

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

Matthew A. Brown, Secretary of State

PORATION	ANNUAL REPO	RT FOR THE YEAR	2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. Corporate ID No. 2. Name of Corporation 82642 D&M LIQUORS, INC. d/b/a Nikki's Liquors 3. Street Address Principal Business Office State 689 Oaklawn Avenue Cranston 02920 RI 4 Business Phone No. 5. State of Incorporation 6. SIC Gode (401) 946-1650 **RHODE ISLAND** 3251 Brief Description of the Character of Business Conducted in Rhode Island TO MAINTAIN AND OPERATE A LIQUOR STORE. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Dennis M. Plante Dennis M. Plante Street Address Street Address 442 Farnum Pike 442 Farnum Pike State Zip State Z.Ip Smithfield 02917 Smithfield 02917 Secretary Name Treasurer Name Dennis M. Plante Dennis M. Plante Street Address Street Address same as above same as above State Zip State Z.ip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Director Name Sinci Address Street Address City Sinte City State Director Name Director Name Sinct Address Street Address City Zip City State 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 2,000 COMM NO PAR VALUE 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 Under penalty of perjury I declare and affirm that I have examined this report. including any accompanying chedules and statements, and that all statements 2-18-05 contained herein are true and correct File Date Signature of Officer Date Check No. Dennis M. Plante Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY

Title of Officer



SEATE 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 A	ANNUAL REPORT	FOR THE YEAR	2004

Filing Period: January 1 FORM MUST BE TYPED OR P		Filing Fee: \$50.00					
Corporate ID No	2 Name of Corp.	oration					
82642	D&M LIQ	UORS, INC. , d/b/a	Nikki's Liquors				
Street Address Principal Busin			City	State	Z.(p		
689 Oaklawn Av	enue		Cranston	RI	02920		
Business Phone No		5. State of Incorpora	lllon	•	6. SIC Code		
(401)946-1650	<u> </u>	RHODE ISL	AND		_3251		
Brief Description of the Character TO MAINTAIN AND	cter of Business Conduc OPERATE A LIQUO	tied in Rhode Island OR STORE.					
. NAMES AND ADDRESS resident Name Dennis M. Plan		CERS: ("X" BOX FOR A	ATTACHMENT)		NG ATTACHMENTS		
treet Address			Street Address				
442 Farnum Pike		442 Farnum	Pike				
Smithfield	State RI	Zip 02917	Cuy Smithfield	State RI	^{Žip} 02917		
Ceretary Name Dennis M. Plan	ite		Treasurer Name Dennis M.	Plante			
treet Address			Street Address				
same as above			same as ab	ove			
йy	State	Zip	City	State	Zıp		
. NAMES AND ADDRESS Director Name NONE	 SES OF THE DIRE	CTORS: <i>("X" BOX FOR</i>	R ATTACHMENT)	IN SPACES BEFORE US	 SING ATTACHMENTS		
irest Address			Strivet Address				
Day .	State	Zip	Gity	State	Z.(p		
Director Name	J		Director Name				
Street Address		···	Street Address				
		·					
äty.	State	Zip	Cuy	State	Zip		
0. SHARES AUTHORIZE UTHORIZED SHARES	 ED <i>("X" BOX FOI</i>	R ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) [
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
2,000 COMM NO PAR V	ALUE		200	common	no par value		
							
 							
This report must t	be si <mark>gned in ink</mark> b	y either the President, V	ice President, Secretary, Assis	stant Secretary. Treasure	r. Receiver or Trustee		
			•	•			
			including in sec	ompanying schedules and s	that I have examined this restatements, and that all statem		
File Date	423/04	, 	contained herein a	are true and correct.	2/4/04		
Check No	1521		Signature of Officer Dennis M.		Date		
Bv:	ςS.		Print or Type Name				
COR PEONITE OF OR	* 67.77 USA 617.11		President				
FOR SECRETARY OF	2 INTE USE ONLY		Title of Officer				

