

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

PROFIT CORPORTION FILLING Period: January 1 (FORM MUST BE TYPED OR P	- March 1 • 1	NNUAL REPOR	T FOR THE YEAR	2005	
1. Corporate ID No.					
43327	2. Name of Corpor	Metal Co., Inc.			
3. Street Address Principal Busine	ess Office		Woon Socket	State 2	24p 02-8 9.5
4. Business Phone No. 769-3648		5. State of Incorporation			6. SIC Code
7 Brief Description of the Character	ter of Business Conducte	RHODE ISLAND	<u></u>		2618
SCRAP MÉTAL DEAL 8. NAMES AND ADDRESS	LER		ACHMENT) - T THE SHIP		
President Name LUFGI	PORRECA	(X BOX FOR AFF.	Vice President Name	PACES BEFORE USING	
Street Address	1-2/1001		Street Address	U PORRECH	<u> </u>
10 1 Hya	<u>e 5t·</u>		101 /7	yde St.	
CRANSON Secretary Name	State RI	zφ 02-920	CRAnston	State RT	2ip 234 20
Stran Address	PORRECA	7	Treasurer Nume Luigi Po	reca	
IDI H	yde st		Sirver Address 101 Hy C	le St	
CRANSTON	State RI	21p 02920	CRANSTON	State R. I.	02920
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS: ("X" BOX FOR AT	TACHMENT) FILL IN S	SPACES BEFORE USING	
			OIR COURT Name		
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City	State	7.tp	City	State	Ztp
Director Name	J		Director Name		
Street Address	_		Street Address		
City	State	Zip	City.	State	Ζip
				Jame	Ζψ
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X ISSUED SHARES	* BOX FOR ATTACHM	(זאֹם) 🗆
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	COMMON		200	COMMON	No
This report must be	signed in ink by e	ither the President, Vice P	resident, Secretary, Assistant	Secretary, Treasurer, Rec	ceiver or Trustee
2			including any accompact) I declare and affirm that I lying schedules and statement and correct!	have examined this report ents, and that all statement
File Date	5-05	-	The	Re.	2/7/05
Check No	3	_	Signaphire of Officer	PURREJA	/ Dale
By:K	1	_	Print or Type Name of Of	ficer	
FOR SECRETARY OF S	ATE USE ONLY		T/LTCC	PRESIDER	ノ ナ

Title of Officer



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

100 North Main Street Providence, RI 02903-1335 401.222.3040

Corporations Division

Matthew A. Brown, Secretary of State

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. 2. Name of Corporation L & R Scrap Metal Co., Inc. 3 Street Address Principal Business Office 5. State of Incorporation RHODE ISLAND 2618 SCRAP METAL DEALER 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS PORRECA Street Address Street Addres Street Address City ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City Zip City Director Name Director Name Street Address Street Address City 7.ſp City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value COMMON 600 NO PAR VALUE 200 Commow PAVUALU This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of porjury, I declare and affirm that I have examined this report, ipcluding any accompanying schodules and statements, and that all statements true and co File Date FOR SECRETARY OF STATE USE ONLY

Title of Officer

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

2002

STOP PILASE READ INSTRUCTIONS)

	RPORATION ary 1-March 1 •	ANNUAL REF	ORT FOR TH	IE YEAR <u>2003</u>	STOP PLEASE READ INSTRUCTION
FORM MUST BE TYPED OR I 1. Corporate ID No. 43327	2. Name of Corporat	ion Metal Co., Inc.			
3. Street Address Principal Bus			City	State R.F.	Zip 2 003
631	RIVER ST.		Woon.	/J. L .	00 873
4. Business Phone No. 7	69-3648	5. State of Incorporation			6. SIC Code
7. Brief Description of the Cha	arphi / $arphi$ / $arphi$ / $arphi$ racter of Business Conducted in	RHODE ISLAND			2618
	SCRAP M	etAL Busin	155		
	RESSES OF THE OFFI			S BEFORE USING ATTACH!	MENTS
President Name LU	rigi Por	RecA	Vice President Name ROBIT	v PORRE	A
Faa 4.4.4	Hyde 5		Cenana diddinin	Hyde St.	
CRANS	ron state R.F.	zip 02920	CRANSI	NO State RI	z10 02 920
Secretary Name ROA	BIN Porrece	. A	Treasurer Name	SI PORRE	 CiA
treet Address			Canada Addison	Hyde St.	
10	1 Hyde	37 -		. ,	·
"" CRANST	on ""RI	"" <i>0</i> 2920	CRANSI	BN State RI	^{zip} 03920
	RESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	CES BEFORE USING ATTAC	
Director Name	None		Director Name		
treet Address	10011		Street Address		
City	State	Ziρ	City	State	Zip
Director Name	•	• • • •	Director Name	•	• • •
treet Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORI	ZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	Common		200	Common	no parvalue

	* 4 3 3 2 7 *
File Date:	1-10-03
Check No.:	8255
Ву:	de
FOR SECRETAR	RY OF STATE USE ONLY

