

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

. Corporate ID No.	2. Name of Corpor	ration		<del>-</del>	<u> </u>
85244	1	ealth Cynamics, Inc.			
Street Address Principal Business	Office	igiti bynamics, MC.	City	State	Zip
95 Court Stre	et		Portsmouth	NH	03801
Business Phone No 603 433-6060		5. State of Incorporation	•		6. SIC Code
Brief Description of the Characte	r of Business Cambridge	MASSACHUSE	118		7518
DESIGN OF STEEL A	ND CONCRETE CH	IIMNEYS.			
NAMES AND ADDRESSE	S OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT)     FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS
sident Name			Vice President Name		
David A.	Kanner				
rei Address 32 Captai	n's Way, Exe	eter, NH 03833	Street Address		
y	State	Zip	City	State	Zip
rdary Name			Treasurer Name		, . , <del>d</del>
ect Address		<del></del>			
CO VIOLES			Street Address		
ty	State	Zip	City	State	Zip
		1 274-W			Service Assessed Confedence
NAMES AND ADDRESSE	S OF THE DIREC	TORS: ("X" BOX FOR A		IN SPACES BEFORE US	ING ATTACHMENTS
David A.	Kanner		Director Name		
ret Address	. 1	NT 02022	Street Address		
32	iin's way, K	xeter, NH 03833	<u> </u>		
y	State	Zip	City	State	Zip
rector Name			/Venton Name		
rccior Name			Director Name		
net Address			Sirvet Address		
<del></del> .		<b></b>			
tì.	State	Zip	City	State	Z(p
D. SHARES AUTHORIZED	   ("X" BOX FOR	 ATTACHMENT) □	11. SHARES ISSUED	("X" BOX FOR ATTAC	¦ CHMENT) □
JTHORIZED SHARES	( A BOATOR		ISSUED SHARES	( x box for All Ac	
imber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12 500 COMM NO DATI VA	ı ile				
12,500 COMM NO PAR VA	LUE				
		₩			
This are a second by					
i ins report must be	signed in link by	either the Fresident, vice	President, Secretary, Assis	tant Secretary, Treasure	i, Received of Trusice
	<b>ai iviai a</b> iil <b>a</b> iivii <b>a</b> i	0(  0101   001			
		1   1      1	Under penalty of p	erjury, I declare and affirm	that I have examined this
<del></del>	*85	244*			tatements, and that all state
(1)	$\int \Delta d$		contained herein a	re true and forrect.	> 3/28/05
ile Date Q Q /	102	<del></del>	Jes, L		
Check No. 74	2 5		Signature of Officer		Date
	·		David A.		
By:			Print or Type Name		
FOR SECRETARY OF S	STATE USE ONLY		President	<u> </u>	
		1	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. 2. Name of Corporation 85244 Commonwealth Dynamics, Inc. 3. Street Address Principal Business Office Portsmouth 03801 95 COURY STREET 5. State of Incorporation 6. SIC Code 7518 **MASSACHUSETTS** 7 Brief Description of the Character of Business Conducted in Rhode Island DESIGN OF STEEL AND CONCRETE CHIMNEYS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name David A. Kanner Street Address Street Address State Ζip Secretary Name Street Address Street Address City Zip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State State 7.ф Director Name Director Name Street Address Street Address Cuy State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Nore 12,500 COMM 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 berein are true and correct File Date FOR SECRETARY OF STATE USE ONLY

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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

85244

Commonwealth Dynamics, Inc.

