- 		
Secretary Name			Treasurer Name		
Thomas_FGuern Street Address	ra		Street Address	<u>ra</u>	
235 Promenade S	Street		235 Promenade	Street	
Providence Providence	State RI	T 21/02908	Providence	State RI	^{zip} 02908
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Thomas F. Guerr	ra		Director Name NONE		
Street Address 235 Promenade S	Street		Street Address		
Providence	State	^{21p} 02908	City	State	Zip
Director Name			Directo,",Jame		• • • • • • • • • • • • • • • • • • • •
Gary Spicuzza_	·		NO	NE	
235 Promenade S	Street		Street Address		
CltyProvidence 3	State RI	Zip 0290	City	State	7.ip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	CHMENT) L	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	7 <u> </u>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Serles	Par Value .
8,000 SHS NO PAR	RVALUE		300	Common	None
					1
This report must be sign	ned in ink by eith	er the President. Vic	e President, Secretary, As	sistant Secretary. Treasi	urer. Receiver or Trus
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		} 6 9	•		



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 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

riling	Perioa:	January	1-March 1	•	Filling	ree.	330.00

1. Corporate ID No.	2. Name of Corporal	ion			
48320 3. Street Address Principal Business C		ANING CORPORATIO	N Cliy	State	Zip
235 Promenade S 4. Business Phone No.	treet	5. State of Incorporation	Providence	RI	6. SI 0 2 9 0 8
(401) 272-3000 7. Brief Description of the Character	of Business Conducted li	RHODE ISLAND			7476
To provide clea 8. NAMES AND ADDRESS President Name	ning and m	laintenance ser CERS ("x" BOX FOR ATTACH	Vices and for a MENT) Vice President Name	ny other lawf	ul purpose.
Gary Spicuzza Street Address			NONE Street Address		
235 Promenade Sta	reet State	Zip	City	State	Zip
Providence Secretary Name	RI	02908	Treasurer Name		
Thomas F. Guerra Street Address		•	Thomas F. Guerra Street Address	a	
235 Promenade St	reet Siale	Zip	235 Promenade S	Street State	Zip
Providence 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIRI	02908 ECTORS ("X" BOX FOR ATTA	Providence CHMENT) Director Name	RI	02908
Thomas Guerra Street Address	·		NON	3	
235 Promenade St	reet State	Zip	City	State	Zip
Providence Director Name	RI	02908	Director Name		
Gary Spicuzza Street Address			NON! Street Address	E	
235 Promenade St.	reet State	Zip	City	State	Zip
Providence 10. SHARES AUTHORIZE AUTHORIZED SHARES	RI D (*X* BOX FOR ATT	02908 ACHMENT)	11. SHARES ISSUED (**)	" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR V	ALUE		300	COMMON	NONE

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

		3	2 0 +
File Date:	2.27.0 174'	78 Y	19
By:FOR SECRETAL	ICP RY 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

Signature of Officer

Thomas Guerra Print or Type Name of Officer Treasurer

Title of Officer



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

02908

7476

02908

Zip

Zip

PROFIT CORPORATION ANNUAL REPORT 1997

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

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Street Address

City

235 Promenade Street

48320	Alpine	Cleaning Corpo	oration		`		
3. Street Address Principal Busines	s Office		City	State	Zip		
235 Promenade S	treet		Providence	RI	029		
4. Business Phone No.		5. State of Incorporation					
401-272-3000		RHODE	ISLAND		74		
7. Brief Description of the Charact	er of Business Conducted in	Rhode Island					
To provide clea	ning and main	tenance service	es and for any other	c lawful purpose.			
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT)		•		
President Name			Vice President Name				
Gary Spicuzza			NONE				
Street Address			Street Address				
235 Promenade S	Street						
City	State	Zip	City	State	Zip		
Providence	RI	02908					
Secretary Name		•	Treasurer Name				
Thomas F. Guerr	a		Thomas F. Gue	erra			
235 Promenade S	Street		235 Promenade	e Street			
City	State	Zip	City	State	Zip		
Providence	RI	02908	Providence	RI	029		
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR A	ATTACHMENT)				
Director Name			Director Name				
Thomas Guerra			NONE				

