

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 COPPODATION ANNILL DEPORT FOR THE VEAR

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	arch I • F	NNUAL REPOR Iling Fee: \$50.00	RT FOR THE YEAR	20	<u>U5</u>			
1. Corporate ID No.	2. Name of Corpora	2. Name of Corporation						
89932	WAYNE R. E	BESSETTE PLASTERING	LTD.					
3. Street Address Principal Business C. 220 Woodbur	4 S+		Pawtucket	State RI	0286.1			
1. Business Phone No. (401) 727-05.	16	5. State of Incorporation	ı	-	G. SIC Code			
7. Brief Description of the Character of PLASTERING BUSINES	of Business Canducter	RHODE ISLANI in Rhode Island	<u> </u>		885			
8. NAMES AND ADDRESSES President Name		RS: ("X" BOX FOR ATT	TACHMENT) [FILL IN SE	PACES BEFORE USIN	NG ATTACHMENTS			
Wayne R Bes	sette		- Same-					
Wayne R Bes Sirvi Addinso 220 Woodburg	y St		Street Address	 _				
Pawtucket	State RI	2.1p 02841	Cuy	State	Zip			
Secretary Name - Sant -	4	•••••	Treusurer Name					
Street Address			Sirvet Address					
City	State	Zip	City	State	Zip			
9. NAMES AND ADDRESSES Director Name	I OF THE DIRECT	ORS: ("X" BOX FOR A	TTACHMENT) FILL IN S	SPACES BEFORE US	ING ATTACHMENTS			
Since Address			Street Address					
Chy	State	Zip	City	State	Zip			
Director Name	L	J	Director Name					
Sinvi Address		 <u>.</u>	Street Address		·			
City	State	Zip	City	State	Zip			
10. SHARES AUTHORIZED ('"X" BOX FOR A 	TTACHMENT)	11. SHARES ISSUED ("X		HMENT)			
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value			
500 NO PAR VALUE								
								
This report must be si	gned in ink by c	ither the President, Vice	President, Secretary, Assistant					
			including any accompa	nying schedules and sta	that I have examined this report itements, and that all statemen			
File Date 8 1 5	105 17	-	Signatule of Officer	Bunto	b-28-05 Date			
Check No. 9	. /	-	Mayre R	Bessette				
FOR SECRETARY OF STATE	TE USE ONLY	-	Print or Type Name of O	yicer				
	US USE ONLY	_	Title of Officer	<u> </u>				



FOR SECRETARY OF STATE USE ONLY

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

Matthew A Brown Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

matthew A. B	rinun, secretary of	siate			401.222.	309	
PROFIT CORPOR	ATION ANN	UAL REPORT	FOR THE YEAR	200)4		
filing Period: January 1 - M		g Fec: \$50.00					
FORM MUST BE TYPED OR PRIN	TED IN BLACK)						
. Corporate ID No.	2. Name of Corporation						
89932		SETTE PLASTERING, L		1	1		
Street Address Principal Business O 220 WOODBUR	~		City PAWTUCKet	State RI	02861		
. Business Phone No.		5. State of Incorporation	1 / // / / / / / / / / / / / / / / / /	7	6. SIÇ Code	_	
. Brief Description of the Character of	0516	RHODE ISLAND			885		
Brief Description of the Character of the PLASTERING BUSINES	f Business Conducted in i S.	Rhode Island					
. NAMES AND ADDRESSES		("Y" ROY FOR ATTA	CHMENT) [] FILL IN SE	ACES BEFORE USIN	GATTACHMENTS		
resident Name	or the officens	, (A BOATORATIA	Vice President Name	ACES DEFORE COM	o All Activities		
Wayno R Bess	ette		- 3ano -				
Ireel Address			Street Address				
Wayne R Bess irea Address 220 Woodbury	<u>S+</u>	T-:			1		
PALIT	Siale RI	12 8 le 1	City	State	Zip		
L.A	1	.1	Treasurer Name		1	••••	
-Same -			-5ame -				
irvet Address			Street Address	· · · · · · · · · · · · · · · · · · ·			
Tity	State	Zip	City	State	Zip		
. NAMES AND ADDRESSES	I OF THE DIRECTOR	 S:	: TACHMĒNT) ☐ ☐ FILL IN :	 SPACES BEFÖRE ÜS	ING ATTACHMENTS		
Director Name		•	Director Name				
				<u>-</u>			
ireei Address			Street Address				
Tity	State	Zip	City	State	Zip		
··· ·	3011	, <i>p</i>		Siene	2.0		
Director Name	٠	. J	Director Name			••••	
		<u> </u>					
inei Address			Street Address				
Tty	State	Zip	City	State	Zip		
•				5,1112			
0. SHARES AUTHORIZED	"X" BOX FOR ATT.	ACHMENT) 🗌	11. SHARES ISSUED (*)	Y BOX FOR ATTAC	HMENT) 🗌		
UTHORIZED SHARES			ISSUED SHARES				
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value		
500 NO PAR VALUE			0				
							