3. Street Address Principal Business Office

7518

6. SIC Code

95 Court Street
4. Business Phone No. 603 433-6060

5 State of Incorporation

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

ENSINCERING T CONSTRUCTION SERVICED
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS President Name

David A. Kanner

Street Address

Address 32 Captain's Way Exeter sinte NH 219 03833

City

State

Zip

Treasurer Name

Street Address

Street Address

City

City

Zip

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

Parid A. Kanner

State

Street Address

City

State

210

Captain's Way
Exeter State NH 219 03833

Director Name

Director Nam

Street Address

Street Address

City

City

State

Zip

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

AUTHORIZED SHARES

Class/Series

Par Value

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

Class/Series

Par Value

Number of Shares 12,500 COMM NO PAR VALUE Number of Shares

None

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



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



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

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED IN BLA	ICK)				
. Corporate II) No.	2. Name of Corpora	ntion -			_
85244	Commonwe	alth Dynamics, Inc.			
. Street Address Principal Business		·	City	State	Zip
95 Court Street	t		Portsmouth	NH	03801
. Business Phone No.		5. State of Incorporatio	n		6. SIC Code
(603) 433-6060		MASSACHUSE	TTS		7518
Brief Description of the Character Chimney Design					
. NAMES AND ADDRES resident Name	SES OF THE OFF	ICERS (*X* BOX FOR ATTA	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
David A. Kanner	r		•		
reet Address 32 Captain's Wa	1 <b>y</b>		Street Address		
ity	State	Zip	City	State	Zip
Exeter	NH	03842			·
cretary Name	•	·	Treasurer Name		
reet Address			Street Address		
ity	State	Zip	City	State	Zip
. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	ES BEFORE USING ATT	TACHMENTS
irector Name			Director Name		
David Al Kanner	<b>ר</b>				
reet Address			Street Address		
32 Captain's Wa	ay				
ity L	State	Zip	City	State	Zip
Exeter	NE	03842			
irector Name			Director Name		
reet Address			Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	( <b>T</b> )
UTHORIZZZO SHARES			. ISSUED SHARES	PON TON ATTROOPER	••
umber of Shares	Class/Series	Par Value	Number of Shares	· Class/Serles	Par Value
12,500 SHS COMM NO PA	∆R			A.	
	711		None Issued		

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



File Date: 2/4/08

Check No.: 3703

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 engineered herein are true and correct.

Date

1/14/02

Signature of Officer

David A. Kanner

Print or Type Name of Officer

President

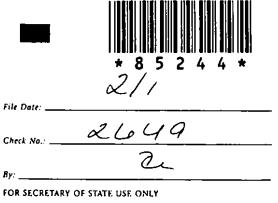
Title of Officer

Form 630 12/01

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



PROFIT CORI	PORATION y 1-March 1 •	ANNUAL RE	PORT FOR THE	YEAR 2001	STOP PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corporati				
85244	Commonwea	lth Dynamics, Ir	ıc.		
3. Street Address Principal Busines	rt Street	<u>.</u>	Portsmouth	State NH	03801
4. Business Phone No. (003) 433-60		5. State of Incorporation MASSACHUSET	TS		6. SIC Code 7518
7. Brief Description of the Charact	er of Business Conducted in	Rhode Island Nuctum			
8. NAMES AND ADDRE President Name  David A.		CERS (*x* box for attac	HMENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTACHM	IENTS
Street Address	•		Street Address		
32 Captain Exeler	State 17 H	05842	City	State	Zip
Secretary Name .			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE		CTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTACH	IMENTS
David A. Ke screen Address 32 Captrum Chy E Keter	is way		Street Address		
CILY EXETER	State nH	210 03842	City	State	Zip
Director Name			Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 SHS COM	M NO PAR		100	Common	No Par Vulu
This report must be sig	<b>ned in ink</b> by eith	er the President, Vice	President, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Trustee



Under penalty of perjury, I declare and affirm that	I have examined
this report, including any accompanying schedule	s and statements, an
that all statements contained herein are true and	correct.
Juid a. Imna	1/11/01
Signature of Officer D	ate
DAVIZ A. KANNER	
Print or Type Name of Officer	
President	

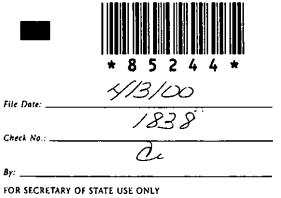
Title of Officer

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 BLACK)