	Under penalty of perlury, I declare and artism that I have examined
	this report, including any accompanying schedules and statements, and
/	that all statements ontained herein are frue and correct
	19163
	Signature of Office BUN PORRECA
	Print or Type Name of Officer VICE PRES.
	Title of Officer Form 630 12/02



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

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



(FORM MUST BE TYPED IN	BLACK)				ASTRICCTION.
1. Corporate ID No.	2. Name of Corpo	tration -		· ·	. .
43327	L & R Scra	p Metal Co., Inc.			
3. Street Address Principal Busi	Iness Office	,	City	State	Zip
631 Ri 4. Business Phone No. 40	VER ST.		WOONSOCKET	State R.I.	02895
4. Business Phone No. 40	1-769-3648	5. State of Incorporation	VV 007+00C:407	، تقد، ۱۱	6. SIC Code
Jerap Me	tal Dusine	SS RHODE ISLAND			2618
7. Brief Description of the Char	acter of Business Conducted	i in Rhode Island			2010
SCRAP M.	etal bush	0155			
8. NAMES AND ADDE	RESSES OF THE OF	FICERS ("X" BOX FOR ATTAC	MARNE) MILLINGDACEC D	SEFORE USING ATTACK	U114Falmo
President Name		•	Vice President Name	CFORE USING ATTAC	HMEN15
LUIGI	PORRECA	9	MOBIN 1	0,00000	
Street Address	-				
16 O1	Hyde St	•	Street Address	de St.	
City CONCERN	State 0 -	Zip	City	State	710
CKHIIDION) $\mathcal{R}.\mathcal{I}.$	211/02920	: CKANSTON	State R.I.	^{z1} ,02920
Secretary Name		·	Treasurer Name	• • • • • •	
130B1	N Porrec	A	1 44	· Pappa	· 0
Street Address	•		Street Address	11 TORKE	
SAMO	e as aba	ove	Sann	i Porrei	.0
City	State	Zip	City	State	الا , الا ,
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Director Name		• • •	Director Name	בוויים מוויס בוויים	CHARACTA
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Street Address			Street Address		
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City	State	Zip	City	State	Zip
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Director Name	•	* *** ***** ******************	Director Name		• •
	/	• _	•		-
Street Address		-	Street Address		
5 1.					
City	State	Zip	City	State	Zip
	. .				
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	• •
AUTHORIZED SHARES			ISSUITED SHARES	•	
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	2011111010	Noparvalue	200	common	NO PAY VAIUE
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111	### #### ### ### #### ####	111 11 1	concern, occretary, ASSIST	ant Secretary, freasure	er, Receiver of Trustee
111					
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heck No.:	7858
y:	<u>a</u>

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjucy, I declare and affirm that I have	examined
this report, including any accompanying schedules and st.	atements, an
that all statements contained herein are true and correct.	,
Thus to	110/02
Signature of Officer Date	/- -
BOBIN PORRECA	
Print or Type Name of Officer	
VICE PRESIDENT	
Title of Officer	

Farm 630 1201

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 BLA	CK)				
1. Corporate ID No. 43327	2. Name of Corporation L & R Scrap	Metal Co., Inc	•	• •	
3. Street Address Principal Business			City	State 2	· ZIp
4. Business Phone No. 769	- KIVER S - 3648	5. State of Incorporation RHODE ISLAND	Whonsocket.	<i>n</i> +	00075 6. SIC Code 2618
7. Brief Description of the Character	of Business Conducted in Rho	ode Island	- 0		
8. NAMES AND ADDRESS	YAP META	PL DEALE RS (*X* BOX FOR ATTACH)	· · · · · · · · · · · · · · · · · · ·	CORE HEING ARMA CITA	
President Name			Vice President Name	ORE USING ATTACHM	ENIS
Street Address	I PORRE	CA	Street Address	PORRECA	
101 /	tyde St.	·	101 H	tyde St	
Cran.	State RI	00909	Cran.	siale RF	02909
Secretary Name ROBIN	PORRECA)	Treasurer Name LUF	GI Po.	RRECH
Street Address In I	4do ST		Street Address	Wast	
City CKIN.	$\int_{\text{State}}^{\text{OP}} Q \int_{-1}^{1}$	21p 12819	City CICCLO	State Di	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECTO			/ \	MENTS
			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 ATTACHM	ENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	. Par Value
600 SHS NO PAR	Common	noparvalue	200 Shares	COMMON	NOPATUALL
		:	•	* -	
This report must be signe		he President, Vice Pre	esident, Secretary, Assistan	t Secretary, Treasurer,	Receiver or Trustee
	63 (118 7 (1118 (1811 (1861 1881)	•			



File Date:	9an11
Check No.:	7447
Bv:	Q.
EOR SECRETARY OF	

Under penalty of poctury, I doctare and affirm that I have examined
this report, including any accompanying schedules and statements, and
that all statements contained herein are true and correct.
1/9/01
Signature of Officer Date
ROBIN PORRECA
Print or Type Name of Officer
<u>Vice President</u>
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

