



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 OR PRINTED IN BLACK)

1. Corporate ID No. 91534		2. Name of Corporation Chris Alcraft, Inc.			
3. Street Address Principal Business Office 22 Highbank Ave		City N. Kingstown	State R.I.	Zip 02852	
4. Business Phone No. 401-846-4550		5. State of Incorporation RHODE ISLAND			6. SIC Code 6619
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM ANY AND ALL SERVICES RELATED TO THE REPAIR AND RESTORATION OF AIRPLANES AND OTHER RELATED SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Chris Drago			Vice President Name Andrew C. Thomas Drago		
Street Address 22 Highbank Ave			Street Address 27 Division St Apt 1 ^A		
City N. Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
Secretary Name Heather Dawn Corson			Treasurer Name -		
Street Address 101 Sachem Rd			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Chris Drago			Director Name -		
Street Address 22 Highbank Ave			Street Address		
City N. Kingstown	State R.I.	Zip 02852	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			0		

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



File Date	6/8/05
Check No.	4733
By:	OW
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 <i>Heather D Corson</i>	Date 3/18/05
Heather D Corson	
Print or Type Name of Officer	
Secretary	
Title of Officer	



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 OR PRINTED IN BLACK)

1. Corporate ID No. 91534		2. Name of Corporation Chris Aircraft, Inc.			
3. Street Address Principal Business Office 22 HIGH BANK AVE		City N. KINGSTOWN		State R.I.	Zip 02852
4. Business Phone No. 401-846-4550		5. State of Incorporation RHODE ISLAND			6. SIC Code 6619
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM ANY AND ALL SERVICES RELATED TO THE REPAIR AND RESTORATION OF AIRPLANES AND OTHER RELATED SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHRIS DRAGO			Vice President Name Andrew Thomas Drago		
Street Address 22 HIGH BANK AVE			Street Address 27 Division St apt 1A		
City N. KINGSTOWN	State R.I.	Zip 02852	City East Greenwich	State RI	Zip 02818
Secretary Name Heather Dawn Corson			Treasurer Name		
Street Address 101 Sachem Rd			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHRIS DRAGO			Director Name		
Street Address 22 HIGH BANK AVE			Street Address		
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name NONE			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			0	0	0

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



* 9 1 5 3 4 *

File Date	2004
Check No.	1001
By:	[Signature]
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] 1-20-04
Signature of Officer Date
Chris Drago
Print or Type Name of Officer
President
Title of Officer



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

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

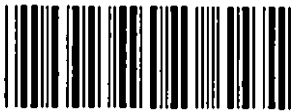
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91534		2. Name of Corporation Chris Aircraft, Inc.			
3. Street Address Principal Business Office 22 Highbank Ave		City N. KINGSTOWN	State R.I.	Zip 02852	
4. Business Phone No. 401-846-4550		5. State of Incorporation RHODE ISLAND		6. SIC Code 6619	
7. Brief Description of the Character of Business Conducted in Rhode Island TO REPAIR AND RESTORE AIRPLANES AND RELATED SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHRIS DRAGO		Vice President Name NONE			
Street Address 22 Highbank Ave		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHRIS DRAGO		Director Name NONE			
Street Address 22 Highbank Ave		Street Address			
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" 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			NONE		

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



* 9 1 5 3 4 *

File Date: **1-9-03**

Check No.: **3770**

By: **[Signature]**

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: **[Signature]** Date: **01-07-03**

Print or Type Name of Officer: **Chris Drago**

Title of Officer: **President**



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91534		2. Name of Corporation Chris Aircraft, Inc.			
3. Street Address Principal Business Office 22 Highbank Ave			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401 846 4550		5. State of Incorporation RHODE ISLAND		6. SIC Code 6619	
7. Brief Description of the Character of Business Conducted in Rhode Island To Repair and Restore Airplanes and Related Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Chris Drago			Vice President Name NONE		
Street Address 22 Highbank Ave			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Chris Drago			Director Name NONE		
Street Address 22 Highbank Ave			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" 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			NONE		

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



* 9 1 5 3 4 *

File Date: 2-6-02
Check No.: 3363
By: [Signature]

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: [Signature]
Date: _____
Print or Type Name of Officer: Chris Drago
Title of Officer: President