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

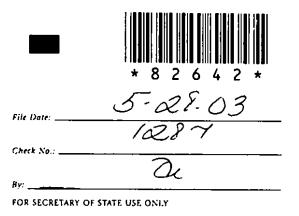
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

---- 0000

STOP
PLEASE READ
INSTRUCTIONS

riling	rerioa: January 1	I-March 1 • F	ining Fee: \$50.00				INSTRUCTION
(FORM M	UST BE TYPED OR PRINTE	D IN BLACK)					
1. Carpar	ate ID No.	2. Name of Corporation					<u></u>
8	2642	D&M LIQUORS	NC. d/b/a N	ikki's	Liquors		
3. Street a	Address Principal Business O	ffice		City	•	State	Zip
4. Busine.	689 Oaklawn Av ss Phone No.	renue	5. State of Incorporation	- Cra	enston	RI	02920 6. SIC Code
7. Brief D	(401) 946-16 escription of the Character o	550 f Business Conducted in Ri	RHODE ISLAND				3251
Ma 8. NAN President	MES AND ADDRESS	operate a l ES OF THE OFFICE	iquor store a RS (*x* BOX FOR ATTACH	nd oth MENT) T Vice Preside	LL IN SPACES BEI	PUEDSING ATTA	CHMENTS
Street Add	Dennis M. Plar	nte		Street Addre	Dennis M. P	lante	
City	442 Farnum Pil	CE State	Zip	City	442 Farnum	Pike State	Zip
Secretary	Snithfield Name	RI	02917	Treasurer N	Smithfield	RI	02917
Street Add	Dennis M. Plar	nte		Street Addre	Dennis M. P	lante	
City	same as above	State	Zip	City	same as abo	ive State	Zip
• •			_Y	0,		Since	z.q-
9. NAN Director N	ies and addressi None	ES OF THE DIRECT	TORS (*x* box for atta	CHMENT) Director Na		EFORE USING AT	TACHMENTS
Street Add	tress			Street Addre	31		
City		State	Zip	City		State	Zip
Director N	Same			Director Na	me		
Street Add	dress			Street Addre	ş¢		
City		State	Zip	City		State	Zip
	ARES AUTHORIZED	(*X* BOX FOR ATTACE	IMENT)	11. SHAI		BOX FOR ATTACHMEN	(T)
Number o	f Shares	Class/Series	Par Value	Number of 2	Shares	Class/Series	Par Value
2,000	COMM NO PAR VALI	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



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.

	\ \tau	//4/	ı
Signature of Officer		Date	_

<u>De</u>	<u>nnıs</u>	М.	<u>PIa</u>	nte
rint or	Type Na	me of	Officer	

President



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



PROFIT COR: Filing Period: Januar	PORATION ry 1-March 1 •	ANNUAL R Filing Fee: \$50.00	EPORT FOR TH	E YEAR _ 20	02 STOI
FORM MUST BE TYPED IN B	LACK)				T.S. THE CHO
I. Corporate ID No.	2. Name of Corpor	3 /1- /- 12	.kki's Liquors		
82642 3. Street Address Principal Busine	D&M LIQUO	ORS, INC. UTD/ a NI	-		
33 Smithfield			Providence	State RI	^{Zip} 02904
1. Business Phone No. (401) 861-9006	s	5. State of Incorporati RHODE ISLA			6. SIC Code 3251
T. Brief Description of the Charac Maintain and c	ter of Business Conducted operate a liq	in Rhode Island Jor store and ot	ther lawful purpose		
B. NAMES AND ADDRE	ESSES OF THE OFF	TCERS (*X* BOX FOR ATT	'ACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
resident Name Dennis M. Plan			Vice President Name Dennis M. Plar		
treet Address 442 Farnum Pil	ке		Street Address 442 Farnum Pik	ke .	
Smithfield	State RI	^{Zip} 02917	chy Smithfield	State RI	^{Zip} 02917
ecretary Name Dennis M. Plan	nte	. •. •	Treasurer Name Dennis M. Plan	ite	
same as above			Street Address		
ity	State	Zip	same as above	State	Zip
. NAMES AND ADDRE birector Name NONE	SSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING AT	TACHMENTS
treet Address			Street Address		
ну	State	ZIp	City	State	Zip
liector Name		•	Director Name		
teet Address			Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZI UTHORIZED SHARES	ED (*x* box for alt	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	"X" BOX FOR ATTACHMEN	יד:
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
2,000 COMM NO PAR VA	ALUE		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



