

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

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PRAFIT	CORPORATION ANNUAL REPORT FOR THE YEAR	ZUU5.
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I. Corporate ID No. 104340	2. Name of Corpo	ing and Services, Inc	.		
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3. Street Address Principal Busi 43 PAINE AVENUE	ness Office		City	State	Zip
			CRANSTON	RI	02910-
I. Business Phone No.		5. State of Incorpora			6. SIC Code
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l. Brief Description of the Chai JANITORIAL SERVICES	racter of Business Coi AND TO OPERA	schicted in Rhode Island NTB VENDING MACHIN	îBS		·
8. NAMES AND ADDRES President Name	SES OF THE OF	FICERS-("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING A	TTACHMENTS
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lity	State	Zip	City	State	Zip
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cretary Name		- 	Treasurer Name	• • •	02,710
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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 legicin are true and correct. Signature of Officer **Abner Clinton** Print or Type Name of Officer President



Form 630 12/01



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 2004

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 104340 Clinton Trading and Services, Inc. 3. Street Address Principal Business Office City State 43 PAINE AVENUE CRANSTON RI 02910-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4019418785 RHODE ISLAND 7476 7. Brief Description of the Character of Business Conducted in Rhode Island JANITORIAL SERVICES AND TO OPERATE VENDING MACEINES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name. Abner Clinton Abner Clinton Street Address Street Address 43 Paine Avenue .43 Paine Avenue City State Z pCity State 7ip Cranston RI 02910 Cranston RI 02910 ecretary Name Treasurer Name Abner Clinton Abner Clinton Street Address Street Address 43 Paine Avenue 43 Paine Avenue City State City Zio State Zip Cranston RI 02910 Cranston RI 02910 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT Director Name Director Name None Street Address · Street Address State Zip City State Zip Director Name Director Name Street Address ·Street Address State Zip .Cin 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 600 NO PAR VALUE None Common No Par 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. *104340 DBC 01/16/04 04:31/10 File Date Signallire of Officer Check No. Abner Clinton Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



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

Edward S. Inman, III, Secretary of State Corporutions Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. *104340* Clinton Trading and Services, Inc. 3. Strees Address Principal Business Office City State CRANSTON RΙ 43 PAINE AVENUE 02910-6. SIC Code 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 401 9418785 7476 7. Brief Description of the Character of Bustness Conducted in Rhode Island JANITORIAL SERVICES AND TO OPERATE VENDING MACHINES 8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name ABNER CLINTON ABNER CLINTON Street Address Street Address 43 PAINE AVE . 43 PAINE AVENUE City State Ζψ Side Zip City CRANSTON RΙ 02910 RI 02910 CRANSTON Secretary Name Treasurer Name ABNER CLINTON ABNER CLINTON Street Address Street Address 43 PAINE AVENUE .43 PAINE AVENUE City State *City State Zip Zφ CRANSTON RI 02910 . CRANSTON RI 02910 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 🗋 FILL IN SPACES BEFORE USING ATTACHMENTS 💯 Director Name Director Name NONE · Street Address Street Address City State Zip City State Zip Director Name Director Nume Street Address ·Street Address .City 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 NONE 600 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 copplained herein are true and correct. **104340* 1/14/0312:37:01 PM* Signature of Officer Check No. FOR SECRETARY OF STATE USE ONLY Form 630 12/01



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PILASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 104340 Clinton Trading and Services, Inc. 3. Street Address Principal Business Office Cranston RI 02910 43 Paine Avenue 5. State of Incorporation RHODE ISLAND To provide janitorial services and to operate various vending 8. marchi despardibility outher law for husing 88 in the State of Rhoda Island ces before using attachments Vice President Name Abner Clinton Abner Clinton Street Address Street Address 43 Paine Avenue 43 Paine Avenue Cranston Cranston State 02910 RI02910 RI Secretary Name Treasurer Name Abner Clinton Abner Clinton 43 Paine Avenue 43 Paine Avenue Cranston State Cranston State RI 02910 RI02910 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name Director Name SW'NONE Street Address City State Zip City State Zio Director Name Director Name Street Address Street Address City State Zip State Zip 10. SHARES AUTHORÍZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUELD SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 NO-RAR VALUE NONE

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. Corporate 10 No.340

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 Foot \$50.00

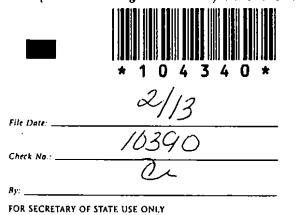
²Clinton Trading and Services, Inc.

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(FORM MUST BE TYPED IN BLACK)		

3. Street Address Principal Business C	,		City	State	Zip
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401 - 7. Hrief Description of the Character $lpha$	of Business Conducted in	s Rhode Island			
B. NAMES AND ADDRESS machines and any of	es of the offi ther lawful bu	CERS (*x* BOX FOR ATTACH siness in the State o	janitorial services at f Rhode Leland	nd to operate y eroge using at i	rarious vending
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Cranston NAMES AND ADDRESS Director Name	ES OF THE DIRE	02910 CTORS (*X* BOX FOR ATTAC	Cranston CHMENT) FILL IN SPACES Director Name	RI BEFORE USING A	02910 TTACHMENTS
itreet Address			Street Address		
NONE	State	7.ip	City	State	Zip
Director Name			Director Name		4.
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
IO. SHARES AUTHORIZED	(*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*x	BOX FOR ATTACHM	ENT)
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			NONE		

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 berein are true and correct.

Signafine/of Officer

Abner Clinton
Print or Type Name of Officer

President
Title of Officer

ent :



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

401-222-3040

PROFIT CORPO			ORT FOR THE Y	EAR 2000	PULASI E INSTRUCT
FORM MUST BE TYPED IN BLACK					
Corporate ID No.	2. Name of Corporation				
104340 Street Address Principal Business Off		rading and Se	ervices, Inc.	State	Zip
43 Paine Avenue Business Phone No. 401-	2	5. State of Incorporation Rhode Islan	Cranston	RI	02910 6. SIC Code
Brief Description of the Character of	Business Conducted in Rhod y machines a	leisland to provid	le janitorial ser lawful business	vices and to in the State	operate of RI
NAMES AND ADDRESSE resident Name Abner Clinton	S OF THE OFFICER	S (*X* BOX FOR ATTACHM	Vice President Name Abner Clinton	DRE USING ATTACHME	INTS
reet Address 43 Paine Avenue	2		Street Address 43 Paine Avenu	ıe	
lty	State	Zip	City	State	Zip
Cranston cretary Name	RI	02910	Cranston Treasurer Name	RI	02910
Abner Clinton			Abner Clinton Street Address		
43 Paine Avenue	State	Zip	43 Paine Avenu	1 C State	Zip
Cranston . NAMES AND ADDRESSE Irector Name	RI S OF THE DIRECTO	02910 DRS ("x" BOX FOR ATTACI	Cranston HMENT) FILL IN SPACES BE Director Name	RI FORE USING ATTACHN	02910 MENTS
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O. SHARES AUTHORIZED UTHORIZED SHARES	(*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHARES NO I	PAR VALUE		NONE		

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

File Date:	9-18-00	
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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 ligrein are true and correct.

Signalus of Officer Abner Clinton

Print or Type Name of Officer President

Title of Officer