							
This report must be s	igned in ink by eith	er the President, Vice P	President, Secretary, Assistant	Secretary, Treasurer.	Receiver or Trustee		
	DAVE TOWN TENS O THIND THAN AND				that I have examined this re		
*	9932_*	٦	contained herein are tr		atements, and that all stater	nen'	
File Date 3 23/04			1 Mond	a But	1-20-14		
F/			Signature of Officer	· · · · · · · · · · · · · · · · · · ·	Date		
Check No. <u>5653</u>			Warran D. R.	a. Ha			
B		Print or Type Name of Officer					
U		i e					

President
Tille of Officer

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

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

401-222-3040

1. Corporate ID No.	2. Name of Corporation					
89932	WAYNE R. BES	SETTE PLASTERING, L	TD.			
3. Street Address Principal Business Of			City	Sta	ite o	Zip
220 Woodbur	71 S+		Pawtuc	ket	$\mathcal{R}\mathcal{I}$	02861
4. Business Phone No.	9 -	5. State of Incorporation				6. SIC Code
401-727-051	6	RHODE ISLAND				885
7. Brief Description of the Character of	Business Conducted in Rh	ode Island				003
drywall, pla	ster, paint.	interior				
8. NAMES AND ADDRESSE			MENT) FILL IN S	PACES BEFORE	USING ATTACHMI	ENTS
President Name			Vice President Name			
Wayne RBes	sotte		-50	ane-		
Street Address	-		Street Address	_		
220 Woodbu	ry St		. 90	ame -		
City	State RI	Zip	City	Sta	ite	Zip
Pawtucket	RI	02861	-5am	<u>د</u> -	-Same.	_same-
Secretary Name			Treasurer Name			•
- same-	•		-5	ane-		
Street Address			Street Address			
~5aine -			_5	ame-		
City	State	Zip	Clly	Sta	ite	Zip
- Same -	- Jane -	- Same -	- Jan	R -	-same-	· - Same
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL R	N SPACES BEFO	RE USING ATTACH	MENTS
Director Name			Director Name			
	TTORE			sone	_	
Street Address	,		Street Address			
	none			-70	19	
City	State	Zip	City	Sta	ite	Zip
none	none	none	-	none	none	PION
Director Name		·	Director Name		•	
710	u			TOLL	•	
Street Address			Street Address			
MON	C			- hon	P	
City	State	Zip	City			Zip
NONE	mone	-none		V/0-1-	1701-e	ממטומ
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT)	11. SHARES ISS	SUED (*x* box f	OR ATTACHMENT)	
AUTI+ORIZED SHARES			ESSUFED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Cla	ass/Series	Pas Value
500 NO PAR VALUE			سبه			_
TO THE PERSON OF			-0	NONE	none	non-e

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

	* 8 9 9 3 2 *
File Date:	5.28-03.
Check No.:	5376
Ву:	<u> </u>
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.

. /	1	1		
Mayre	1	Centros	2-12-03	
ignature of Officer			Date	

Lilaman & Karcalda	
Wayne R Bessette	
Print of Type Name of Officer	
critic or type waine of Officer	

\mathcal{D}	
Hesident	
Title of Officer	
€	Førm 630 - 1210.

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

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



•	•	•			T.GJACETI
(FORM MUST RE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corpora	ation -	•	•	•
89932	WAYNE R.	BESSETTE PLASTERING, L	.TD.		
3. Street Address Principal Busines			City	State	ZIp
220 Wood	dbury S+		Pawtucket	八工	02861
4. Business Phone No.	•	5. State of Incorporation			6. SIC Code
(401) 727-05	16	RHODE ISLAND			885
7. Brief Description of the Charact	er of Business Conducted	in Rhode Island			
plaster, dryw	all, paint				
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTAC	THMENTS
President Name			Vice President Name		
Wayne R E	Bessette		sane		
Street Address		•	Street Address		
Sireet Address 220 Woodb	uru St				
City	State	Zip	City	State	Zip
Paultucket	RT	zip 0 2861			
Secretary Name			Treasurer Name		
Secretary Name Sanl			same		
Street Address			Street Address		
			Server Ammers		
City	State	Zip	City	State	Zip
					·
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES 1	BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
JA			NA		
Street Address			Street Address		
City	State	Zip	. City	State	Zip
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name		··· ··· · · · · · ·
Street Address			Street Address		•
Sity	State	Zip	Gity	State	Zip
IO. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT	г)
AUTHORIZED SHAKES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE				•	
			NONC		
			•		
•		-		· · · · ·	-

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

Check No.: 489

FOR SECRETARY OF STATE USE ONLY

WAYNE R BESSETTE

this report, including any accompanying schedules and statements, and

that all statements contained herein are true, and correct.