Providence, RI 02908 Director Name Director Name NONE Gary Spicuzza

Street Address Street Address 235 Promenade Street City City State Zip

Zip

' RI 02908 Providence

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

AUTHORIZED SHARES ISSUED) SHARES

Number of Shares Number of Shares Class/Series Par Value

Class/Series Par Value

300 shares no par value Common None

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

Street Address

City

File Date:	5/5/97	
Check No.:	1603	
Ву:	GPA	_
FOR SECRETARY	Y OF STATE USE ONLY	

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

State

State

Thomas Guerra

Print or Type Name of Officer Treasurer

Title of Officer

Signature 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

		PLEASE TYPE OR F	PRINT IN BLACK INK.		
RPORATE IO NO.	2. NAME OF CORPORATION				
48320 குடிந்த	ALPIN	E, ÇLEANING, CORPO	RATION TO TO TO	વાર્કુ કાર્યાસ્ત્રુસ્ક્રિયાન (ઉપત્રાન દુવિન	and the fill of th
REET ADORESS PRINCIPAL BUSINESS O	FRO TO THE TOTAL T		Providence	STATE	ZP COOE
35 Promenade S	treet	يان د ۱۱۳ کې لولو پښو په د د ۱۲۳ کې د ۱۳۳	Providence Providence	RI	A 7 02908 F *
INESS PHONE NO.		5. STATE OF INCORPORATION	<u></u>		6. SIC CODE
101-272-3000		RHODE IS	LAND		17476
EF DESCRIPTIÓN OF THE CHARACTÉR O	F BŪŠAVESŠĪ ČONĪOUCTED IN RHOO	E ISLÁKO			
ro provide clea	ning and main	tenance services	and for any other	lawful purpos	е.
, - 	8 . N A	MES AND ADDR	ESSES OF THE OF	FICERS	
Carl D. Marcell	.0		Gary Spicuzza		
ឮសារិសន 235 Promenade S	Street		235 Promenade St	reet	
Providence	ŞTATE RI	02908	Providence	STATE RI	± 200€ 02908
ETARY HAME	 		TREASURER NAME		
Carl D. MArcell	lo		Thomas F. Gue	rra	
ETABORESS 235 Promenade S	troot		235 Promenade S	troot	
235 Promenade s	STATE	[2JP C008	div 235 Promenade 5	STATE	∑P C00€
Providence	RI	- 02908	Providence	RI	02908
	9 . N /	AMES AND ADDR	ESSES OF THE DI	RECTORS	
CTOR NAME			DIRECTOR NAME		
Carl Marcello		··· · · · · · · · · · · · · · · · · ·	Thomas Guerra	· · · · · · · · · · · · · · · · · · ·	
235 Promenade S	Street		235-Promenade S	treet	
	STATE	ZIP COOE	ārr	STATE	ZIP COOE
Providence	RI	02908	Providence	RI	02908
CTOR NAME			DIRECTOR NAME		
Gary Spicuzza			NONE STREET ADDRESS	<u></u>	
235 Promenade 8	Stret		†		
	STATE	Z7 C00€	ary	STATE	ZIP COOE
Providence	RI	02908			
	10.	SHARES AUTHOR	IZED AND ISSUED		
	AUTHORIZED SHARES		4	ISSUED SHARES	PAR VALUE
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	QLASS / SERIES	
8,000 SHS	NO PAR VALUE		300	Common	NONE
			!		
			<u>'</u>	<u> </u>	1
			9	1	1
			·	l l	;

				Under penalty of perjury, I declare and affire report, including any accompanying schedul all statements contained herein are true and	es and statements, and that
File Date:	2/28/96	-		Signature of Officer	and the same
Check No:	1240	1		GARY A. SPICUZZA Print or Type Name of Officer	
By:	cretary of State Use Only		2 6	VICE PRESIDENT	2 14 96 Date

Phode Island and Providence Plantations

*ffice of The Secretary of State

100 North Main Secet

Providence, Rhode Island 02903-1335

401-277-3040

ANNUAL REPU.

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

, entries must be completed in full or the form will be returned.

