

(FORM MUST BE TYPED IN BLACK)

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

1. Corporate ID No.	2. Name of Corporation	<u> </u>				
99030	The Bottom Line Bar & Grill, Inc.					
3. Street Address Principal Rusine	ī		City	State	Zip	
415 PALMER AVENUE	- -		WARWICK	RI	'	
4. Business Phone No.		5. State of Incorporation	1		02889	
4017379834		RHODE ISLAND			3095	
7. Brief Description of the Charac						
TO SERVE ALCHOLOL BE						
& NAMES AND ADDRESS	es of the office	RS ("X" BOX FOR ATTA		CES BEFORE USING AT	TACHMENTS	
President Name JOHN P. GALLAGHER			Vice President Name			
Street Address			WARREN KEAN Street Address			
30 HARDING AVE.			. 94 DORIS AVE.	•		
	State	17)		. 16	19.	
City CRANSTON	RI	7 <i>lp</i> 02905	<i>'City</i> : WARWICK	State RI	<i>Zip</i> 02889	
Secretary Name	1	102303	Treasurer Name			
WARREN KEAN			JOHN P. GALLAGHI	FD		
Street Address		 	Street Address			
94 DORIS AVE.			30 HARDING AVE.			
City	State	Zip	*City	State	Zip	
WARWICK	RI	02889	CRANSTON	RI	·	
9. NAMES AND ADDRESS	1	-			j 02905	
Director Name	ES OF THE DIKECT	OKS (A BOX PURAI	Director Name	PACES BEFORE USING.	ATTACHMENTS	
			·			
Street Address			.Street Address		 	
Greet Address			· Sirect Address			
City	State	Zip	• •City	State	Zip	
			•			
Director Name			· Director Name			
			•			
Street Address			·Street Address		· · · · · · · · · · · · · · · · · · ·	
			•		j	
City	Side	Zip	City	State	Zip	
			· •			
10. SHARES AUTHORIZE	D CX" BUX FUR ATTA	CHMENT)	11. SHARES ISSUED ("X"	' BOX FOR ATTACHMEN	η 🗆	
AUTHORIZED SHARES	C) 6 /	0-1/-1	ISSUED SHARES	10: 0		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			1000	COMMON	NO PAR	
.,					1	
						
						
This report must be signed	I in ink by either th	e President, Vice Pre	sident, Secretary, Assis	tant Secretary, Treasu	urer, Receiver or Trustee	
This report must be signed	I In Ink by either th	e President, Vice Pre	sident, Secretary, Assis	tant Secretary, Treasu	urer, Receiver or Trustee	
This report must be signed	I in ink by either th	e President, Vice Pre	sident, Secretary, Assis	tant Secretary, Treasu	urer, Receiver or Trustee	
This report must be signed	I in ink by either th	e President, Vice Pre	sident, Secretary, Assis	tant Secretary, Treasu	urer, Receiver or Trustee	
This report must be signed	In ink by either th	e President, Vice Pre				
This report must be signed	In ink by either th	e President, Vice Pre	Under penalty of perj	ury, I declare and affirm :	that I have examined	
	3 0	e President, Vice Pre	Under penalty of perj this report, including	ury, I declare and affirm a any accompanying sched	that I have examined tules and statements,	
This report must be signed 9 9 0	3 0	e President, Vice Pre	Under penalty of perj this report, including	ury, I declare and affirm :	that I have examined tules and statements,	
	3 0	e President, Vice Pre	Under penalty of perj this report, including	ury, I declare and affirm a any accompanying sched	that I have examined tules and statements,	
*99030 DBC 04/1 Foli 0	3 0	e President, Vice Pre	Under penalty of perj this report, including and that all statement	ury, I declare and affirm a any accompanying sched	that I have examined tules and statements,	
*99030 DBC 04/1 Foli 0	3 0	e President, Vice Pre	Under penalty of perj this report, including and that all statement Signature of Officer	ury, I declare and affirm a any accompanying sched s contained herein are tru	that I have examined tules and statements,	
*99030 DBC 04/1 Foli 0	3 0	e President, Vice Pre	Under penalty of perj this report, including and that all statement Signature of Officer JOHN P. GA	ury, I declare and affirm a any accompanying sched s contained herein are true.	that I have examined tules and statements,	
*99030 DBC 04/1 Foli 0	3 0	e President, Vice Pre	Under penalty of perj this report, including and that all statement Signature of Officer JOHN P. GA Print or Type Name of Officer	ury, I declare and affirm any accompanying scheds contained herein are true. ALLAGHER Officer	that I have examined tules and statements,	
*99030 DBC 04/1 F0 0 File Date APR 1 Check No.	5 2005 - 148	e President, Vice Pre	Under penalty of perj this report, including and that all statement Signature of Officer JOHN P. GA Print or Type Name of O	ury, I declare and affirm any accompanying scheds contained herein are true. ALLAGHER Officer	that I have examined fules and statements, see and correct.	
*99030 DBC 04/1 FOLD File Date APR 1 Check No.	5 2005 - 148	e President, Vice Pre	Under penalty of perj this report, including and that all statement Signature of Officer JOHN P. GA Print or Type Name of Officer	ury, I declare and affirm any accompanying scheds contained herein are true. ALLAGHER Officer	that I have examined tules and statements,	



