



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 IN BLACK)

1. Corporate ID No. 81848		2. Name of Corporation A.F.M. Limited			
3. Street Address Principal Business Office 1060 PARK AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 4014644800		5. State of Incorporation RHODE ISLAND			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE WHOLESALE OR RETAIL SALE AND DISTRIBUTION OF GOODS OF EVERY KIND AND DESCRIPTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis M. Nichols			Vice President Name		
Street Address 1060 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Dennis M. Nichols			Treasurer Name Dennis M. Nichols		
Street Address 1060 Park Avenue			Street Address 1060 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis M. Nichols			Director Name		
Street Address 1060 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	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
8,000 COMM \$1.00 PAR VALUE			100	Common	\$1.00

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



8 1 8 4 8

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

Date

Dennis M. Nichols
Print or Type Name of Officer

Title of Officer

Form 630 12/01

81848 DBC 01/06/05 10:37:26 AM

File Date 2/7/05

Check No. 015921

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

ATTACHMENT
2005 ANNUAL REPORT
A.F.M. Limited
CORPORATE ID: 81848

ADDITIONAL OFFICERS
ITEM 8.

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Assistant Secretary	Dennis M. Nichols	1060 Park Avenue, Cranston, RI 02910



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 IN BLACK)

1. Corporate ID No. 81848		2. Name of Corporation A.F.M. Limited			
3. Street Address Principal Business Office 1060 Park Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-464-4800		5. State of Incorporation Rhode Island			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the wholesale or retail sale and distribution of goods of every kind and description					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis M. Nichols			Vice President Name .		
Street Address 1060 Park Avenue			Street Address .		
City Cranston	State RI	Zip 02910	City .	State .	Zip .
Secretary Name Dennis M. Nichols			Treasurer Name Dennis M. Nichols		
Street Address 1060 Park Avenue			Street Address 1060 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis M. Nichols			Director Name .		
Street Address 1060 Park Avenue			Street Address .		
City Cranston	State RI	Zip 02910	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
8,000 Common	\$1.00 Par Value		100	Common	\$1.00

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



8 1 8 4 8

FILED

File Date JAN 23 2004
Check No. By m7574
By: _____
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.

Dennis Nichols 1-5-04
Signature of Officer Date
Dennis Nichols
Print or Type Name of Officer
President
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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *81848*		2. Name of Corporation A.F.M. Limited			
3. Street Address Principal Business Office 1060 PARK AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 4014644800		5. State of Incorporation RHODE ISLAND			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE WHOLESALE OR RETAIL SALE AND DISTRIBUTION OF GOODS OF EVERY KIND AND DESCRIPTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis Nichols			Vice President Name		
Street Address 1060 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	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 type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis Nichols			Director Name		
Street Address 1060 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	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
8,000 COMM	\$1.00 PAR VALUE		8,000		\$1.00

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



* 8 1 8 4 8 *

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 Nichols March 24, 2003
Signature of Officer Date
Dennis Nichols
Print or Type Name of Officer
President
Title of Officer

81848 DBC3/4/032:33:04 PM

File Date 3-14-03

Check No. 39409

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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. 2. Name of Corporation

81848 A.F.M. Limited

3. Street Address Principal Business Office

1060 Park Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

401-464-4800

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5884

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

Retail Sales

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

President Name

Dennis Nichols

Vice President Name

Street Address

1060 Park Avenue

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

Secretary Name

Dennis Nichols

Treasurer Name

Street Address

1060 Park Avenue

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

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

Director Name

Dennis Nichols

Director Name

Street Address

1060 Park Avenue

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



* 8 1 8 4 8 FILED

File Date: MAR 14 2002

Check No.: By DNF

By: 282562

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 Dennis Nichols Date

Dennis M. Nichols
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01



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. **81848** 2. Name of Corporation **A.F.M. Limited**