20-00-to ID: 00	433 20			Annual Report for th		95 	
Corporate ID:	, SLFINE C	LEANI		ATION			• •
Name of Corporation:	nder the laws of the State of	f: Rho	de Island	Business Entity is [*X] Business Co	s (check one):		5.1)
				Brief statement o	f the character of busi	ness conducted in Rho	de Island:
Phone: ()						d maintenance ther lawful pu	rpose.
Address and telephone of the Island (Provide street address 235 Promenade Providence, R.	ess - Not P.O. Box): Street	ess entity i	n Rhode				
Phone: (401) 27	2-3000	~~					
		THE	NAMES OF TI	IE OFFICERS AR	CTIVISTATE		ZIP CODE
PRESIDENT		225	STREET ADI		Providence,	RT	02908
Carl D. Marce.	110	235	Promenade S		CITYSTATE		ZIP CODE
Gary Spicuzza		235	Promenade S	Street	Providence,	RI	02908
SECRETARY			STREET ADI	DRESS	CITY/STATE		ZIP CODE
Carl D. Marce	110	235	Promenade S		Providence,	RI	02908 ZIP CODE
TREASURER		225	STREET ADI		Providence,	RT	02908
Thomas F. Gue	<u>rra</u>			E DIRECTORS A			
NAME	,, <u> </u>	Inc	STREET AD	DRESS	CITY/STATE		ZIP CODE
Carl Marcello	•	235	Promenade :		Providence,	RI	02908
NAME			STREET AD		CITY/STATE	n.*	21P CODE 02908
Thomas Guerra	<u> </u>	235	Promenade STREET AD		Providence,	RI	ZiP CODE
NAME		235	Promenade		Providence,	RI	02908
Gary Spicuzza	JTHORIZED (Rider may be		TTOMETIAGE	 		STANDING (Rider may	be attached)
Number of Shares	Class / Series	-		Number of Shares	Class / So		
8000	Common			300	Commo	n	
					0,		
Date	3/29	95	By: 	homas F. Guer	Tuena		
				TYPE NAME OF OFFICER SIG TEASURER OFFICER SIGNING	NING		
Form 31 1/95	ENDORAN ACT	TED DE	_	ENT FOR SERVI	CE OF BROCESS	<u> </u>	
DI ELGENIOTE III	DESIGNAL egistered office and/or reg					<u> </u>	
PLEASE NOTE: If the re	egisterea office anwor reg	isicied ag	ent maicated belo.	er to the officers country	THE PROPERTY OF THE PARTY OF TH		

ELAINE T. BUCCI 1920 MINERAL SPRING AVENUE MG. PROVIDENCE RI 02904 APR 25 1995
By AGBY

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Filing Fee \$50.00 Payable to: Secretary of State

Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335

PLEASE TYPE OR PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

LLC:Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

401-277-3040

Section State of Rhode Sland	Corporate ID: <u>0048320</u>	Annual Repor	rt for the Year: 1994	<u> </u>	
X Business Corporation (See RIGL Chapter 7-1.1)	Name of Business Entity: ALPINE CLEANING (<u>CORPORATI</u>	ON		
For foreign entity, address and telephone number of principal office: Company Com	Business entity organized under the laws of the State of: Rhode Island	-		RIGL Chapter 7-1.1)	
Name. Istile and mailing address of contact person to whom communications may be directed. Thomas P. Queecca 235 Fromesade Street Providence, RI 02908 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 235 Fromesade Street Providence, RI 02908 Phone: 272-3000 The NAMES OF THE OFFICERS ARE: Date of Qualification to do husiness in Rhode Island (if foreign entity): THE NAMES OF THE OFFICERS ARE: Carl D. Marcello Carl D. Marcello Carl D. Marcello Gary Spicityza Chief Goperating Officer or Providence (Providence, RI 02908 Carl D. Marcello	Federal Taxpayer Identification Number:	<u> </u>	[] Professional Service Corpora	ation (See RIGL Chap	ter 7-5.1)
Communications may be directed: Thomas F. Guerra The NAMES OF THE OFFICERS ARE: Uchief Executive Officer or Carl D. Marcello Ochief Operating Officer or Carl D. Marcello Ochief Financial Officer or The Treatment (Check One) Ochief Financial Officer or The Treatment of the character of business conducted in Rhode Island: The NAMES OF THE OFFICERS ARE: Street Address City/State Zip Code Thomas F. Guerra The NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code Number Of Shares Authorized Zip Code Number Of Shares Street, Providence, RI 02908 The Name Street Address City/State Zip Code Number Of Shares Street, Providence, RI 02908 The Name Street Address City/State Zip Code Number Of Shares Street, Providence, RI 02908 The Name Street Address City/State Zip Code Number Of Shares Street, Providence, RI 02908 The Name Street Address City/State Zip Code Number Of Shares Street, Providence, RI 02908 The Name Street Address City/State Zip Code Number Of Shares Street, Providence, RI 02908 The Name Street Address City/State Zip Code Number Of Shares Street, Providence, RI 02908 The Name Street Address City/State Zip Code Number Of Shares Street, Providence, RI 02908 The Name	For foreign entity, address and telephone number of principal office:	r I			
Phone:			communications may be directed:		om
Brief statement of the character of business conducted in Rhode Island. Brief Statement of the character of business conducted in Rhode Island. Brief Statement of the character of business conducted in Rhode Island. To provide cleaning and maintenance services and for any other Javiful purpose. Date of Organization: March 28, 1991 Date of Qualification to do husiness in Rhode Island (if foreign entity): THE NAMES OF THE OFFICERS ARE: UChief Executive Officer or Carl D. Marcello OChief Operating Officer or Wice President (Check One) Gary Spicurya OCustudian of Records or Wice President (Check One) Carl D. Marcello OChief Financial Officer or Wice President (Check One) Thomas F. Guerra THE NAMES OF THE DIRECTORS ARE: UChief Financial Officer or Wice President (Check One) Thomas F. Guerra THE NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code 215 Promenade Street, Providence, RI 02908 The Name THE NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code Name Name Number of Shares Authorized (if Applicable) Number of Shares Issued And Outstanding (if Applicable) Number 300 CLASS CLASS SERIES	Phone:		235 Promenade Street		
Date of Organization: March 28, 1991 Date of Qualification to do business in Rhode Island (if foreign entity): THE NAMES OF THE OFFICERS ARE: UChief Executive Officer or Carl D. Marcello OChief Operating Officer or Wive President (Check One) Gary Spicuzza CRUD. Marcello OChief Operating Officer or Wive President (Check One) Gary Spicuzza CRUD. Marcello OChief Financial Officer or Wive President (Check One) Thomas F. Guerra THE NAMES OF THE DIRECTORS ARE: UChief Financial Officer or Wive President (Check One) Thomas F. Guerra THE NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code 235 Promenade Street, Providence, RI 02908 Street Address City/State Zip Code 235 Promenade Street, Providence, RI 02908 The NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code 235 Promenade Street, Providence, RI 02908 THE NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code Name Street Address City/State Zip Code Name Street Address City/State Zip Code Name Street Address City/State Zip Code Number of SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 300 CLASS CLASS CLASS CLASS SERIES Date Mithout Par Print of Type Name of Officer's Signing Freat Jureer	entity in Rhode Island (Provide street address - Not P.O. Box): 235 Promenade Street	isiness	To provide cleaning and maintena	f business conducted in ance services and for a	n Rhode Island: any other lawful
Date of Qualification to do husiness in Rhode Island (if foreign entity): THE NAMES OF THE OFFICHRS ARE: UChief Executive Officer or Carl D. Marcello Carl D.		4	Date of Organization: March 28,	1991	
