

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. Gorporate ID No.	2 Name of Corporal	tion			
84748	PARK AVENU	JE REALTY, INC.			
3. Strovi Address Principal Bus			City	State	Zip
	DARK AUFI	NUE_	CITYCRANSTON	R.I	02920
4 Business Phone No	· · · · · · · · · · · · · · · · · · ·	5. State of Incorporation			6 SIC Code
	Y-5678 meter of Business Conducted	RHODE ISLAND	<u> </u>		5538
TO CARRY ON THI	E BUSINESS OF A REAL	TY COMPANY.			
B. NAMES AND ADDRE	SSES OF THE OFFICE	RS: ("X" BOX FOR ATT	. –	SPACES BEFORE USING	G ATTACHMENTS
	C. Broce		Vice President Name	C. BROCE	, ·
Street Address	-		Street Address		
785 01	VARIES ST		785	CHARLES .	5-
PROU.	State R. I	Zip 02504	City PASU.	State R. I.	2ip 02904
Secretary Name			Treasure Name		
	E C. Bro.	ecoli		C. Broc	coCi
Street Address 785	CHARLES !	57	Sireei Address	CHARLES	57
PROJ.	C'HARLES State R. I.	21p 03504	City Pana	CHARIES State R. I.	zφ 0250V
. NAMES AND ADDRE	SSES OF THE DIRECT	ORS: ("X" BOX FOR AT	•	N SPACES BEFORE USI	
Director Name			Director Name		
	ONE			NONE	
itreet Address			Street Address		
Dity:	State	Zip	City	State	Zip
•••••					
Director Name	• (0 . 0		Director Name		
Street Address	NONE_	-		NONE	
and Manaz			Street Address		
Diffe.	State	Zip	City	State	ZIp
	<u> </u>	_			
	ZED ("X" BOX FOR A	TTACHMENT)	•	("X" BOX FOR ATTACH	IMENT) 📗
Sumber of Shares			ISSUED SHARES	1	
alimbia of shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR	VALUE		100		NONE
					7.00.0
This report mus	t be signed in ink by e	ther the President. Vice	President, Secretary, Assista	int Secretary Treasurer	Receiver or Trustee
•	,			in occionary, ricasaror,	receiver of trastee
!	I CONDI INISI RIBIC INTICESO	T! #!! 18#			
			linder nenalty of ne	riury :I declare and affirm th	nat I have examined this repo
<u>_</u>			including any accom	panying schedules and stat	ements, and that all stateme
			contained herein are	true and correct.	
File Date		<u>,</u>	- Clarra	& C. Bru	of. 2-25.0
	1579		Signature of Officer		Date
Check No		-	7 A U.	DE C. Re.	croli
Вуг	2.		Print or Type Name of	f Officer	
·//·	<u> </u>	-	· · · · · · · · · · · · · · · · · · ·	RASIDENT	•
FOR SECRETARY O	OF STATE USE ONLY		Title of Officer	CASIDE VI	
			rine of Officer		Form 630 Rev. 12/03