File Date:	3-4-02	
Check No.:	122	
Bv:	Ze	,
	RY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report meluding any accompanying schedules and statements, and that all calements contained herein are true and correct. Signature of Office Dennis M. Plante Print or Type Name of Officer President



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

401-222-3040

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. **82642** Name of Corporation
D&M LIQUORS, INC. d/b/a Nikki's Liquors 3. Street Address Principal Business Office State 02904 Providence RI 33 Smithfield Road 4. Business Phone No. 6. 3259° (401) 86109006 7. Brief Description of the Character of Business Conducted in Rhode Island Maintain and operate a liquor store and other lawful purpose 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Dennis M. Plante Dennis M. Plante Street Address Street Address 441 Farnum Pike 442 Farnum Pike City State ^{Zip}02917 02917 Smithfield RI Smithfield RI Secretary Name Treasurer Name Dennis M. Plante Dennis M. Plante Street Address Street Address same as above same as above City State City State Zip

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

Director Name

NONTH

NONE
Street Address
City State 2

Zip City

Director Name

Street Address

State

Zip

Street Address

Director Name

Street Address

City

State

Zip

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Zip

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

2,000 SHS COMM NO PAR VAL

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

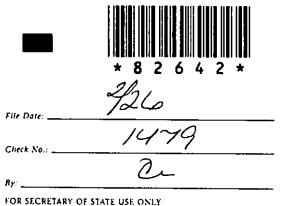
Par Value

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.



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

Signature of Officer

Date

Dennis M. Plante

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 401-222-3040

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

(FORM MUST BE TYPED IN BL					
1. Corporate ID No.	2. Name of Corpora				. —
82642 3. Street Address Principal Busines	D&M LIQUO	RS, INC. d/b/a r	Vikki's Liquors	-	.
•	••)	eny Providence	State	zip 02904
4. Business Phone No.	.S.ithfield R	S. State of Incorporation	Providence	RI	6. SIC Code
(401) 861-9006 7. Brief Description of the Characte	er of Business Conducted	RHODE ISLAND in Rhode Island			3251
		or store and other ICERS (*x* BOX FOR ATTACE		FORE USING ATTA	CHMENTS
Dennis M. Plant Street Address	te		Dennis M. Plante Street Address		
442 Farnum Pike	€ State	Zip	442 Farnum Pike	State	Zip
Smithfield Secretary Name	RI	02917	Smithfield Treasurer Name	RI	02917
Dennis M. Plant	te		Dennis M. Plante Street Address		
same as above	State	Zip	same as above	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS (*x* box for atta	CHMENT) FILL IN SPACES F Director Name	BEFORE USING AT	TACHMENTS
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 AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR ATT	(ACHMENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMEN	VT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS COMM N	NO PAR VAL		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

	* 8 2 6 4 2 *
File Date:	5/16/00
Check No.:	1323
By:	<u> </u>
	Y OF STATE USE ONLY

Under penalty of perjury, I declare and this report, including any accompanyle	
that all statements contained herein as	_
Signature of Officer	Date
Dennis M. Plante	
Print or Type Name of Officer President	
Title of Officer	



(FORM MUST BE TYPED IN BLACK)

