



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 CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91130		2. Name of Corporation B & M DRYWALL, INC.	
3. Street Address Principal Business Office 141 Bell Avenue		City Riverside	State RI
4. Business Phone No. (401) 333-3377		5. State of Incorporation RHODE ISLAND	6. SIC Code 299

7. Brief Description of the Character of Business Conducted in Rhode Island  
Installation and finishing of drywall.

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

President Name Albert L. Williams, Jr.	Vice President Name Albert L. Williams, Jr.
Street Address 141 Bell Avenue	Street Address 141 Bell Avenue
City Riverside	City Riverside
State RI	State RI
Zip 02915	Zip 02915
Secretary Name Albert L. Williams, Jr.	Treasurer Name Albert L. Williams, Jr.
Street Address 141 Bell Avenue	Street Address 141 Bell Avenue
City Riverside	City Riverside
State RI	State RI
Zip 02915	Zip 02915

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

Director Name Albert L. Williams, Jr.	Director Name
Street Address 141 Bell Avenue	Street Address
City Riverside	City
State RI	State
Zip 02915	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000	Common	No Par Value

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



9 1 1 3 0

File Date 2/17/05  
Check No. 1019  
By: W.  
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Albert L. Williams, Jr. Date 2/4/05  
Print or Type Name of Officer Albert L. Williams, Jr.  
Title of Officer President



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 CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91130		2. Name of Corporation B & M DRYWALL, INC.			
3. Street Address Principal Business Office 141 Bell Avenue			City Riverside	State RI	Zip 02915
4. Business Phone No. (401) 333-3377		5. State of Incorporation RHODE ISLAND			6. SIC Code 299
7. Brief Description of the Character of Business Conducted in Rhode Island Installation and finishing of drywall.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert L. Williams, Jr.			Vice President Name Albert L. Williams, Jr.		
Street Address 141 Bell Avenue			Street Address 141 Bell Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Albert L. Williams, Jr.			Treasurer Name Albert L. Williams, Jr.		
Street Address 141 Bell Avenue			Street Address 141 Bell Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Albert L. Williams, Jr.			Director Name		
Street Address 141 Bell Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		1,000	Common	No Par Value

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



9 1 1 3 0

**FILED**

File Date \_\_\_\_\_  
Check No. **FEB 04 2004**  
By: **ml8818**  
FOR SECRETARY OF STATE USE ONLY

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

*(Signature)*  
Signature of Officer \_\_\_\_\_ Date **1/28/04**  
**Albert L. Williams Jr.**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **91130** 2. Name of Corporation **B & M DRYWALL, INC.**  
3. Street Address Principal Business Office **141 Bell Avenue** City **Riverside** State **RI** Zip **02915**  
4. Business Phone No. **(401) 333-3377** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Installation and finishing of drywall.**

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

President Name <b>Albert L. Williams, Jr.</b>	Vice President Name <b>Albert L. Williams, Jr.</b>
Street Address <b>141 Bell Avenue</b>	Street Address <b>141 Bell Avenue</b>
City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>	City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>
Secretary Name <b>Albert L. Williams, Jr.</b>	Treasurer Name <b>Albert L. Williams, Jr.</b>
Street Address <b>141 Bell Avenue</b>	Street Address <b>141 Bell Avenue</b>
City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>	City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>

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

Director Name <b>Albert L. Williams, Jr.</b>	Director Name
Street Address <b>141 Bell Avenue</b>	Street Address
City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 9 1 1 3 0 \*

File Date: 2-26-03  
Check No.: 795  
By: [Signature]

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

Signature of Officer [Signature] Date 2/18/03  
Print or Type Name of Officer Albert L. Williams Jr  
Title of Officer President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91130** 2. Name of Corporation **B & M DRYWALL, INC.**  
3. Street Address Principal Business Office **141 Bell Avenue** City **Riverside** State **RI** Zip **02915**  
4. Business Phone No. **(401) 333 3377** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Installation and finishing of drywall.**

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

President Name <b>Albert L. Williams, Jr.</b>	Vice President Name <b>Albert L. Williams, Jr.</b>
Street Address <b>41 Bell Avenue</b>	Street Address <b>141 Bell Avenue</b>
City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>	City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>
Secretary Name <b>Albert Williams, Jr.</b>	Treasurer Name <b>Albert Williams, Jr.</b>
Street Address <b>141 Bell Avenue</b>	Street Address <b>141 Bell Avenue</b>
City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>	City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>

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

Director Name <b>Albert L. Williams, Jr.</b>	Director Name
Street Address <b>141 Bell Avenue</b>	Street Address
City <b>Riverside</b> State <b>RI</b> Zip <b>02915</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 9 1 1 3 0 \*

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

File Date: \_\_\_\_\_

*Albert L. Williams Jr.* 2/8/02  
Signature of Officer Date

Check No.: \_\_\_\_\_

**Albert L. Williams Jr.**  
Print or Type Name of Officer

By: \_\_\_\_\_

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2000  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91130 2. Name of Corporation B & M DRYWALL, INC.  
3. Street Address Principal Business Office 141 Bell Avenue City Riverside State RI Zip 02915  
4. Business Phone No. 401-333-3377 5. State of Incorporation RHODE ISLAND 6. SIC Code 299  
7. Brief Description of the Character of Business Conducted in Rhode Island

Installation and finishing of drywall.