UChief Executive Officer or Carl D. Marcello Carl D. Marcello Chief Operating Officer or Garl D. Marcello Chief Financial Officer Officer Signing Chief Financial Officer Officer Signing Chief Financial Officer or Garl Signing Chief Financial Officer Signing Chief Financial Officer Signing Chief Financial Officer or Garl	Phone: 272-3000		Date of Qualification to do busine	ss in Rhode Island (if	foreign entity):
Carl D. Marcello Chief Operating Officer or Garl Spicers Garl Spicers Carl D. Marcello Carl D. Marcello Carl D. Marcello Carl D. Marcello Chief Financial Officer or Wire President (Check One) Carl D. Marcello Chief Financial Officer or Wire President (Check One) Carl D. Marcello Chief Financial Officer or Wire President (Check One) Carl D. Marcello Chief Financial Officer or Wire President (Check One) Carl D. Marcello Chief Financial Officer or Wire President (Check One) Carl D. Marcello Chief Financial Officer or Wire President (Check One) Chief Financial Officer or Wire President (Check One) Thomas F. Guerra THE NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code Name Street Address City/State Zip Code Name Street Address City/State Zip Code Name Name Street Address City/State Zip Code Number Address City/State Zip Code Number Of Shares Issued And Outstanding (If Applicable) Number of Shares Issued And Outstanding (If Applicable) Number 8,000 CLASS CLASS CLASS SERIES SERIES SERIES SER J 1994 By Mirhout Par Print or Type Name of Officer Signing Print or Type Name of Officer Signing Print or Type Name of Officer Signing	ТН	IE NAMES C	OF THE OFFICERS ARE:		
Definition of Operating Officer or Gary Spicuza 235 Promenade Street, Providence, RI 02908 Definition of Records or Secretary (Check One) Street Address City/State Zip Code The Name Street Address City/State Zip Code Number of Shares Authorized (If Applicable) Number of Shares Issued and outstanding (If Applicable) Number 300 CLASS CLASS Series Series Series Series Series Series Series Series Series Series Series Series Series Series Series Date 9/2/ 1994 By Armor Series Series Date 9/2/ 1994 By Armor Series Ser		eck One)			Zip Code
DCustodian of Records or Grit D. Marcello Carl	OChief Operating Officer or Wice Presiden	t (Check One	c) Street Address	City/State	Zip Code
DChief Financial Officer or Thomas F. Guerra THE NAMES OF THE DIRECTORS ARE: Street Address Street Address City/State Zip Code THE NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code Name Street Address City/State Zip Code Name Street Address City/State Zip Code Name Number of Shares Authorized (if Applicable) Number of Shares issued and outstanding (if Applicable) Number 300 CLASS CLASS CLASS SERIES SERIE	Custodian of Records or Secretary (Ch	eck One)	Street Address	City/State	Zip Code
Name THE NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code Name Street Address City/State Zip Code Name Street Address City/State Zip Code Number of Shares Authorized (If Applicable) Number of Shares issued and outstanding (If Applicable) Number 300 CLASS CLASS SERIES SERIES SERIES SERIES SERIES SERIES SERIES SERIES SERIES Date 9/2/ 1994 By Homos Guerra Print of Type Name of Officer Signing Fal Surer	OChief Financial Officer or Thomas F. Guerra		Street Address 235 Promenade Street, P	City/State	Zip Code
Name Street Address City/State Zip Code NUMBER OF SHARES AUTHORIZED (If Applicable) Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If NUMBER 8,000 NUMBER 300 CLASS CLASS SERIES SERIES SERIES SERIES PAR VALUE OR WITHOUT PAR Date 9/3/ 1994 By Limit Limit Lipicable NUMBER of SHARES ISSUED AND OUTSTANDING (If NUMBER 300 NUMBER 300 SERIES SERIES SEP 3 0 1994 Thomas Guerra Print of Type Name of Officer Signing Transcript Lipicable Print of Type Name of Officer Signing	Name	E NAMES O	F THE DIRECTORS ARE:		Zip Code
NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If NUMBER 8,000 NUMBER 300 CLASS CLASS SERIES SERIES PAR VALUE OR WITHOUT PAR Date 9/3/ 1994 By Lower Guerra Print of Lypc Name of Officer Signing Transpared Transpared Transpared Print of Lypc Name of Officer Signing Transpared Transpared The Mass Guerra Print of Lypc Name of Officer Signing	Name		Street Address	City/State	Zip Code
Applicable) NUMBER 8,000 NUMBER 300 CLASS CLASS SERIES SERIES SERIES PAR VALUE OR WITHOUT PAR Date 9/3/ 1994 By Armor American Guerra Print or Type Name of Officer Signing Fel Surer	Name		Street Address	City/State	Zip Code
CLASS SERIES SERIES SERIES SEP 3 0 1994 PAR VALUE OR WITHOUT PAR Date 9/3/ 1994 By Lunor Luciu Thomas Guerra Print of Type Name of Officer Signing Fer Surer	NUMBER OF SHARES AUTHORIZED (If Applicable)	cable)	NUMBER OF SHARES ISSUED	AND OUTSTANDIN	G (If
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PAR VALUE OR WITHOUT PAR Date 9/3/ 1994 By Thomas Guerra Print of Type Name of Officer Signing Transcreen	CLASS		CLASS	-411	مهر د
Date 9/3/ 1994 By Lords Querra Print of Type Name of Officer Signing Teas Surer	SERIES		SERIES	SEP 3 0	1994 /1/1
Thomas Guerra Print or Type Name of Officer Signing Trensurer.	PAR VALUE OR WITHOUT PAR]		SECTY OF	STAT"
Print or Type Name of Officer Signing /rensurer.	Date 9/2/ 1994 By 1	mor _	Luem 1		
		Pric	nt or Type Name of Officer Signing		
		Title			