3. Street Address Principal Business Office

City

State

Zip

1060 Park Avenue

Cranston

RI

02910

4. Business Phone No.

5. State of Incorporation

6. SIC Code
5884

(401) 464-4800

RHODE ISLAND

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

Retail Sales

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

President Name

Vice President Name

Dennis Nichols

Street Address

Street Address

1060 Park Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02910

Secretary Name

Treasurer Name

Dennis Nichols

Dennis Nichols

Street Address

Street Address

1060 Park Avenue

1060 Park Avenue

City

State

Zip

City

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**

Director Name

Director Name

Dennis Nichols

Street Address

Street Address

1060 Park Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02910

Director Name

Director Name

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

8,000 COMM \$1.00 PAR VALUE

100

Common

\$1.00

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



* 8 1 8 4 8 *

File Date: 5-14-01

Check No.: 3243

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.

Dennis M. Nichols 5-7-01
Signature of Officer Date

Dennis Nichols
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
401-277-3040



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. 81848 2. Name of Corporation A.F.M. Limited.
3. Street Address Principal Business Office 1060 Park Avenue City Cranston State RI Zip 02920
4. Business Phone No. (401) 464-4800 5. State of Incorporation Rhode Island 6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island Retail Sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Dennis Nichols</u> Street Address <u>1060 Park Avenue</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u> Secretary Name <u>Dennis Nichols</u> Street Address <u>1060 Park Avenue</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>	Vice President Name Street Address City State Zip Treasurer Name <u>Dennis Nichols</u> Street Address <u>1060 Park Avenue</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>
--	--

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

Director Name <u>Dennis Nichols</u> Street Address <u>1060 Park Avenue</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>	Director Name Street Address City State Zip Director Name Street Address City State Zip
--	--

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000 SHS COMM	\$1.00 PAR	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	\$1.00

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

PAID

File Date: APR 25 2000
Check No.: SECY OF STATE
By: 410 3227
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 Dennis Nichols Date 4/19/00
Print or Type Name of Officer Dennis Nichols
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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 81848
2. Name of Corporation A.F.M. Limited
3. Street Address Principal Business Office 1060 Park Avenue
City Cranston State RI Zip 02910
4. Business Phone No. 5. State of Incorporation RHODE ISLAND
6. SIC Code 5884

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

Retail Sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name	Vice President Name
A. Daniel Geribo	
Street Address	Street Address
1060 Park Avenue	
City State Zip	City State Zip
Cranston RI 02910	
Secretary Name	Treasurer Name
A. Daniel Geribo	A. Daniel Geribo
Street Address	Street Address
1060 Park Avenue	1060 Park Avenue
City State Zip	City State Zip
Cranston RI 02910	Cranston RI 02910

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

Director Name	Director Name
A. Daniel Geribo	
Street Address	Street Address
1060 Park Avenue	
City State Zip	City State Zip
Cranston RI 02910	
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS	COMM	\$1.00 PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$1.00

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

File Date: 4-26-99

Check No.: 3168

By: AMF

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: 4/1/99
Print or Type Name of Officer: A. Daniel Geribo
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. 81848 2. Name of Corporation A.F.M.Limited
3. Street Address Principal Business Office 1060 Park Avenue City Cranston State RI Zip 02910
4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code 5884

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

Retail Sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Daniel Geribo

Street Address

1060 Park Avenue

City Cranston State RI Zip 02910

Secretary Name

A. Daniel Geribo

Street Address

1060 Park Avenue

City Cranston State RI Zip 02910

Vice President Name

Street Address

City Cranston State RI Zip 02910

Treasurer Name

A. Daniel Geribo

Street Address

1060 Park Avenue

City Cranston State RI Zip 02910

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

Director Name

A. Daniel Geribo

Street Address

1060 Park Avenue

City Cranston State RI Zip 02910

Director Name

Street Address

City Cranston State RI Zip 02910

Director Name

Street Address

City Cranston State RI Zip 02910

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS	COMM	\$1.00 PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$1.00