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(FORM MUST BE TYPED IN 1 1. Corporate ID No.	BLACK) 2. Name of Corpora		-		
43327	•	ap Metal Co., In	c .		
, 3. Street Address Principal Busin	ness Office			State	Zip
63.	I RIVER	ST.	Woonsoc	Ket R.I.	02F95
4. Dusiness Phone No.		5. State of Incorporation		1 17	6. SIC Code
7. Brief Description of the Chara	-3648	RHODE ISLAN	D		2618
		BUSINES			
8. NAMES AND ADDR		ICERS ("X" BOX FOR ATTAC	THMENT) FILL IN SPACE	ES BEFORE USING ATTACHI	MENTE
President Name			Vice President Name	_	MEMIS
LUIGI	PORREC	CH	KOBIN	, PORRECA	
Street Address	Hinda	51-	Jireel Muuless j	Fyde St.	
1 city	State of	-) + ·	/U	1	
CRAN	. 2	06960	CRON	State RI.	02920
Secretary Name		• • •	Treasurer Name	0 0	00700
1. KOBIN	PORRECI	H	14IG	I PORRECH	
Street Address	Hudo S	+	Street Address	dudo Sr.	
City	Signe (j * Zip	(0/1)	State 3	***
CRAN.	RI	02980	(RAC	D. J MIR RI	21902920
9. NAMES AND ADDR	ESSES OF THE DIRE	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPA	CES BEFORE USING ATTAC	HMENTS
· Director Name			Director Name		
Street Address			Street Address		
1	/		Succe Made 13		
City	State	Zip	City	State	Zip
Director Name	/	•			
Director Name			Director Name		
Street Address			Street Address		
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City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATTA	CHMENT)		("X" BOX FOR ATTACHMENT)	
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	o, verita	. A. AMINE	Number of Shares	Class/Serles	Par Value
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This report must be sig	gned in ink by eith	er the President, Vice	President, Secretary, As	sistant Secretary, Treasure	r, Receiver or Trustee
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Under penalty of perjury, I declare and affirm that I have examined	
this report, including any accompanying schedules and statements, ar	πd
that all statements contained herein are true and correct.	
17 Ry Ou 1/26/6	20
Signature of Officer ROBIN PORRECA	_
Print or Type Name of Officer RESIDENT.	_
Title of Officer	_

Title of Officer



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

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

(FORM MUST BE TYPED IN BL)					
1. Corporate ID No. 43327	2. Name of Corporation				
3. Street Address Principal Business		netai co., inc.	City — ———	1 State	
- 631 RI	VER ST.		Woonsock	et RI.	02895
4. Business Phone No.		S. State of Incorporation		0/ 1 . /. //	6. SIC Code
769-3	. •	RHODE ISLAND) ~·		2618
7. Brief Description of the Characte SCRAI	METAL				!
B. NAMES AND ADDRES President Name	SES OF THE OFFICE	RS ("X" BOX FOR ATTACH		S BEFORE USING ATTACH	MENTS
Lui GI	PORREC	A	Vice President Name	N_Porrec	A
101	tyde Si	f	Street Address	Hyde_S:	<u> </u>
CRAN,	KI	102920	Clty CRAINSTT Treasurer Name,	NI"RI	102920
Street Address	N. Porne		Street Address	GI_PORR	RCA
SAMI	e as al	oove	SA.	me as ab	211 <i>10</i>
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
Director Name Noy			: Director Name		
Street Address	·	·	Street Address	one	
City	State	Zip "	City	State	Zip
Director Name		•••••		······································	<u> </u>
NOI	Ne.		Director Name UINE)	
Street Address		· · · · • •	Street Address		
, ,,	- -,				
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*X* BOX FOR ATTACH	MENT) (11. SHARES ISSUED	(°X° BOX FOR ATTACHMENT)	1
AUTHORIZED SHARES			ISSUED SHARES	TA BOX FOR HITACHMENTY	<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This concert at the			<u> </u>		
This report must be signe	ea in ink by either	the President, Vice Pr	esident, Secretary, Ass	istant Secretary, Treasure	r, Receiver or Trustee
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		f11			

* 4 3 3 2 7 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	this report, including any accompanying schedules and statements, and that all statements confrainced have in are true and correct.
Check No.: OSIQ	Signature of Officer Date UI RESIDENT Date
By: FOR SECRETARY OF STATE USE ONLY	Title of Officer Trule of Officer



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 Fec: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	CK)		•		
1. Corporate ID No.	2. Name of Corporation	1			
43327	L & R Scrap M	fetal Co., Inc.			
4. Business Phone No.	IVER ST	S. State of Incorporation	Woonsocker	L State R. I	21p 02895 6. SIC Code
769-	3648	RHODE ISLAND	1		2618
7. Brief Description of the Character	of Business Conducted in R	hode Island			
SCRAP	METAL	BUSINES	2		
8. NAMES AND ADDRESS	SES OF THE OFFICI	ERS ("X" BOX FOR ATTACH			
President Name Luigi Street Address	Porreca			PORRECA	
/6/	Hyde	ST.	101 H	yde ST.	
CRANSTON	State R.I.	02920	City -	State RI.	02920
Secretary Name ROBIN) PORRE	CA	Treasurer Name Luigi	· Porreci	A
Street Addits '	E AS A	BILLIA	Street Address	O DR AR	AUE
City	State 773 PT	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Olrector Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	D (*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*x* 1	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR	Commoi	n Noparva	lue 200	Common	No parvulue