85244 Street Address Principal Business	Commonuest				
		ith Dynamics, I		_	_,
·	Office		City Portsmouth	State NH	<sup>Ζίρ</sup> 03801
60 West Road  Business Phone No.		5. State of Incorporatio		MI	6. SIC Code
603-433-6060		MASSACHUSET			7518
Brief Description of the Character	of Business Conducted in				
Design/construct	ion of steel	and concrete c	himneys		
NAMES AND ADDRES	SES OF THE OFFI	CERS (*X* BOX FOR ATT		BEFORE USING ATTAC	CHMENTS
esident Name			Vice President Name		
David A. Kanner			Street Address		
60 West Road			•••••		
ty	State	ZIp	City	State	Zip
Portsmouth	NH	03801			
cretary Name	••	••	Treasurer Name		
reet Address			Street Address		
יעי	State	ZIp	City	State	Zip
. NAMES AND ADDRES	SES OF THE DIRE	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS
David A. Kanner					
David A. Kanner			Street Address		
David A. Kanner eet Address 60 West Road					
David A. Kanner eet Address 60 West Road by	State	Zip 0.390.1	Street Address	State	Zip
David A. Kanner rect Address 60 West Road ry Portsmouth	State NH	03801		State	Zip
David A. Kanner  rect Address  60 West Road  ty		, '	City	State	Zip
David A. Kanner eet Address 60 West Road  Portsmouth rector Name		, '	City Director Name	State State	Zip Zip
David A. Kanner eet Address 60 West Road  Ty  Portsmouth rector Name  reet Address	NH	03801 zip	City  Director Name  Street Address  City  11. SHARES ISSUED		Zip
David A. Kanner rect Address 60 West Road ry Portsmouth rector Name	NH	03801 zip	City  Director Name  Street Address  City	State	Zip

T ustee



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.

.d 2. 3/27/00 Signature of Officer Date

David A. Kanner

Print or Type Name of Officer

<u>President</u> Title of Officer



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

### STOP PILANERIAD INSTRUCTIONS

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

12,500	Common	No Par Value	100	Common	No Par Value
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES AUTHORI	IZED (*X* BOX FOR A	ITACHMENT)	11. SHARES ISSUED (	(°X° BOX FOR ATTACHMEN	 (T)
City	State	Zip	City	State	Zip
Street Address			Street Address		
Portsmouth Director Name	NH	03801	Director Name		• •
City	State	Zip	City	State	ZIp
David A. Kanne Street Address 60 West Road	r		Street Address		
9. NAMES AND ADDI	RESSES OF THE DI	RECTORS (*X* BOX FOR AT	TACHMENT) Director Name		
City	State	ZIp	City	State	Zip
Street Address			Street Address		
Secretary Name	. 4114	OSOUL	Treasurer Name		
Portsmouth	NH	03801	City .	Jace	Zip
City	State	Zip	City	State	710
Street Address 60 West Road	L.		Street Address		
	RESSES OF THE OF	FICERS ("X" BOX FOR ATTA			
7. Brief Description of the Char Design/constru		d in Rhode Island l and concrete ch:	Imnevs		
603-433-6060		Massachusett	ts		
4. Business Phone No.		5. State of Incorporation		NII	6. SIC Code
3. Street Address Principal Bust 60 West Road		wealth bynamics,	City Portsmouth	State <b>NH</b>	z≀p 03801
·	•		Inc		
		Filing Fee: \$50.00			INSTRUCTION
(FORM MUST BE TYPED IN 1. Corporate ID No. <b>04–2712155</b>	BLACK)  2. Name of Corpo  Commons		Inc.		That ACC