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>91534</u>		2. Name of Corporation <u>CHRIS Aircraft, Inc.</u>		
3. Street Address Principal Business Office <u>22 HIGHBANK AVE.</u>		City <u>NORTH KINGSTOWN</u>	State <u>R.I.</u>	Zip <u>02852</u>
4. Business Phone No. <u>401-846-4550</u>		5. State of Incorporation <u>RHODE ISLAND</u>		6. <u>8619</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>TO REPAIR AND RESTORE AIRPLANES AND RELATED SERVICES</u>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>CHRIS DRAGO</u>		Vice President Name <u>NONE</u>		
Street Address <u>22 HIGHBANK AVE</u>		Street Address		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State
Secretary Name		Treasurer Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>CHRIS DRAGO</u>		Director Name <u>NONE</u>		
Street Address <u>22 HIGHBANK AVE</u>		Street Address		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State
Director Name		Director Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<u>1,000 SHS NO PAR VALUE</u>			<u>NONE</u>	

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



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1/9

2832

File Date: _____

Check No.: _____

By: Chris Drago

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 Chris Drago Date 01-08-01

Print or Type Name of Officer Chris Drago

Title of Officer President



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91534		2. Name of Corporation Chris Aircraft, Inc.			
3. Street Address Principal Business Office 22 Highbank Avenue			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-294-4550		5. State of Incorporation RHODE ISLAND			6. SIC Code 6619
7. Brief Description of the Character of Business Conducted in Rhode Island TO REPAIR AND RESTORE AIRPLANES AND RELATED SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHRIS DRAGO			Vice President Name NONE		
Street Address 22 Highbank Avenue			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHRIS DRAGO			Director Name NONE		
Street Address 22 Highbank Avenue			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			NONE		

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



* 9 1 5 3 4 *

File Date: 1/6/00

Check No.: 2349

By: CC

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: Chris Drago Date: 01-03-00

PRESIDENT CHRIS DRAGO

Print or Type Name of Officer
PRESIDENT

Title of Officer



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

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 BLACK)



1. Corporate ID No. 91534		2. Name of Corporation Chris Aircraft, Inc.			
3. Street Address Principal Business Office 22 Highbank Ave			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-846-4550		5. State of Incorporation RHODE ISLAND			6. SIC Code 8619
7. Brief Description of the Character of Business Conducted in Rhode Island TO REPAIR AND RESTORE AIRPLANES AND RELATED SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHRIS DRAGO			Vice President Name NONE		
Street Address 22 Highbank Ave			Street Address		
City NORTH KINGSTOWN	State R.I.	Zip 02852	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHRIS DRAGO			Director Name NONE		
Street Address 22 Highbank Ave			Street Address		
City NORTH KINGSTOWN	State R.I.	Zip 02852	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			NONE		

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



★ 9 1 5 3 4 ★

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: **1-15-99**

Check No.: **1912**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Signature of Officer: **[Signature]** Date: **1-14-99**

Print or Type Name of Officer: **Chris Drago**

Title of Officer: **President**



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

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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 91534		2. Name of Corporation Chris Aircraft, Inc.			
3. Street Address Principal Business Office 22 Highbanks Avenue			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-294-4550		5. State of Incorporation RHODE ISLAND			6. SIC Code 8819
7. Brief Description of the Character of Business Conducted in Rhode Island TO REPAIR AND RESTORE AIRPLANES AND RELATED SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name CHRIS DRAGO			Vice President Name NONE		
Street Address 22 Highbanks Ave.			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name CHRIS DRAGO			Director Name NONE		
Street Address 22 Highbanks Ave.			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name NONE			Director Name NONE		
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	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			NONE		

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



* 9 1 5 3 4 *

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: 2-9-98
Check No.: 1530
By: ICP

Signature of Officer: Chris Drago Date: _____
Print or Type Name of Officer: **PRESIDENT CHRIS DRAGO**
Title of Officer: **PRESIDENT**

FOR SECRETARY OF STATE USE ONLY



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

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 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 91534		2. Name of Corporation Chris Aircraft, Inc.			
3. Street Address Principal Business Office 22 Highbanks Avenue			City North Kingstown	State R.I.	Zip 02852
4. Business Phone No. 401-294-4550		5. State of Incorporation RHODE ISLAND			6. SIC Code 6619
7. Brief Description of the Character of Business Conducted in Rhode Island To repair and restore airplanes and related services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name Chris Drago			Vice President Name NONE		
Street Address 22 Highbanks Ave.			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name Chris Drago			Director Name NONE		
Street Address 22 Highbanks Ave.			Street Address		
City North Kingstown	State R.I.	Zip 02852	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			NONE		

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



* 9 1 5 3 4 *

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: **8/20/97**
Check No.: **1127**
By: **cc**

Signature of Officer: **Chris Drago** Date: **2-16-97**

Print or Type Name of Officer: **President Chris Drago**

FOR SECRETARY OF STATE USE ONLY

Title of Officer: **President**