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

	4 3 3 2 7 *
File Date:	1M86816
Check No.: _	(160)
Ву:	100 71
FOR SECRETA	ARY 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

Print or Type Name of Officer

Title of Officer

Title of Officer



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

PROFIT COR! Filing Period: January		ANNUAL R ling Fee: \$50.00	EPORT 199	7	PLEASE READ INSTRUCTIONS BLIORE
(FORM MUST BE TYPED IN BLA	CK)				COMPLETING THIS FORM
1. Corporate ID No. 43327	2. Name of Corporation L & R Scrap	Metal Co., Inc.			
3. Street Address Principal Business	Office		City,	State	21/2 C C
4. Business Phone No.	RIVER 5	5. State of Incorporation	Woonso	schet RI	6. SIC Code
4. Business Phone No. 9 - 3	3648	RHODE ISLANI	D		2618
7. Brief Description of the Character	of Business Conducted in Rh	ode Island PL BUSIN	ESS	-	·
8. NAMES AND ADDRES	SES OF THE OFFICE	RS ("X" BOX FOR ATTACHN			
President Name 416 I	PORREC	A	Vice President North	IN PORREC	A
Street Address /0/ H	Lyde St		Street Address	Hyde ST.	
CRAN.	State RF	1º00920	CRAN	State	219 00-920
Secretary Name ROBIN	PORR	eca	Treasurer Name LUIC	gi PorrecA	2
Street Address 101 M	4de 51.		Street Address /01	Hyde St.	
CRAN.	State RF	zip 00920	CITY CRAIN	brace RI	21907920
9. NAMES AND ADDRESS	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC			
Director Name	n P		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		.]	Director Name		
None			Non		
Street Address	mare.		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D AND ISSUED ('X' I	BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES .		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR	Common	Nopan valu	200	Common	Noparvalue
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This report must be stone	ed in ink hy either:	the President Vice Pr	esident Secretary As	ssistant Secretary, Treasure	r Receiver or Trustee
The state of the s	in the same of children		esidein, secietary, As	onstant secretary, measure	i, acceiver or mustee
					<u> </u>
•	4 3 3 2 7	*	Under penalty of	perjury, I declare and affirm th	at I have examined

Signature of Off Check No.: Print or Type Nam FOR SECRETARY OF STATE USE ONLY Title of Office

Under penalty of perjury, I sectore and affirm that I have examined this eport, including my accompanying schedules and statements, and

that all statements contained herein are true and correct.

PROFIT CORPORATION ANNUAL REPORT

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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2 NAME OF CORPORATION	TEDSCTITE ON T			
43327 L & R SCRAP METAL CO., INC.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE			CITY	STATE	ZIP COOE
631 River Stree	et .		Woonsocket	RI	02895
4. BUSINESS PHONE NO.	[5	STATE OF INCORPORATION			6. SIC CODE
769-3648		Rhode Is	sland		2618
•7. BRIEF DESCRIPTION OF THE CHARACTER OF BUS			-		
Buying and sell	ing of meta	is and other	r metal products		
·	8 . N A M E	S AND ADDRI	SSES OF THE OFF	ICERS	
PRESIDENT NAME			VICE PRESIDENT NAME	-	· · · - · ·
LUIGI PORRECA			ROBIN L. PORR	ECA	
STREET ADDRESS			STREET ADDRESS		
631 River Stree	STATE	T ZIP CODE	1 631 River Str	eet STATE	ZIP COO€
Woonsocket	RI	02895	Woonsocket	RI	02895
ROBIN PORRECA			TREASURER NAME LUIGI PORRECA		
STREET ADDRESS			STREET ADDRESS		
631 River Stree	:t		631 River Str	eet	
air	STATE	ZIP COOE	, ary	STATE	ZIP COOSE
Woonsocket	RI	02895	∤ Woonsocket	RI	02895
· 	9. NAME	S AND ADDRE	SSES OF THE DIR	ECTORS	
DIRECTOR NAME		· - · · · · · —	DIRECTOR NAME		
LUIGI PORRECA			ROBIN L. PORRE	CA	
631 River Street	•		631 River Stre		
any J	STATE	ZIP COOE	Tan	T STATE	I ZIP CODE
Woonsocket	RI	02895	Woonsocket	RI	02895
DIRECTOR NAME		<u> </u>	DIRECTOR HAME		
STREET ADDRESS			STREET ADDRESS		
ary	STATE	T ZIP CODE	\\	Lance	
	JIMIE	2 Color	i arr	STATE	ZIP C00E
]	-		
~	10. SHA	RES AUTHORI	ZED AND ISSUED		<u>.</u>
MUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERIES	PAR VALUE	HADVIBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
					
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		 	*		
			1		
<u> </u>					
	This re	port must be SIGN	NED IN INK by either the		
Preside	ent, Vice President	Secretary, Assista	ant Secretary, Treasurer, R	eceiver or Trustee	
			: Under penalty of p	eriury. I declare and affi	rm that I have examined this
			report, including an	y accompanying scheduained herein are true and	iles and statements, and that

File Date: 2/29/16
Check No: 54/5 ()(4)

LUIGI PORRECA

Print or Type Name of Officer

President

Signature of Office

Title of Officer

2/*34*

For Secretary of State Use Only

By:

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



JAN 0 4 1995

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.