President

Signature of Officer

Title of Officer

Form 630 12/01

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

PI

401-222-3040

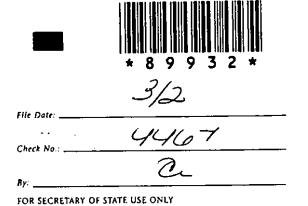
Zip

PROFIT CORP	ORATION ANNUAL REPORT FOR THE YEAR 2001 1-March 1 • Filing Fee: \$50.00	STOP PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLA	CK) _	
1. Corporate ID No.	2. Name of Corporation WAYNE R. BESSETTE PLASTERING, LTD.	

3. Street Address Principal Business			City	State T	Zip
220 Woodb	ury St		Pawtucket	RI	02841
4. Bysiness Phone No.		5. State of Incorporation			6. SIC Code 885
(401) 727-05	7/6 of Business Conducted in	RHODE ISLAI n Rhode Island	10		
Plaster, dry					
8. NAMES AND ADDRES	SES OF THE OFFI	CFRS (*X* ROX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
8. NAMES AND ADDRES President Name	363 OF THE OFFI	CLKJ (X DOX 10K M.)	Vice President Name		
Wayne R Besse	ملاه		same		
Street Address			Street Address		
22011/004/	. (4				
220 Woodbury	State	Zip	City	State	Zip
Pawhicket	RI	02861	,		
, , , , , , , , , , , , , , , , , , , ,	700		Treasurer Name	•	
Secretary Name			5ame		
5ame			Street Address		•
Street Address					
City	State	Zip	City.	State	Zip
					ra collatelette
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR A	• • • • • • • • • • • • • • • • • • • •	ES BEFORE USING AT	ACHMENIS
Director Name			Director Name		
			Chanal Address		•
Street Address			Street Address		
		M 1-	City	State	Zip
City	State	Zip	City	Jiuit	
			Director Name		• •
Director Name			Director teams		
			Street Address		
Street Address					
City	State	Zíp	City	State	Zip
10. SHARES AUTHORIZI	ED ("X" BOX FOR AT	rachment)	11. SHARES ISSUED	(*X* BOX FOR ATTACHME	NT)
AUTHORIZZED SHARES 500			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NOPAR V	ALUE		none		
		· · · · · · · · · · · · · · · · · · ·		— Tana	Possiver or True

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

Title of Officer



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.

Ture V	
Signature of Vificer	Date
Wayne R Bessette	
Print or Type Name of Officer	
Dreadent	

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 I • Fil	ing ree: 330.00			
(FORM MUST BE TYPED IN BLACK. 1. Corporate ID No. 89932	2. Name of Corporation	SETTE PLASTERIN	IG, LTD.		
3. Street Address Principal Business Off 220 Woodbury Street	îce .		cuy Pawtucket	RI	0286 i
4. Business Phone No.		5. State of Incorporation			6. SIC Code 885
727-0516 7. Brief Description of the Character of	Business Conducted in Rho	RHODE ISLAND de Island			
plastering business 8. NAMES AND ADDRESSE President Name	S OF THE OFFICER	RS (*X* BOX FOR ATTACHA	MENT) FILL IN SPACES BEFO Vice President Name	RE USING ATTACHME	NTS
Wayne R. Bessette Street Address			none Street Address		
220 Woodbury Street	State	Zip	Сну	State	Zip
Pawtucket	RI	02860	Treasurer Name		
Wayne R. Bessette Street Address			Wayne R. Bessette Street Address		
same City	' State	Zip '	same City	State	Zip
9. NAMES AND ADDRESSE Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Name	EFORE USING ATTACHIN	MENTS
none 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 ATTACH	MENT)	11. SHARES ISSUED (*x* B ISSUED SHARES	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
500 SHS NOPAR VAL	.UE		200	common	no par value

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



2/25/00

FOR SECRETARY OF STATE USE ONLY

Wayne R. Bessette Print or Type Name of Officer President Title of Officer

that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

E--- 410 12/96



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: Junuary 1-March 1 • Filing Fee: \$50.00