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

Check No.:  MAR 0 4 1999  Stricture of Officer  Date  Print of Type Name of Officer  Print of Type Name of Officer			
Check No.:    MAR 0 4 1999   SECTY OF STATE USE ONLY   STATE      File Date:		hb. !!] ET Z   ithis report, including any accompan	ying schedules and statements, and
Check No.:    MAR   4   1999   SEC   CF   CF   CF   CF   CF   CF   CF		that all statements contained herein	are true and correct.
By: SECTY OF STATE USE ONLY  SECRETARY OF STATE USE ONLY  President	File Date: PAID ONE	HILL TO THE STATE OF THE MAN	3/3/99
Print or Type Name of Officer  FOR SECRETARY OF STATE USE ONLY  President	Check No.: MAR DA TION	_ 얼굴/되었던걸장	Date
FOR SECRETARY OF STATE USE ONLY  President	, 14th 6 4 1998	David A. Kanner	
FOR SECRETARY OF STATE USE ONLY CIATE President	By: STORY 5	Print or Type Name of Officer	
		President	
	TON SECREDIAN OF STATE OSE ONE!	Title of Officer	<del> </del>



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

Filling Period: Janua	ary 1-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS
FORM MUST BE TYPED IN					
I. Carparate ID No.	2. Name of Corpora				
04-2712155		lth Dynamics, Inc			
3. Street Address Principal Busi	ness Office		City	State	Zip
<b>60 West Road</b>			Portsmouth	NH	03801
F. Business Phone No.		5. State of Incorporation			6. SIC Code
603-433-6060		Massachusett	S		7518
7. Brief Description of the Char	acter of Business Conducted	in Rhode Island			
Design/construc	ction of steel	and concrete chim	neys		
B. NAMES AND ADDI	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	iment)		
President Name			Vice President Name		
David A. Kanner	τ				
Street Address			Street Address		
60 West Road					
City	State	Zip	City	State	Zip
Portsmouth	NH	03801	•		•
Secretary Name	NII.	03001	Treasurer Name	•	
			***************************************		
Street Address			Street Address		
			30,000,733		
City	State	Zip	City	State	c. Zip
5.17	State	Liy	City	31416	- Lip
D NAMES AND ADD	DEFECT OF THE DID	FOTORS (ANA BON SOR	. com enteni		<b>-</b>
9. NAMES AND ADDI Director Name	KESSES OF THE DIK	ECTORS ("X" BOX FOR ATTA	CHMENT) Director Name		
•			Director Name		• • • • • • • • • • • • • • • • • • •
David A. Kanne:	r		60 4.44		. r
Street Address			Street Address		
60 West Road	<b>-</b>			_	
City	State	Zip	City	State	= Zip
Portsmouth	NH	03801			٠٠
Director Name			Director Name		<u> </u>
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR ATT	'ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHA	IENT)
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500	Common	No Par Value	100	Common	No Par Value
This renart must be e	ioned in Ink hu sit	her the President Vice 1	President Secretary As	sistant Secretary Tr	easurer, Receiver or Truste
report must be s		ner the resident, the l	. residence secretary, As	J.J. and Jechelary, 11	casarci, neceiver or music

			Under penalty of perjury, I declare a this report, including any accompar	nying schedules and statements, and
File Date:	PAID Wy	Co. Mar S	that all statements contained berein	10/21/98
Check No.:	MAR 0 4 1999 2100	:1V	Signature of Officer	Date
Bv:	SECY OF LANE	CEVIEC	Print or Type Name of Officer	
	RY OF STATE USE ONLY		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 FOR THE YEAR 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BI	ACK)	•			
1. Corporate ID No.	2. Name of Corpo	ration			- · - ··· <del>·</del>
AM#2012459 3. Street Address Principal Busine		alth Dynamics, Inc.	City	State	Zip
60 West Road 4. Business Phone No.		5. State of Incorporation	Portsmouth	NE	03801 6. SIC Code
603-433-6060  2. Brief Description of the Charac	ter of Business Conducted	Massachusetts in Rhode Island			7518
		and concrete chimner FICERS ("X" BOX FOR ATTACHN		<u> </u>	· · · -
David A. Kanner Street Address			Street Address		_
60 West Road	State	Zip	City	State	Zip
Portsmouth Secretary Name	. NH	03801	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip .
9. NAMES AND ADDRE	SSES OF THE DI	RECTORS ("X" BOX FOR ATTAC	HMENT)  Director Name		
David A. Kanner Street Address			* Street Address	· _	F
60 West Road	State	Zip	City	State	±Zip
Portsmouth . Director Name	NH	, 03801	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUEI	O ("X" BOX FOR ATTACHME	T)
Number of Shares	Class/Series	Par Value	· Number of Shares	Class/Series	Par Value
12,500	Common	No Par Value	100	Common	No Par Value
			!		<u> </u>
This report must be sig	ned in ink by ei	ther the President, Vice Pi	esident, Secretary, A	ssistant Secretary, Trea	surer, Receiver or Trus