Director Name

Street Address

Director Name

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

Zip

State

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

Matthew A. Brown, Secretary of State

401.222.3040

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No 5. State of Incorporation 4. Business Phone No 6. SIC Gode 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 Physident Name Since Address 02905 ecretary Name State

Director Name

Street Address

Director Name

City

Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Par Falue Class/Series Par Value ar on mod This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 1

File Date]
Check No1013	
ву:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have a	
including any accompanying schedules and statements, ar	to that all statements
contaiged herein are true and correct,	/
Irohn P. Stallacher	1/31/04
Signature of Officer 0	Date
V John P. Gallagher	
Print or Type Name of Officer	
/ PRESIDENT.	•
Title of Officer	

☐ FILL IN SPACES BEFORE USING ATTACHMENTS

State

Zip



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORP	PORATION	ANNUAL REI	PORT FOR THE	$_{YEAR}$ 100	9
Filing Period: January	I - March I ● F	iling Fee: \$50.00			
FORM MUST BE TYPED I					
1. Conjuna ID NZ	2. Nume of Corpo				
41170	The Bottom	Line Bar & Grill, Inc.			
3. Street Address Principal Bu	usiness Office		City	State	Zip
415 Palmer Avenu	ue		Warwick	RI	02889
4. Business Phone No.		5. State of Incorpora	tion		6. SIC Code
401-737-9834		Rhode Island			3095
7. Brief Description of the Ch	uracter of Business Con	ducted in Rhode Island			
, , , ,			BAT & Rest	hinnt Fas	+ FOED
of Bottle against and the	adolar for the form	Treffit war to a service			
President Name	resire on Lutton	HELKS PAPEROX FOR	Vice President Name	ACES BEFOREESING	MUACHMENTS
John P. Gallaghe	r		• Warren E. Kean		
Street Address		<u> </u>	Sireet Address		
30 Harding Avenu	۵		· 10 Rogers Road		
	State	Zip	City		Te
City Cranston	RI	02905	.c <i>ny</i> •Warwick	State RI	Zip
Scereiary Name	! *		Treasurer Nume	· · · · · · · · · · · · · · · · · · ·	02888
John P. Gallaghe	٣		. Warren E. Kean		
<u>_</u>			*Street Address	- 	
Sired Address 30 Harding Avenu					
<u>_</u>			.10 Rogers Road		· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City	State	Zip
Cranston	RI	02905	.Warwick	RI	02888
	SSES OF THE DIR	COLORS (MXPBOXUTO	DATE CHATERUS DIED IN	SPACES BUILDING	PYANAYAN WESTER
Director Name			Director Nume		
			<u> </u>		
Street Address			· Street Address		
			•		
City	State	Zip	·City	State	Zip
			•		
Director Name	• • • • • • • • •	• • • • • • • • • • • • •	Director Nume		· · · · · · · · · · · · · · · · · · ·
			•		
Street Address			·Sireei Address		
			•		
City	State	Zîp	City	State	Zip
			•	j	
(I) SHARES AUTHORI	ZED PSPEOSFOR	ADUTORNES DE LA CONTROL DE LA	(ILASII/ARIESHISSUED)/P	X" BOXFOR AFTERME	<i>Ni</i> 0/□
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shures	Class/Series	Par Value
1000		No Pos VA	(ve 0 - NONE	•	0 - NONE
	·····		- 		
This report must be sign	mad in ink by aith	on the President Vice	President', Secretary, Assi	l	l
inis report must be sig-	neu in ink oy eun	er ine rresident, vice	Fresident, Secretary, Assi	siani secretary, treas	surer, Receiver or Trust
		ك مستال استسا			
		MAY 22 2003	Linder nepalty of ne	rjury, I declare and affirm	that I have evenined
	'	A -		g any accompanying scho	
		W AMF		g any accompanying sent nts contained herein are to	
	_	" J - /-! J - ! /	/ / _ ' //	$\Delta O = 1$, $\Delta O = 1$	
File Dute		- 2100 C	Latina No.	Y. Salland	5/22/27
		- 1 <i>014748</i>	Supplier of Officer	, sootagia	Date
Check No	<u>-</u>	_ ' -	1111 0.5	lagher "	- ···•
		_			
B <u>y:</u>		_	Print or Type Name of	Officer	
FOR SECRETARY OF STAT	TE LICE ANIV	_	President o	•	
TON SECRETARY OF STATE	ID OUR ONLT		33 Tine of Officer		Form 630 12/