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

1. Corporate ID No.	2. Name of Corporation	7			
82642	D&M LIQUOR	RS, INC. , d/b/a 1	Nikki's Liquors		
3. Street Address Principal Business Of	Tice		City	State	Zip
121 Lubec Street	•		Providence	RI	02904
4. Business Phone No.		5. State of Incorporation		-	6. SIC Code
(401) 861-9006		RHODE ISLAND			3251
7. Brief Description of the Character of	Business Conducted in R	thode Island			
Maintain and ope	rate a liquo	r store and other	r lawful purpose		
8. NAMES AND ADDRESSE	S OF THE OFFICE	ERS ("X" BOX FOR ATTACHI	MENT) FILL IN SPACES BEF	ORE USING ATTACHMI	ENTS
President Name	·· -	- ·	Vice President Name		
Dennis M. Plante	:		Dennis M. Plante		
Street Address			Street Address		•
442 Farnum Pike			442 Farnum Pike		
City	State	Zip	City	State	Zip
Smithfield	RI	02917	Smithfield	RI	02917
Secretary Name		• • • • •	Treasurer Name	• • • • • • • • • • • • • • • • • • • •	*
Dennis M. Plante	?		Dennis M. Plante		
Street Address			Street Address	•	
same as above			same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIREC	TODS CAN BOY EOR ATTAC	DIVENT FILL IN CDATEC DE	PRODUCTION OF A CONTRACTOR	
Director Name	or till bikee	TORS CA BOA FOR ATTAC	Director Name	EFORE USING ATTACH!	
NONE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
		•	·		
Director Name			Director Name	• •	· / ••• • · · · · · · · · · · · · · · ·
Street Address			Street Address		i
City	State	Zip	City	State	Zlp
			:		
10. SHARES AUTHORIZED	(*λ* BOX FOR ATTACI	HMENT)	11. SHARES ISSUED (*x* #	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		- 1
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS COMM NO	PAR VAL		200	common	no par value
			200	common	110 par varue
- · .	• .		·	 	
This report must be signed	in ink by either	r the President, Vice Pr	esident, Secretary, Assistan	t Secretary, Treasurer.	Receiver or Trustee
	-		•	,,	
[ISS			

	* 8 2 6 4 2 *
File Date:	03.31-99
Check No.:	2035
Ry:	&
	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 Dennis M. Plante

Print or Type Name of Officer

President

Title of Officer



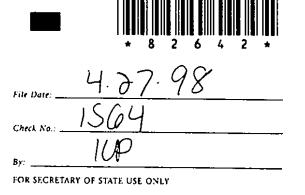
James R. Langeven, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

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

STOP PILASERI W INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. D&M LIQUORS, INC. 82642 3. Street Address Principal Business Office City State 121 Lubec Street Providence 02904 RI 4. Business Phone No. RHODE ISLAND (401) 861-9006 7. Brief Description of the Character of Business Conducted in Rhode Island maintain and operate a liquor store and other lawful purpose 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) President Name Vice President Name Dennis M. Plante Dennis M. Plante Street Address Street Address 442 Farnum Pike 442 Farnum Pike City State 2.10 State 7.1p Smithfield 02917 RI 02917 Smithfield RI Secretary Name Treasurer Name Dennis M. Plante Dennis M. Plante Street Address Street Address same as above same as above City 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 Zig City State Zip Director Name Director Name Street Address Street Address City State 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 2,000 SHS COMM NO PAR VAL 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



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.