FOR SECRETARY OF STATE USE ONLY

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

ling Period: January 1 - l ORM MUST BE TYPED OR PRI		Hing Fee: \$50.00			
Corporate ID No.	2. Name of Corpor	atton			
84748		NUE REALTY, INC.			
Street Address Principal Business	Office K AUR	NU.5	CHANSTON	State R.T.	02920
Bustness Phone No.		5. State of Incorporation		`	G. SIC Code
401-464-	5678	RHODE ISLAN	n		5538
Brief Description of the Characte TO CARRY ON THE B		d in Rhode Island			
NAMES AND ADDRESSE	S OF THE OFFICI	ERS: ("X" BOX FOR ATT	TACHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS
DAVIOR	C. Broc	rs li		C. Brock	coli.
cei Address	Incles	5-	Street Address		
785 CK Pro.	State R.I	2004	City PROU.	CHARLES 5.	210 02504
Cretury Name	C. BR	occo(,'	Treasurer Name	e C. Br	occo (i
rect Address			Street Address		
785 6	HARLAS	5 -	785	CHARLES	57
PROU.	State R. I.	2402904	785 Cuy PROU.	State P. I.	24p 02904
NAMES AND ADDRESSE	•	'		IN SPACES BEFORE USI	•
rector Name Now E			Director Name	NONE	
cet Address			Street Address		•
y	State	Zip	City	State	Zip
roctor Name		·····J······	Director Name	NONE	
ect Address			Street Address		
y	State	Zip	City	State	Zip
O. SHARES AUTHORIZED OTHORIZED SHARES	 	 ATTACHMENT) [11. SHARES ISSUED	("X" BOX FOR ATTACH	 IMENT)
mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VA	LUE		100		NONE
	-		-		
This report must be	signed in ink by	either the President. Vice	President, Secretary, Assist	lant Secretary, Treasurer	Receiver or Trustee
•	<i>J</i>		,,,,		
			Under consitu of o	erjury, I declare and affirm t	hat I have examined this s
	8 4 7 4 8	III I I II		mpanying schedules and sta	
2 ^	\sim		contained herein as	re true and correct.	
le Date	7 \ / \	_	Van	Le C. Brown	14: 2-27- Date
1 F	510		Signature of Officer		
heck No.	J-+ V	_	Print or Type Name	OF C. BRO	oceoLi.
		- ,	Trini or Type Indine	RESCOENT	
FOR SECRETARY OF S	TATE USE ONLY	}	(-	KBSOFN!	

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

	84748

President Name

PARK AVENUE REALTY, INC.

3. Street Address Principal Business Office

PARK

5538

6. SIC Code

401-464-5678 7. Brief Description of the Character of Business Conducted in Rhode Island

REACTY CO.

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

DAUIDE C. BROCCOLI

CHARLES

DAVIDE C. BROCESCI

CHARIES

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

NONE

Street Address

City

City

Zip

Street Address

Street Address

State

Zip

Director Name

Street Address

State

, City

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ZSTUED SHARES

Number of Shares

Class/Series

1,000 COMM NO PAR VALUE

100

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 that all statements contained herein are true and correct.

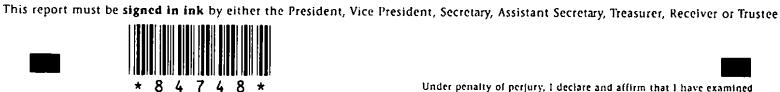
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PIPASE READ INSTRUCTIONS

Filing Period: Jar	nuary 1-March 1	Filing Fee: \$50.00	· our row rife		PLEASE RE
FORM MUST BE TYPED	IN BLACK)				
1. Corporate ID No.	2. Name of Corpo	ration			<u> </u>
84748	PARK AV	ENUE REALTY, INC.			
3. Street Address Principal (1362	Rusiness Office PARK AU	ENUE	CRANSTON	State R. I	Zip 02920
1. Business Phone No. 401-464	-5678 Character of Business Conducted	5. State of Incorporation RHODE ISLANI In Rhode Island		, -	6. SIC Code 5538
President Name	DRESSES OF THE OF	FICERS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES BEI	FORE USING ATTACH	
treet Address	C. BROCC. HARLES S			C. BROCKO VARLES SI	
PROVIDENCE	CE State R. 1	- 210 02804	PRWIDENCE	State R. I.	21000909
DAVIDE	C. Broc		Treasurer Name	" Broce	• • •
tieet Addiess 785 (HANLES 5		Street Address 785 C//A	noles ST	-
PROVIDENC	E State R.I	. Zip 02904	PROSIDENCE	State R. I	02904
I. NAMES AND AD Officector Name NON		RECTORS ("X" BOX FOR ATT		EFORE USING ATTAC	
treet Address			Street Address		
Tity	State	Zip	City	State	Zip
irector Name	• • • • • • • • • • • • • • • • • • • •	••••	Director Name		
tieet Address			Street Address		
lly	State	Zip	City	State	Zip
O. SHARES AUTHO	RIZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*X* I	BOX FOR ATTACHMENT)	

100



Class/Series

Par Value

File Date:	3-4-02	
	1340	
	2	
By: FOR SECRI	ETARY OF STATE USE ONLY	

Number of Shares

1,000 COMM NO PAR VALUE

Under penalty of perfury, 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.