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

				111	1_
ROFIT CORPO	DRATION A	ANNUAL REPOI	RT FOR THE	YEAR	$\overline{\nu}$
	,	iling ree: \$30.00			
ORM MUST BE TYPED IN I Compran ID No.	BLACK) 2. Name of Corpor	ration			
99030		Line Bar & Grill, Inc.	· • •		
Sircei Address Principal Busi	ness Office		City	State	Zip
15 Palmer Avenue			Warwick	RI	02889
Business Phone No.		5. State of Incorporation			6. SIC Code
01-737-9834		Rhode Island			. 3095
Brief Description of the Char	acter of Business Con	ducted in Rhode Island		.1 ~ . 1	r 1
,			r + Resturn		
	SES OF THE OFF	ICERS ("X" BOX FOR ATTA		ACES BEFORE USING A	TTACHMENTS
esident Name ohn P. Gallagher			Vice President Name Warren E. Kean		
cei Address			Street Address		
0 Harding Avenue			· 10 Rogers Road		
y	State	Zip	City	State	Zip
ranston	RI	02905	·Warwick	RI	02888
reiary Name			Treasurer Name		
ohn P. Gallagher			Warren E. Kean		
rcei Address		<u></u>	* Street Address	······································	
O Harding Avenue			.10 Rogers Road	•	
ity	State	Zip .	*City	State	Zip
ranston	RI	02905	. Warwick	RI	02888
NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS ()
irector Name			Director Name		
			•		
ireei Address			· Street Address	-	•
			•		
ity	State	Zip	•City	State	Zip
•			•		
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name	1	
			•		
ireei Address			*Street Address		
·······					
lity	State	Zip	•City	State	Zip
\		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
IO SHARES AUTHORIZ	ED' C'X" BOX FOR	ATTACHMENT) 🗌		X" BOX FOR ATTACHMEN	<u> </u>
WITHORIZED SHARES Jumber of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Cluss/Scries	Par Value
rumber by Shares	Class/Series	7 to varie	Transcer by billores	Classication	
1000		NO PAT VALVE	0 - NONE		0 - NONE
1000		אט ואי ייוניע	ļ		
		·	1		
his report must be sig n	ed in ink by eith	er the President, Vice Pre	sident; Secretary, Assi	stant Secretary, Treas	urer, Receiver or Tru
		רבים וויבן			
		أأسي ويهومها فالأ		•	
		May on and			
		MAY 22 2003	Under penalty of ne	rjury, I declare and affirm	that I have examined
		Zu Amr		g any accompanying sche	
		- 1(XI)/		nts contained herein are tr	
		21000	() 4-11111	D 1. 11 1	r/20/-
File Date		- 3/9/3/A	KY OL PRINCH	1. Sallardu	5/81/03
		~ ~ ~ ED • 1/4	Signature of Officer	7	Date 7 7
Check No.		-	∖ John√RoGal	lagher	
_		入心 -	Print or Type Name o	f Officer	-
B <u>v:</u>		- 317	■ President		
FOR SECRETARY OF STATE	E USE ONLY		Title of Officer	<u> </u>	Form 630
		· ·	27 077.00		1 01/11 030

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

PROFIT'CORPÓRATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSTRUCTIONS

ł.	Corporate	ID	N	١.	
			-	_	_

2. Name of Corporation

99030

The Bottom Line Bar & Grill, Inc.