Dennis M. Plante

Print or Type Name of Officer

President

Title of Officer

Signature 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 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 82642 D & M LIQUORS, INC. 3. Street Address Principal Business Office City State Zip 121 Lubec Street Providence RI 02904 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401)861-9006 Rhode Island 3251 7. Brief Description of the Character of Business Conducted in Rhode Island maintain and operate a liquor store and other lawful purpose 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name : Vice President Name Dennis M. Plante Dennis M. Plante . Street Address Street Address 442 Farnum Pike same as above ^{Zip} 02917 State Zip Smithfield Secretary Name Treasurer Name Dennis M. Plante Dennis M. Plante Street Address Street Address same as above same as above City Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name NONE Street Address Street Address Cliv State Zip City State Zip Director Name Olrector Name Street Address Street Address City State Zip City State 7.1p 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 common no par value 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

File Date:	3.5-97	
Check No	106S	
By:	10P	
FOR SECRET	TARY 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 Office	∇	N.	Date	
\mathcal{L}	7	人		
Print or Type Name of O	fficer			

Dennis M. Plante

President

PR::\TIT_CORPORATION **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

CORPORATE ID NO.	2 NAME OF CORPORATIO		PRINT IN BLACK INK.	· · · · · · · · · · · · · · · · · · ·			
82642	D&M	LIQUORS, INC.					
STREET ADDRESS PROJUDIAL BUSINESS		· · · · · · · · · · · · · · · · · · ·	ary	STATE	∑0° C00€		
121 Lubec Street,			Providence	RI	02904		
BUSINESS PHONE NO.	 	5 STATE OF INCORPORATION	A	********	6. SIC COOE		
(401) 861-9006 RHODE ISLA			SLAND		3251		
BRIEF DESCRIPTION OF THE CHARACTER				· · · · · · · · · · · · · · · · · · ·			
maintain and c	operate a liq	wor store and oth	ner lawful purpose				
	8. N	AMES AND ADOR	ESSES OF THE O	FICERS			
Donnie M. Dies	.ka		VICE PRESIDENT NAME				
Dennis M. Plar	ite		street ADDRESS	Michael C. Tullo, III			
442 Farnum Pik	ke .		1530 Douglas A	1530 Douglas Avenue, Apt. 6			
Smithfield,	STATE RI	z⊪∞∞ 02917	ลห North Provider	siaie nce RI	^{20 €} 02904		
CRETARY NAME		02717	TREASURER NAVE	ice ic	02904		
Michael C. Tul	lo, III		Dennis M. Plar	ite			
IREET ADDRESS			STREET ADDRESS				
Same as Above	TEVAL	100	Same as Above				
TY	STATE	ZIP CODE	QiY	SIATE	STA CODE		
		AMES AND ARRA	ESSES OF THE D	RECTORS			
RECTOR NAME	-		DIRECTOR NAME				
110NE							
TREET ADDRESS			STREET ADDRESS				
ITY	STATE	I ZP COOLE	OTY.	STATE	TziP COOE		
	ļ			J. Marie			
IRECTOR NAME	¥ # ***********************************		L DIRECTOR NAME		·		
TREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	STREET ADORESS				
INCLI PROVIESS			: STREET ADDRESS				
177	SIATE	ZIP CODE	- lan	STATE	ZP CODE		
	10.	SHARES AUTHOR	IZED AND ISSUE)			
	AUTHORIZED SHARES			ISSUED SHARES	·· - · ···· · · · · · · · · · · · · · · ·		
MANBER OF SHARES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE		
2,000 SHS	COMM NO PAR	VAL	200	Comnon	No Par Value		
			į				
	·····			1	<u> </u>		
			GNED IN INK by either the		سي		
Pre	sident, vice Pres	sident, Secretary, Assis	stant Secretary, Treasure	r, Heceiver or Truste	ee		
			Under penalty of	of perjury, I declare and	affirm that I have examin nedules and statements, a		
-			al statements of	ontained herein are true	and correct.		
_	_1.1.,	i		7 1			
File Date:	011/96	- -	Signature of Of	ficer	· · · · · ·		
File Date: 5/1/96 Check No: 680			Dennis M	Dennis M. Plante			
OHECK NO.		• •	Print or Type Na				
ву:	CC.		President	5	براراء		
	State Use Only	•	Title of Officer		<i>5]1]90</i>		

DETACH BOTTOM BEEODE DETHIBNING