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

President Name <u>Albert L. Williams, Jr.</u>	Vice President Name <u>Albert L. Williams, Jr.</u>
Street Address <u>141 Bell Avenue</u>	Street Address <u>141 Bell Avenue</u>
City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>	City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>
Secretary Name <u>Albert Williams, Jr.</u>	Treasurer Name <u>Albert L. Williams, Jr.</u>
Street Address <u>141 Bell Avenue</u>	Street Address <u>141 Bell Avenue</u>
City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>	City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>

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

Director Name <u>Albert L. Williams, Jr.</u>	Director Name
Street Address <u>141 Bell Avenue</u>	Street Address
City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<u>1,000</u>	<u>no par value</u>	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<u>1,000</u>	<u>Common</u>	<u>No Par Value</u>

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

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

File Date: MAR 05 2001

Albert L. Williams, Jr. 2/19/01  
Signature of Officer Date

Check No.: MAR 05 2001

Albert L. Williams, Jr.  
Print or Type Name of Officer

By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91130** 2. Name of Corporation **B & M DRYWALL, INC.**  
3. Street Address Principal Business Office  
**193 Colvin Town Road**  
4. Business Phone No. **(401)823-0552** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Installation and finishing of drywall.**

City **Coventry** State **RI** Zip **02816**  
6. SIC Code **299**

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

President Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

Vice President Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

Secretary Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

Treasurer Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

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

Director Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

Director Name  
  
Street Address  
  
City State Zip

Director Name  
  
Street Address  
  
City State Zip

Director Name  
  
Street Address  
  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 Common No par value**

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



File Date: **FILED**  
Check No.: **MAR 02 2000**  
By: **ce 1708**  
FOR SECRETARY OF STATE USE ONLY

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

X **Albert L. Williams, Jr.** **2/12/00**  
Signature of Officer Date  
**Albert L. Williams, Jr.**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91130** 2. Name of Corporation **B & M DRYWALL, INC.**  
 3. Street Address Principal Business Office **193 Colvin Town Road** City **Coventry** State **RI** Zip **02816**  
 4. Business Phone No. **(401)823-0552** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **299**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Installation and finishing of drywall.**  
 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Albert L. Williams, Jr.</b> Street Address <b>193 Colvin Town Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	Vice President Name <b>Albert L. Williams, Jr.</b> Street Address <b>193 Colvin Town Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>
Secretary Name <b>Albert L. Williams, Jr.</b> Street Address <b>193 Colvin Town Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	Treasurer Name <b>Albert L. Williams, Jr.</b> Street Address <b>193 Colvin Town Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>

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

Director Name <b>Albert L. Williams, Jr.</b> Street Address <b>193 Colvin Town Road</b> City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
1,000	Common	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.

File Date: **FILED**  
**FEB 16 1999**  
 Check No.:  
 By: **CL 1552**  
 FOR SECRETARY OF STATE USE ONLY

X **ALBERT L. WILLIAMS, JR.** 2/11/99  
 Signature of Officer Date  
**Albert L. Williams**  
 Print or Type Name of Officer  
**President**  
 Title of Officer

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91130** 2. Name of Corporation **B & M DRYWALL, INC.**

3. Street Address Principal Business Office **193 Colvin Town Road** City **Coventry** State **RI** Zip **02816**

4. Business Phone No. **(401)823-0552** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0299**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Installation and finishing of drywall**

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

President Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

Vice President Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

Secretary Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

Treasurer Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

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

Director Name  
**Albert L. Williams, Jr.**  
Street Address  
**193 Colvin Town Road**  
City **Coventry** State **RI** Zip **02816**

Director Name  
  
Street Address  
  
City State Zip

Director Name  
  
Street Address  
  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 Common No par value**

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



File Date: 2.27.98  
Check No.: 1247  
By: WP

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.

X [Signature] 2/13/98  
Signature of Officer Date

Albert L. Williams, Jr.  
Print or Type Name of Officer

President  
Title of Officer



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

James H. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 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)

1. Corporate ID No. **91130** 2. Name of Corporation **B & M DRYWALL, INC.**  
3. Street Address Principal Business Office  
**193 Colvin Town Road** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. **823-0552** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0299**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Installation and finishing of drywall**

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

President Name <b>Albert L. Williams, Jr.</b>	Vice President Name <b>Albert L. Williams, Jr.</b>
Street Address <b>193 Colvin Town Road</b>	Street Address <b>193 Colvin Town Road</b>
City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>
Secretary Name <b>Albert L. Williams, Jr.</b>	Treasurer Name <b>Albert L. Williams, Jr.</b>
Street Address <b>193 Colvin Town Road</b>	Street Address <b>193 Colvin Town Road</b>
City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>

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

Director Name <b>Albert L. Williams, Jr.</b>	Director Name
Street Address <b>193 Colvin Town Road</b>	Street Address
City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	City
Director Name	Director Name
Street Address	Street Address
City	City

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

AUTHORIZED SHARES	ISSUED SHARES	Class/Series	Par Value
Number of Shares	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>	<b>1,000</b>	<b>Common</b>	<b>No par value</b>

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



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

*Albert L. Williams, Jr.* **2/5/97**  
Signature of Officer Date  
**Albert L. Williams**  
Print of True Name of Officer  
**Pres**  
Title of Officer

File Date: **2/13/97**  
Check No.: **1089**  
By: *[Signature]*  
FOR SECRETARY OF STATE USE ONLY