3.	Street Address	Principal		
	NIC	PALM	FR	DUE.

WArwick

State PT

^{zı},02889

4. Business Phone No.

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

5. State of Incorporation

. SIC Code

401 732 6084, 401 737 9834

RHODE ISLAND

3095

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

BAR + Grill

8. NAMES AND ADDRESSES OF THE OFFICE	RS ("X" BOX FOR ATTAC		CHMENTS		
John P. Gallagher		VICE President Name WATTEN E KEAN			
Street Address 30 HATDING AVE		Street Address 10 ROGERS ROAD			
CIANSTON State RI	02905	WArwick State RI	ZIP 02888		
Societary Name John P. GALLAgher		Treasurer Name WASTEN E Kean			
Street Address 30 HARDING AVE		Street Address 10 ROGERS ROAD			
Cranston State RI	02905	City WASWEELS State	7.1p 07888		
9. NAMES AND ADDRESSES OF THE DIRECT Director Name	TORS (*X* BOX FOR ATT)	ACHMENT) FILL IN SPACES BEFORE USING ATT Director Name	ACHMENTS		
Street Address		Street Address			
City State	Zip	City State	Zip		
Director Name .		Director Name			
Street Address		Street Address			
City State	Zip	City State	Zip		
10. SHARES AUTHORIZED (*x* BOX FOR ATTACE	HMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	r)		

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

ISSUED SHARES

Number of Shares



Class/Series

Par Value

File Date: 8 (17)

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.