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9

or Form LLC 3 must be filed.

Elaine T. Bucci Bucci Law Offices 1920 Mineral Spring Ave. North Providence, RI 02904

Filing Fee \$50.0	State of Rhode	Jaland an CORPORATIO 100 NORTH M PROVIDENCE, RHC	NS DIVISION IAIN STREET		To be filed annually between January 1st and March 1st
Corporate ID	0048320		Annu	al Report for the	year 1993
First:	The name of the corporation	ı is	ALPINE	CLEANINGCC	REDSATION
Second	: It is incorporated under th	e laws ofRh	ode Island		
THIRD:	Character of business, briefl	y stated, isT	o provide	cleaning and m	aintenance services
••••	and for any other law	ful purpose	•		
Fourth	: If foreign corporation, add	dress of its prin	icipal office		
Г ІГІН:	Business address in Rhode Is	sland 235	Promenade	Street, Provid	ence, RI 02908
Ѕіхтн:	Names and addresses of its o	lirectors and o	fficers:	Address (including num	(Attach rider if necessary)
		Director			
		Director			
		Director	•••••		
Carl D.	.Marcello	President	235. Pron	enade Street,	Providence, RI 02908
GarySp	icuzza	Vice President	235 Prom	enade Street,	Providence, RI 02908
Carl D.	Marcello	Secretary	235 Prom	menade Street,	Providence, RI 02908
Thomas	F. Guerra	Treasurer	235 Pron	menade Street,	Providence, RI 02908
Seventi	H: Number of Shares author	rized:			Par Value
No. of Sh	ares Class		Ser	ies	or statement that shares are without par value
8,00	0		PAID		\$.10
		j	AN 2 7 199	13	
Еіднти:	Number of Shares issued:		C'Y OF STA	•	Par Value or statement that
No. of Sh	ares Class	-	Ser		shares are without par value
300)				\$.10
Dated	January 19 19 9	3	Alpine Clea	aning Corporati	lon
		By	Carl D.	Marmal lo	_
(R	eport must be signed by an officer)) Tit	le Presider		
Form 31 1/85					597 '

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

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

Corporate ID0048320		Annual Report for the	year1992
FIRST: The name of the con	poration isAlpi	ne Cleaning Corporation	
SECOND: It is incorporated	under the laws of	Rhode Island	
THIRD: Character of busine	ess, briefly stated, is	To provide cleaning and	maintenance services
and for any other la	wful purpose.		······································
FOURTH: If foreign corpora		incipal office	
FIFTH: Business address in		Promenade Street, Provide	
SIXTH: Names and address	es of its directors and	Officers: Address (including nu	(Attach rider if necessary) mber, street, zip code)
	Director		•····
	Director		
	Director		
Carl D. Marcello	President	235 Promenade Street,	Providence, RI 02908
Gary Spicuzza	Vice Preside	nt 235 Promenade Street,	Providence, RI 02908
Carl D. Marcello	Secretary	235 Promenade Street,	Providence, RI 02908
Thomas F. Guerra	Treasurer	235 Promenade Street,	Providence, RI 02908
Seventh: Number of Shar	es authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
8,000			\$.10
Eіднтн: Number of Share	s issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
300			\$.10
Dated December 1,	1992	Alpine Cleaning Corporat (Name of Corporation)	ion
	I	By led James	
(Report must be signed by	an officer)	Title Vrisiti	