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

File Date: 2/18/98

Check No.: 3047

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

Date

A. Daniel Geribo

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
401-277-3040



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

81848

A.F.M. Limited

3. Street Address Principal Business Office

1060 Park Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

5884

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

Retail Sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

A. Daniel Geribo

Vice President Name

Street Address

1060 Park Avenue

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

Secretary Name

A. Daniel Geribo

Treasurer Name

A. Daniel Geribo

Street Address

1060 Park Avenue

Street Address

1060 Park Avenue

City

Cranston

State

RI

Zip

02910

City

Cranston

State

RI

Zip

02910

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

Director Name

A. Daniel Geribo

Director Name

Street Address

1060 Park Avenue

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS COMM \$1.00 PAR

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



* 8 1 8 4 8 *

File Date: 3-7-97

Check No.: 696

By: 10P

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

Date

A. Daniel Geribo

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATON
ANNUAL REPORT

1996 *Corrected*



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
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO
81848

2 NAME OF CORPORATION
A. F. M. Limited

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE
788 Reservoir Ave. Suite 300

CITY
Cranston

STATE
RI

ZIP CODE
02910

4 BUSINESS PHONE NO
(401) 941-4100

5 STATE OF INCORPORATION
RI

6 SIC CODE

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Retail Sales of Videos, Magazines and Men's apparel

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME
Dennis M. Nichols

VICE PRESIDENT NAME

STREET ADDRESS
23 Verdic Ave

STREET ADDRESS

CITY
Providence

STATE
RI

ZIP CODE
02909-5911

CITY

STATE

ZIP CODE

SECRETARY NAME
Same as President

TREASURER NAME
Same as President.

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	Comm	\$1.00 PAR	100 SHS	COMMON	\$1.00 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.

Dennis M. Nichols
Signature of Officer

Dennis M. Nichols
Print or Type Name of Officer

President

Title of Officer

File Date:

4/30/96

Check No:

no fee

By:

ce

For Secretary of State Use Only

Date

FORM 31 '2/95

PROFIT 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
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 81848		2. NAME OF CORPORATION A.F.M. Limited	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 788 Reservoir Ave. Suite 300		CITY Cranston	STATE RI
		ZIP CODE 02910	
4. BUSINESS PHONE NO. (401) 941-4100		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 5884	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Retail sales of videos, magazines and men's apparel			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME A. Daniel Geribo		VICE PRESIDENT NAME	
STREET ADDRESS 12 Tanya Drive		STREET ADDRESS	
CITY Mansfield	STATE MA	ZIP CODE 02048	
SECRETARY NAME A. Daniel Geribo		TREASURER NAME A. Daniel Geribo	
STREET ADDRESS (same as above)		STREET ADDRESS (same as above)	
CITY	STATE	ZIP CODE	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES		ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
8,000 SHS COMM \$1.00 PAR		100 SH	common

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.

File Date:

2/20/96

Check No:

263

By:

(Signature)

For Secretary of State Use Only

Signature of Officer

A. Daniel Geribo

Print or Type Name of Officer

President

Title of Officer

2/20/96 *(Signature)*
Date



A.F.M. Limited

ANNUAL REPORT

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0081848

Annual Report for the year: 1995

Name of Corporation: Airborne Brockton, Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1060 Park Avenue

Cranston, RI 02910

Phone: ()

Brief statement of the character of business conducted in Rhode Island:
engage in developing, manufacturing, distribution, retail and wholesale of goods and services of every kind and description**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Carl A. Bruno	1060 Park Avenue	Cranston, RI	02910

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Anthony P. Santucci	1060 Park Avenue	Cranston, RI	02910

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Anthony P. Santucci	1060 Park Avenue	Cranston, RI	02910

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Carl A. Bruno	1060 Park Avenue	Cranston, RI	02910

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
8,000	Common \$1 Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	Common \$1 Par Value

Date FEBRUARY 13, 1995

By:

Anthony P. Santucci

PRINT OR TYPE NAME OF OFFICER SIGNING

SECRETARY & TREASURER

TITLE OF OFFICER SIGNING

Form 31 195

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FRANCIS D. PARISI
170 WESTMINSTER STREET, SUITE 1000
PROVIDENCE RI 02903

FILED

FEB 20 1995

By:

J. B. Chitt

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