lohn P.	Gallagher	
Signature of Officer	7	Date
	A A 1. 1	

John	ľ,	GALLAGHER
int or Two Name of Office		

Pracident

NO PAT VALVE

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 Z000

STOP PILVERIAD INSTRUCTIONS

1. Copposed 10 No. 2. Mane of Copposed 10 No. 2. State of Incorposition (Inc. Barra & Grill. Fit Copposed 10 No. 10 No. 2. State of Incorposition (Inc. Barra & Grill. Fit Copposed 10 No. 10 No. 2. State of Incorposition (Inc. Barra & Grill No. 10 N	Filing Period: Janua	iry 1-March 1 •	Filing Fee: \$50.00			INSTRUC
3. Street Address Principal Business Office 4. Business Prome No. 4. Business Prome No. 5. State of Incorporation 6. SIC Code 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Fresher Name John P. Gallagher John P. Gall	(FORM MUST BE TYPED IN I	BLACK)				
4. Bulines Mone No. 4. Bulines Mone No. 5. State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island To Scrue AlLhoch at beverage and food 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Freshden Name John J. Galla gher Street Address 30 Harding Ave. City State Cranston Street Address City Cranston Street Address City State City City City City City City City City	1. Corporate ID No.				_	_
4. Bulines Mone No. 4. Bulines Mone No. 5. State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island To Scrue AlLhoch at beverage and food 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Freshden Name John J. Galla gher Street Address 30 Harding Ave. City State Cranston Street Address City Cranston Street Address City State City City City City City City City City	99030	The Ba	ttom Lined	Bara Grill. F	11 C	
4. Bulines Mone No. 4. Bulines Mone No. 5. State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island To Scrue AlLhoch at beverage and food 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Freshden Name John J. Galla gher Street Address 30 Harding Ave. City State Cranston Street Address City Cranston Street Address City State City City City City City City City City		ness Office		City	State	21p
4. Business Proper No. S. Stetic of Incorporation (YOL) 732-6084 2095 2096 2096 2097 2098 2097 2098 2097	415 Palme			Warnish	R.T.	02889
(401) 732-6084 7. Brief Direction of the Character of Business Conducted in Rhode (sland To Scrue Alchehal beverage and food 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President	4. Business Phone No.	, ,,, -	5. State of Incorporation	00 47 00 7 07		6. SIC Code
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS PRESIdent Name John P. Galla gher Street Address 30 Harding Ave. City Street Address Street Addres	(401) 732 - 7. Brief Description of the Chara	- 6084 acter of Business Conducted I				
Director Name John P. Gallagher John P. Gallagher				I last		
Director Name John P. Gallagher John P. Gallagher	8. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
Cly State 21p Cly State 21p Cranston OFF. 02905 Warwick OFF. 02888 Sectetary Name Total P. Gallagher State 21p Cranston OFF. 02905 Warwick OFF. 02888 Street Address 30 Harding Ave. Cly State 21p Cranston OFF. 02905 Warwick OFF. 02988 9. NAMES AND ADDRESSES OF THE DIRECTORS ('X' BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Tohn P. Gallagher Warren E. Kean Street Address Director Name Tohn P. Gallagher Street Address 30 Harding Ave. Cly State 21p Cranston OFF. 02905 Warwick OFF. 02888 Street Address OFF. 02905 Warwick OFF. 21p Cly State 21p Cly Cly State 21p Cly Cly Cly Cly Cly Cly						
Cranston ORF. 02905 Warwick OFF. 02888 Secretary Name John P. Gallagher Siret Address 30 Harding AVC. City State Cranston ORF. 02905 Warwick OFF. O2905 Warwick ORF. O2888 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name John P. Gallagher Siret Address 30 Harding AVC. City State Ci					Kegn	
Cranston ORF. 02905 Warwick OFF. 02888 Secretary Name John P. Gallagher Siret Address 30 Harding AVC. City State Cranston ORF. 02905 Warwick OFF. O2905 Warwick ORF. O2888 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name John P. Gallagher Siret Address 30 Harding AVC. City State Ci	30 Hara	lina Aug.		10 Ruppes	AS.	
Secretary Name Treasure Name To Rogers Rd. Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS ('X' BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name To had P. Gallagher Street Address To Harding Ave. City Cranston R. F. 21p City State To Rogers Rd. City	City	State	Zip	City	State	Zip
Street Address 30 Harding Ave. City State Cranston RT. 02905 Warwick RT. 02888 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name TO had P. Gallagher Street Address 30 Harding Ave. City Cranston RT. 02905 Warwich City State C	Cranston Secretary Name	A.T.	02905	Warwick Treasurer Name	R.I.	02888
Cranston N.T. 02905 Warwick R.T. 02888 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name TO his P. Gallagher Sizet Address 3.0 Harding Ave. City City State 21p Cranston Director Name Director Name Street Address City State 21p 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	John P. Ga	llagher			E. Kean	
Cranston N.T. 02905 Warwick R.T. 02888 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name TO his P. Gallagher Sizet Address 3.0 Harding Ave. City City State 21p Cranston Director Name Director Name Street Address City State 21p 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	30 Hardin	a Ave.		10 Range	RL	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name TO him P. Gallagher Sireet Address 3.0 Harding Ave. City State City City State City State City State City City State City State City City City City City State City City City City State City Cit		State	Zip	City	State	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name TO him P. Gallagher Sireet Address 3.0 Harding Ave. City State City City State City State City State City City State City State City City City City City State City City City City State City Cit	Cranston	NI.	02905	Warwick	R.T.	02888
Tohn P. Gallagher Street Address Street Address OHArding Ave. City Cranston Director Name Street Address City State Zip City State Zip 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value		ESSES OF THE DIRI	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS
City State Zip City State Zip City State Zip OZ888 City Marwick R.F. 02888 Director Name Street Address City State Zip City State Zip City State Zip City State Zip 10. SHARES AUTHORIZED ('X' BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	Director Name					
Street Address City State 21p City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Director Name Street Address Street Address Street Address Street Address State Zip 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value	John P. Gal	Clayher		Warren B	E. Kean	
Street Address City State 21p City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Director Name Street Address Street Address Street Address Street Address State Zip 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value	30 Hardia	on Ave.		In Rogers	Rd.	
Street Address City State 21p City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Director Name Street Address Street Address Street Address Street Address State Zip 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value	City	State	ZIp	City	State	Zip
Street Address City State 21p City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Director Name Street Address Street Address Street Address Street Address State Zip 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value	Cranston	R.Z.	02905	Warwick	RI.	02888
City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	Director Name				• • •	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) SSUED SHARES Number of Shares Class/Series Par Value	Street Address			Street Address		
AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	City	State	Zip	City	State	ZIp
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	10. SHARES AUTHORIZ	ZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT	7)
	AUTHORIZED SHARES			ESSUED SHARES		
1. 1,000 rights comen NoPar 1,000 Course	Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	1,000	spher comor	NoPar	1,000	Corner	0

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.
the Date: 10+6/00 11)-18-00	Adams J. Ren 10/6/00 Signature of Officer Date
12 MMF	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	Vice President



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Line 3. Street Address Principal Business Office 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name GALLAGhen WARREN City 02905 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address City ΖĮρ State City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARKS Class/Series Number of Shares Class/Series Number of Shares 1000 1000

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 hereinpare true and correct.
File Date: PAID (1023°	7-9-45
2 9 4350 0700	Signature of Officer Date
Check No. 101 2 8 1999 200	" h. 31 "
	WARREN E KCAN
SCOY OF STUTE 1 Gall 1981	Print py Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
	Title of Officer