Corporate ID:	Annual Report for the year:	1995		
Name of Corporation: L & R Scrap Meta	- · · · · · · · · · · · · · · · · · · ·			
Business entity organized under the laws of the State of: _R_I For foreign entity, address and telephone number of principal office: Phone: (44) 769-3648		IGL Chapter 7-1.1) ation (See RIGL Chapter 7-5.1) business conducted in Rhode Island:		
Address and telephone of the principal office of business entity in Rhoc Island (Provide street address - Not P.O. Box):		Buying and Selling Scrap Metal		
631 RIVEST. WOON. RI 0289				
Phone: () Same as above				
THE NAM	OF THE OFFICERS ARE:			
VICE PRESIDENTAL PORTECH	101 Hude St. CRAI	M. RI 02920		
Robin Porreca	CITY/STAT	E ZIP CODE		
Robin PorrecA	REET ADDRESS CITY/STAT	TE ZIP CODE		
TREASURER LUIGI POTTOCA	REET ADDRESS CHY/STAT	TE ZIP CODE		
THE NAME	OF THE DIRECTORS ARE:			
NAME	REET ADDRESS CITY/STAT	E ZIP CODE		
NAME	REET ADDRESS CITY/STATI	E ZIP CODE		
NAME	REET ADDRESS CITY/STATI	E ZIP CODE		
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND O	UTSTANDING (Rider may be attached)		
Number of Shares Class / Series	Number of Shares Class /	Series		
600 common	200 com	mon		
Date	INTORTYPE NAME OF OFFICE AND LOCATE OF THE PROPERTY OF THE PRO			
	TE OF OPTICER SIGNING D AGENT FOR SERVICE OF PROCESS			
DESIGNALED REGISTER	D AGENT FUR SERVICE OF PROCESS	S:		

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

LUIGI PORRECA 631 RIVER ST. MOUNSOCKET

RI 02895

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually LLC, Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

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

0043327 Corporate ID:	Annual Report for the year:
Name of Business Entity:	L & P Scrap Metal Co., Inc.
Business entity organized under the laws of the State of: Rhode Tsland Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office: Phone. (Business Entity is (check one): [V] Business Corporation (See RIGL Chapter 7-1 1) [] Professional Service Corporation (See RIGL Chapter 7-5 1) [] Limited Liability Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed:
CHIEF FINANCIAL GRACER OR DEPENDENT (CHIEF FINAN	Hyde St. CRANSIAN RT 02920 DIBBASS , CITYISTATE , ZIPCON
NAME STREET AL	
NAME STREET A	DORFESS CITY-STATE ZIP COOK
NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER GOO CLASS COMMON SERIES PAR VALUE OR NO PAR VALUE WITHOUT PAR Date February FEB 14 1994 FEB 14 1994	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 200 CLASS COMMON SERIES PAR VALUE OR NO PAR VOLU & WITHOUT PAR NO PAR VOLU & TYPE SAME OF OTHER CA
By 1014376 51711.0+	PKESIDENT OHICERSICING

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 ID 0043327	Annual Report for the year 1993
FIRST: The name of the corporation is	L & R Scrap Metal Co., Inc
SECOND: It is incorporated under the laws o THIRD: Character of business, briefly stated,	SC 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FOURTH: If foreign corporation, address of it	ts principal office.
FIFTH: Business address in Rhode Island	631 RIVER St. Woonsaket Rt 02895
SIXTH: Names and addresses of its directors a	Address (including number, street, zip code)
Director Director Director Luigi Porreca President Robin Porreca Vice Pres Robin Porreca Secretary Luigi Porreca Treasure	sident 101 Hyde St. CRANSTON RT
SEVENTH: Number of Shares authorized: No. of Shares Class Common	Par Value or statement that shares are without par value NO par Value JAN 28 193
EIGHTH: Number of Shares issued: No. of Shares Class Common	SECY OF STATE Series Par Value or statement that shares are without par value No par value L+R SCRAP Metal, Co. 4nc,
Oated January 26 19 93 (Report must be signed by an officer)	Name of Corporation) By Title President