\_\_\_

			Under penalty of perjury, I declare this report, including any accompa	and affirm that I have examined nying schedules and statements, and
File Date:	PAIDYIN	S1186. 111 25 7.	that distantements contained here!	
Check No.:	MAR 0 4 1999	- SIV.	Signardice of Officer	10/21/98 Date
Bv:	SECTY OF SAME	SIME	Print or Type Name of Officer	<del> </del>
FOR SECRETAR	Y OF STATE USE ONLY		President Thie of Officer	

# PROFIT CORPORATION ANNUAL REPORT

For Secretary of State Use Only

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

Filina	Fee: \$50.00	

RPORATE IO NO	2. NAME OF CORPORATION	, 22702 1 11 2 011	PRINT IN BLACK INK.	<del></del>	<del>-11-1 </del>
85244	Commo	nwealth Dynamic	s. Inc.		
REET ADDRESS PRINCIPAL BUSINESS O			an an	STATE	ZP COOE
60 West Road			Portsmouth	NH	03801
SINESS PHONE NO.	<del></del>	5. STATE OF INCORPORATION		<u>t</u>	6. S/C 000E
(603) 433-6060 MASSACH			USETTS		7518
Engineering	of steel smoke				
DENT HAME	•	MES AND ADDR	ESSES OF THE OF	FICERS	
David A. Kam	1er		Same		
et address 60 West Road			STREET ADDRESS		
Portsmouth	STATE	ZIP CODE	aty	STATE	ZIP CODE
TARY NAME	NH	03801	A TREASURER HAME		
Same			Same		
ET ADDRESS			STREET ADDRESS		
<del></del>	T STATE	I to coor	-		
	SIRIE	ZIP CODE	ary	STATE	ZIP COOE
	9 . N A	MES AND ADDR	ESSES OF THE DI	RECTORS	
OR NAME			DIRECTOR NAME		
David A. Kanı	ier	<del></del>	STREFT ADORESS		·
60 West Road					
Portsmouth	STATE NH	2₽ 000€ 03801	άτι	STATE	ZIP C00%
TOR NAVE	<u>,</u>		DIRECTOR NAME		
T ADDRESS		<del></del>			
. restricts			STREET ADDRESS		
	STATE	ZTP CCNOE	σιν	STATE	ZIP COOF.
	<u> </u>				
•	-	HARES AUTHOR	IZED AND ISSUED		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES  CLASS / SERIES	PAR VALUE
12 500 600 6000 00			NOVE		
12,500 SHS COMM NO PAR			NONE		
			İ		
·			<del></del>	<u> </u>	<u> </u>
	Thi	s report must be SIG	NED IN INK by either th	P	
	sident, Vice Presid	ent, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Truste	ee
Pres			Under penalty o	f perjury. I declare and	affirm that I have examine
Pres			report, includina	any accompanying schontained herein are true	redules and statements, and
Pres			all statements co	MINGUIÇÜ HELEIH WIE DOE	and correct.
•			all statements co		
•	96		all statements co Signature of Office	1 a. Vmn	
•	96 52		Signature of Office	d. Jmn	
	96 52		all statements co	La Jonna Cer Kanner	

Title of Officer

Date