LORM MUST BE TYPED IN BI					
Corporate ID No.	· WAYNE'A.	BESSETTE PLASTE	RING, LTD.		
Street Address Principal Busine			City	State	Zip
220 Wo	odbury St.		Pawt	RÍ	U2961
Business Phone No.		5. HHODE ISL'A	ND'		6. SIG 885
	7-0516	!	<u> </u>		
Brief Description of the Charac					
	and Paint,				
	SSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
esident Name Wayne D. F	Passatta		Vice President Name SAME		
Wayne R I		••	Street Address		
220 Woodh	ourv St		same		
Tiry	State	Zip	City	State	Zip
Pawtucket	RI	02861	same	same	same
cretary Name			Treasurer Name		· · · · · · · · · · · · · · · · · · ·
same			same		
reet Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Street Address		•
same			same	··	·
City	State	Zip	City	State	Zip
same	same	same	same	same	same
	SSES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS
irector Name			Director Name		
treet Address	one		none		<u>-</u>
			•		
no	one state	Zip	none	State	Zip
	ļ		•	nono	none
none	·····i·····none ·····	none	none Director Name		
no	one		none		ŧ
treet Address			Street Address		,
	one		: none		
lity	State	Zip	City	State	Zip
none	none	none	none	none	none
O. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)		("X" BOX FOR ATTACHMEN	
UTHORIZED SHARES	_			hers_this_yea	η -
Sumber of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value .
500 SHS NOPAR V	ALUE		}		
					
•			1		•
his renort must be sign	ned in ink by eit	her the President Vice	President, Secretary, As	sistant Secretary Treat	Surer Receiver or
Ins report must be sig	II	III III	e rresident, secretary, As	sistant secretary, iteas	sates, Receives of it
73					
•	8 9 9 3	2 *	Under penalty of r	perjury, I declare and affir	m that I have examined
.•				ing any accompanying sc	
ં કહી		ė.		contained herein are tru	
File Date:	WH10144			-1- Non	tt
	3440		4- Wage	- Jen	Date:
Check No.:	W49		Signature of Officer		Date
	, Set		Wayne B	. Bessette	
Ву:	UV		Print or Type Name of	Officer	
FOR SECRETARY OF STATE US	E ONLY		Preside	\tag{\tau}	•

Title 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 19

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

(FORM MUST BE TYPED IN BLACK)

1. Carporate ID No. 89932

AUTHORIZED SHARES
Number of Shares

500 SHS NOPAR VALUE

²WAYNE'R."BESSETTE PLASTERING, LTD.

3. Street Address Principal Busines 220 Woodbury	• •		eny Pawtucket	State RI	zip 02861	
3. State of Inco. S. State of Inco. A01-727-0516 Business Phone No. 5. State of Inco. RHODE Business Conducted in Rhode Island			ND		6. SIC Cod 0885	
New & repairs 8. NAMES AND ADDRE		-				
Wayne R Bes Street Address 220 Woodbur			Wayne R Bess Street Address 220 Woodbury			
City	- State	Zip	City	State	Zip	
Pawtucket Secretary Name Wayne R Bess	RI ette	02861	Pawtucket Treasurer Name Wayne R Bess	RI sette	02861	
Street Address 220 Woodbury			Street Address 220 Woodbury	y St ·		
city Pawtucket	State R I	zip 02861	_{City} Pawtucket	State . RI	zip 02861	
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) Director Name			
none Street Address			r.one Street Address			
Сиу	State	Zip	City	State	Zip	
Director Name	•		Director Name			
none Street Address			none Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			

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

ESUFE) SHARES

Number of Shares

200 SHS

	* 8 9 9 3 2 *
File Date:	3.5.98
Check No.: _	3203
By:	109
OR SECRET	ARY OF STATE USE ONLY

Class/Series

Par Volue

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.

Wayer & Dent Feb. 26, 19

Class/Series

Par Value

NOPAR Value

Signature of Officer
Wayne R Bessette

Print or Type Name of Officer

President

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.277.3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No.

2. Name of Corporation BESSETTE

03332	MATINE K. PLASTERING, LTD.			
. Street Address Principal Business Office	· · · · · · · · · · · · · · · · · · ·	Sity	State	Zip
220 Woodbury Street		Pawtucket	RI	02861
. Business Phone No.	S. State of Incorporation			6. SIC Code
(401) 727-0516	RHODE ISLAND			0885
. Brief Description of the Character of Bu	siness Conducted in Rhode Island			

plastering business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name			Vice President Name		
Street Address	Wayne R. Bessette		none - Street Address		
	220 WOodbury Street				·
City	State	Zip	 City	State	Zip

02861 Pawtucket RI Treasurer Name Secretary Name

Wayne R. Bessette Wayne R. Bessette Street Address Street Address

same same Zip State

Zip City State

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

Director Name Director Name none Street Address Street Address City State City Zip State Director Name Director Name

Street Address Street Address

City City State

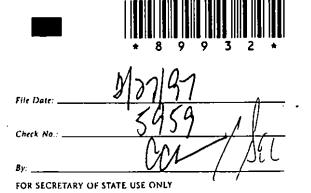
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

ISSUEE) SHARES AUTHORIZED SHARES

Class/Series Par Value Number of Shares Number of Shares Par Value Class/Series

200 common no par value **500 SHS NOPAR VALUE** common

This report must be signed in lnk 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.

Wayne R. Bessette

Title of Officer

Print or Type Name of Officer President