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



rporate ID	bed	Annual Report for the	e year1992
FIRST: The name of the	corporation is	L.3.8.Scrap Mata	1. Co inc
Second: It is incorpora	ated under the laws of	Phode Isl,	9 / D
THIRD: Character of bi	isiness, briefly stated, is	SCRPP META	L business
FOURTH: If foreign cor	poration, address of its princi	pal office	
FIFTH: Business address	s in Rhode Island 63/	RIVER ST WI	00NS O-K+7, R)
SIXTH: Names and add	resses of its directors and off		(Attach rider if necessary)
	Director		
	Director		
Luisi Porne		101 Hyde ST	CRANSYON, R1.00
Roben PORREC		•	
Robin PORREC		"	"
LUIGI PORRE			"
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SEVENTH: Number of S	Shares authorized:		Par Volue or statement that
No. of Shares	Class	Senes	Shares are without par value
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		FEB 0 3 1992	
EIGHTH: Number of Sh	ares issued:	SEC'Y OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
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ated1/21	1982	LTR SCREP	Metal Cotuc
•		Luna Manee	
	Dy	Preside T	
(Report must be signe	d by an officer) Title	14.21904	

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Form 31 1/85

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

Corporate ID	0043327	Annual Report for the year	1991
First: The name	e of the corporation is	L & R Scrap Metal Co	, Inc
Second: It is inc	corporated under the laws of	Rhode Isla	nd
THIRD: Characte	er of business, briefly stated, is.	Scrap met	a.L
FOURTH: If forei	gn corporation, address of its p	orincipal office	
FIFTH: Business a	address in Rhode Island	631 RIVER ST. nsocket, B.I.C)) Ç Q ~
•••••	W001	130011CC, 1), 1, C	/d0/5
SIXTH: Names ar	nd addresses of its directors and	1 officers: Address (including number, stre	(Attach rider if necessary)
	Director		
	Director		
	Director		
Luigi Pa	OrrecA President	101 Hyde 5t, (Cranston t
BOBIN PO	OYPEC A Vice Preside	ent	0292
debin Pa	Orreca Secretary	//	•
Luiai P	orrecon Treasurer	· · ·	/
J	er of Shares authorized:		Par Value
		_	or statement that shares are without
No. of Shares	Class	Series	par value
400	Commun		no par value
Еіднтн: Number	of Shares issued:	FEB 5 1991	Par Value
No. of Shares	Class	#6 31'A-	or statement that
200	Commo	- 5EC	to par Value
ned Libruary			ETAL CO.
	E	by Lung Farrece	
(Report must be	e signed by an officer)	Title Fresident	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET

	PROVIDENCE, RI	HODE ISLAND 02903		
rporate ID004	8327	Annual Report for the y	ear 1990	
FIRST: The name	of the corporation is	L & R Scrap Metal Co.	, Inc.	••••
		Rhode Is		·····
THIRD: Character	of business, briefly stated, is	Sciap Meta		··•·
Fourth: If foreig	n corporation, address of its pr	incipal office		••••
FIFTH: Business ac	,	631 Ruei SX	<i>^</i>	
	\mathcal{O}	consocker 4	J4 02895	
SIXTH: Names and	l addresses of its directors and	Officers: Address (including number	(Attach rider if necessa	ry)
	Director		***************************************	••••
••••	Director			
	Director		••••••	••••
Luci 4	Muca President	INI HUARSE	Cua - alm 6	 21 .
Robin	Poulca Vice Presiden	101 Hyde St.	Clans (on)	4-0
L. P	'. <i>(()</i>	nt		
and a	Own Yove Secretary	<u> </u>		
Huy 4	MICA Treasurer		······	
	of Shares authorized:		Par Value or statement that shares are without	
No. of Shares	Class	Scries	par value	
600	par Immon	PAID		
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LIONIA. Nullibel (of Shares issued:	152 To 1880	Par Value or statement that	
No. of Shares	Class	Series CF STQTT	shares are without par value	
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ed Fl	015 1098	L+R SCRAP	METAL CO	O. I

Form 31 1/85

(Report must be signed by an officer)

CORPORATIONS DIVISION
100 NORTH MAIN STREET

	100 NORTH	IONS DIVISION MAIN STREET HODE ISLAND 02903	
Corporate ID00	43327	Annual Report for the	year 1989
FIRST: The name of	of the corporation is	L & R Scrap Metal (lo., Inc.
SECOND: It is inco THIRD: Character MOLLO	rporated under the laws of of business, briefly stated, is	Rhode I buying am tal produ	-sland L Selling
		incipal office	
Fifth: Business ad	dress in Rhode Island	631 RIVER S SOCKET, R.S	TREET 1 02895
Name	addresses of its directors and Office		(Attach rider if necessary)
	Director		
••••••	Director		•••••••••••••••••••••••••••••••••••••••
KOBIN Y	ORRECA President ORRECA Vice President ORRECA Secretary	101 Hyde 5	t. Cran, R.I., 0292
Luigi Pa	OFFICA Treasurer	. 🕔	//
SEVENTH: Number	of Shares authorized:	Series	Par Value or statement that shares are without
600			par value No por Volue
Еіднтн: Number o	f Shares issued:	PAID	Par Value
No. of Shares	Class	F. S. R. 2 4 1989	or statement that shares are without par value
200	_	TOY OF STATE	no par
paied Februar	y 22 1/9 89	L+R SCRAP M	IETAL CO, INC.
(Report must be si	By an officer) Tit	11 0	realest

Form 31 1/85

To be James 15.00 State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

orporate ID	!7	Annual Re	port for the year	19
FIRST: The name of	the corporation is	L & R Scrap	o Metal Co., Inc.	***********
SECOND: It is incorp	orated under the laws of		Rhode Island	•••••
THIRD: Character of	f business, briefly stated, is	buying and selli	ng metals and metal produ	cts
FOURTH: If foreign	corporation, address of its pr	incipal office		
FIFTH: Business add	ress in Rhode Island 6	31 River Street,	Woonsocket, RI	•••••••••••••
SIXTH: Names and a	addresses of its directors and		(Attach rider if no	ecessary)
Luigi Porreca	Director	225 Valley St	reet, Providence, RI	•••••
Robin L. Porreca	Director	225 Valley St	reet, Providence, RI	••••••
	Director	***************************************		
Luigi Porreca	President	225 Valley St	reet, Providence, RI	
Robin L. Porreca	Vice Presider			
Daba I D	Secretary		eet, Providence, RI	***********
Luigi Porreca	Treasurer		eet, Providence, RI	*******
SEVENTH: Number o	f Shares authorized:		Par Value	***********
No. of Shares	Class	Series	or statement that shares are without par value	
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EIGHTH: Number of	Shares issued: JAN 2	0 1988	Par Value or statement that shares are without	
No. of Shares	·	F STATE Series AN		
200		· ·	no par value	<u>!</u>
dJanuary 1	••••	ame of Corporation)	Scrap netal	Coc
	Ву		lu Houers	******
(Report must be sign	ned by an officer) Ti	tle V YVI	sider	•

OFFICE OF THE SECRETARY OF STATE

			Annual Report for	the year . 1987	
				P METAL CO., INC.	
	It is incorpora			SLAND	
THIRD:	Character of bu	siness, briefly	stated, is buying	g and selling metals	
and metal p	products			·	
Fourth:	If foreign cor	poration, addi	ess of its principa	ıl office	
				ts will be mailed to this	
address) ^b	31 River Stre	et, Woonsoo	ket, RI		
SIXTH:	Names and add	lresses of its o	lirectors and office	ers:	
	(Addresses mus	it Include street an	d number, if any)		
	Name	Office		Address	
Luigi Porre	ca	Director	225 Valley	Street, Providence, R	Ι
Robin L. Po	orreca	Director	225 Valley	Street, Providence, R	I
		Director			
Luigi Porre	eca	President	225 Valley	Street, Providence, RI	
Robin L. Po	rreca	Vice Preside	ent 225 Valley	Street, Providence, RI	
	orreca			Street, Providence, RI	
Luigi Porre		Treasurer	_	Street, Providence, RI	
SEVENTH	: Number of S	Shares authori	zed:	Par Value	
No. of Sha	res	Class	Series	or statement that shares are without par value	
600				no par value	
EIGHTH:		ares issued:	Series	Par Value or statement that shares are without par value	
200				no par value	
Dated: Apr	il 17 Ng 3 ² CA	19 887 PAID	(Name of Corporation By Light Poly Fitle Res.	P METAL CO., INC.	
	·	SCAN L			
				its registered agent,	

STATE OF RHODE ISLAND PROVIDENCE, SC.

SUPERIOR COURT

L & R SCRAP METAL CO., INC.

VS.

C.A. NO: 87-1855

KATHLEEN S. CONNELL, in her official capacity as Secretary of State for the State of Rhode Island

ORDER

:

This cause came on to be heard before this Honorable Court upon the plaintiff's Complaint to Reinstate the Charter of the Corporation and file the Annual Reports required by statute to be filed, and after hearing statement of counsel, it is hereby:

ORDERED

- 1. Plaintiff may file upon payment of the filing fee its Annual Reports for the years 1984, 1985, 1986 and 1987 as attached to the Complaint and made a part hereof.
- 2. That the defendant shall accept the filing upon the payment of the filing fee for said Annual Reports for the years 1984, 1985, 1986 and 1987.
- 3. Upon filing of said Annual Reports and the payment of the filing fee, the defendant shall reinstate the charter of the plaintiff corporation and consider the same in good standing retroactive to the date of its forfeiture.
- 4. Plaintiff hereby waives any right to a hearing de novo pursuant to R.I.G.L.A. 7-1.1-133.

ENTERED as an Order of Court this _____ day of April,

ENTER:

JUSTICE

ASSENTED TO

RALPH R. BELLO, ESQUIRE

422 Broadway

Providence, RI 02903

GERARD R. LALIBERTE

Legal Counsel

Secretary of State

CERTIFICATION

of April, 1987, I mailed a true copy of the within Order to Gerard R. Laliberte, legal counsel for the Secretary of State, State House, Providence, RI 02903.

Rulph R Bells

OFFICE OF THE SECRETARY OF STATE

			Annu	al Rej	port for	the year	1986	
First:	The nar	ne of the corpora	ation is	L s l	R SCRAI	P METAL	CO., INC.	•
SECOND:	It is in	ncorporated unde	er the laws	of	RHODE :	ISLAND		
THIRD:	Charac	er of business, b	riefly state	d, is	buying	g_and_se	elling metal	s
and metal	produc	s						
Fourth:	If for	eign corporation	, address o	of its	principa	l office		
		s address in Rh		•	-	ts will be	mailed to this	ı
address)	31 Riv	er Street, Wo	onsocket	, RI				
Sixth:	Names	and addresses o	f its direct	tors a	nd office	ers:		
	(Add	resses must include s	treet and num	ber, If a	iny)			
	Name	Office				Address		
Luigi Porr	eca	Directo	or .	225	Valley	Street,	Providence	, RI
Robin L. P	orreca	Directo	or	225	Valley	Street,	Providence	, RI
		Directo	r		4-4-	,		
Luigi Porr	eca .	Preside	ent .	225.	Valley	Street,	Providence	, RI
Robin L. P	orreca	Vice F	President	225	Valley	Street,	Providence	, RI
Robin l. P	orreca	Secreta	ary	225	Valley	Street,	Providence	, RI
		Treasu	ırer	225, 1	Valley	Street,	Providence	, RI
Seventh	: Nun	ber of Shares a	uthorized:			or	Par Value statement that	
No. of Sha	res	Class		Se	ries	sha	res are without par value	
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Еіднтн:		oer of Shares issu	ied:				Par Value statement that res are without	
No. of Sha	ires	Class		Sei	ries		par value	
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Dated: Apri	1_17,	19 . 8	B (Na		R SCR		. CO., INC.	
			No. (No. (No. (No. (No. (No. (No. (No. (الوسك	for	eca		
;	訓訓	1001	₹ Title	fu.	·			,
	Ла		D	(Repo	ort must b	e signed by	an officer)	
		 	8 F &				·····	
		n has changed its filed. Please contact						

OFFICE OF THE SECRETARY OF STATE

		Ann	ual Report for	the year 1985	
First:	The name of	of the corporation is	L & R SCR	AP METAL CO., INC.	
Second:	It is incom	porated under the law	s of RHODE I	SLAND	
THIRD:	Character	of business, briefly stat	ted, is buyin	g and selling metal	s
and metal	products				
Fourth	: If foreig	n corporation, address	of its principal	office	
				ts will be mailed to this	
address) 63		treet, Woonsocket			
Sixth:	Names and	d addresses of its dire	ctors and office	rs:	
	(Address	es must include street and nu	mber, If any)		
	Name	Office		Address	
Luigi Porr	eca	Director	225 Valley	Street, Providence,	RI
Robin L. P	orreca	Director	225 Valley	Street, Providence,	RI
		Director			
Luigi Porr	eca	President	225 Valley	Street, Providence,	RI
Robin L. P	orreca	Vice President	225 Valley	Street, Providence,	RI
Robin L. P	orreca	Secretary	225 Valley	Street, Providence,	RI
Luigi Porr		Treasurer	225 Valley	Street, Providence,	RI
Sevente	H: Number	of Shares authorized	:	Par Value or statement that	
No. of Sh	ares	Class	Series	shares are without par value	
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Еіснтн	: Number	of Shares issued:		Par Value	
No. of Sh	ares	Class	Series	or statement that shares are without par value	
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Dated: Apri	1 17 34N 9 198	7 2 8 By	Vame of Corporation)	METAL CO., INC.	
	VF	₹ Titl		signed by an officer)	
			///ohous mass of	- organist by the control of	
		as changed its registere			

OFFICE OF THE SECRETARY OF STATE

		A	nnual Report for the	year 1984	
First:	The name of	the corporation is	L & R SCRAP ME	CTAL CO., INC.	
SECOND:		orated under the la		SLAND metals	
		•			
			ss of its principal o		
POCKIII	. II loreign	corporation, addre	es of its principal o	THE	
Fifth:	Duniman add	lwaga im Dhada Tal	and (blank manauta	will be realled to this	
c 3		ress in Knode Isi reet, Woonsocke		will be mailed to this	
address)				· · · · · · · · · · · · · · · · · · ·	
Sixth:			rectors and officers:	`	
	L	must include street and			
Luigi Porn	Name	Office		ddress	DT
	eca			reet, Providence,	
KODIN L. P	orreca	Director	225 Valley St	reet, Providence,	RI
		Director			
		President	225 Valley St	reet, Providence,	RI
Robin L. P	orreca	Vice Presider	nt 225 Valley St	reet, Providence,	RI
Robin L. P	orreca	Secretary	225 Valley St	reet, Providence,	RI
	eca ace is needed, a	Treasurer	225 Valley St	reet, Providence,	RI
Seventi	: Number o	of Shares authoriz	ed:	Par Value or statement that	
No. of Shi	Ares	Class	Series	shares are without par value	
600				no par value	
		Shares issued:		Par Value or statement that shares are without	
No. of Sh	Bres	Class	Series	par value	`
200			г	o par value	
Daved.	oril 17,	19 ^{8.7} 06/10/87 B	L & R SCRAP ME (Name of Corporation)	TAL CO., INC.	
	JUN 9 1987		itle Pour		
	· ·	PAID T		gned by an officer)	
If the	corporation has	changed is Fegiste	ered office and/or its	registered agent,	

Form #9 must be filed. Please contage Corporation Division for information. 277-3040