Class/Series

Jarrele	<u> </u>	Browny	2-18-0	.2
Signature of Officer			Date	
	_	_		

DAVIDE C.	Broccoli
Print or Type Name of Officer	

PRESIDENT

C. _. /20 12M1

Par Value

NONE

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

2001

FORM MUST BE TYPED IN B	BLACK)				
I. Corporate ID No. 84748		JE REALTY, INC.		•	
3. Street Address Principal Busin			City	State	Zip C C C
1362	PARK A	IENUE	CRANSTON	ZI.	02920
1. Business Phone No. 401-469	1-5678	S. State of Incorporation RHODE ISLAN	CRANSTON		6. <u>sr. co</u> g
7. Brief Description of the Charac	cter of Business Conducted in . \mathcal{R}_{EA}	Rhode Island Ty CO.	•		
3. NAMES AND ADDRI		,	HMENT) FILL IN SPACES I	BEFORE USING ATTACE	HMENTS
DAVIDE C.	Broccoli			. Broccol	•
itreet Address	_		Street Address		
785 CHA	relas ST.		785 CH	ARLES ST.	
PROVIDENCE	State R. I.	2904	PROUIDENCE	State T	21p 02904
ecretary Name	•	•	Treasurer Name		
DAVIDE (P. Brocco	Li	DAVIDE (? Broccol	<u>'</u> ;
lieet Address	VARIES ST		Street Address		
				VARIES ST	
PROVIDENCE	State R.I.	Zip 02904	PROVIDENCE	State RI.	2102904
P. NAMES AND ADDRI	ESSES OF THE DIREC	CTORS ("X" BOX FOR ATTA		S BEFORE USING ATTA	CHMENTS
Director Name NON	E.		Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	• • • • •	
lreet Address			Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ZED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM	NO PAR VAL		100		NONE
			700		100101

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



File Date:	2/26	
Check No.:	1325	
ву:	<u>Ce</u>	

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 Matements contained herein are true and correct.

Broced: 2-16-01

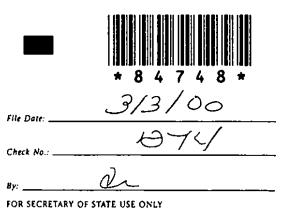
DAVIDE C. BROCCOLi

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-323-3040

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. 2. Name of Corporation 84748 PARK AVENUE REALTY, INC. CRANSTON 3. Street Address Principal Business Office PARK AUENUE 401-464-5678 RHODE ISLAND 5538 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Broccoli DAUIDE DAVIDE C: Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS NONE. Street Address Street Address City City State ZIp Zip Director Name Director Name Street Address Street Address City State City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("x" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Serles Par Value Number of Shares Class/Series Par Value 1,000 SHS COMM NO PAR VAL 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 herein are true and correct.

| Declar | Print or Type Name of Officer | Print or Type Name of Officer | Print of Officer | Print



FOR SECRETARY OF STATE USE ONLY

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

STOP
PLEASE READ (INSTRUCTIONS
7. //

(FORM MUST BE TYPED IN BL. L. Corporate ID No.		,,			
84748	2. Name of Corporate PARK AVE	NUE REALTY, INC.			,
3. Street Address Principal Busines	PARK A	WENUE.	CRANSTON	State R. I.	21902920
4. Business Phone No.		5. State of Incorporation	 		6. SIC Code
401-464-		RHODE ISLAN	D		5538
7. Brief Description of the Charact	er of Business Conducted In				1
8. NAMES AND ADDRE	_'		HMENT) FILL IN SPACES BE	FORE USING ATTACE	IMENTS
President Name	• • • •-		Vice President Name		
- 	C. Broce	<u> </u>		C. Broce	061
Street Address 785 CHA	anles ST.	-	Street Address 785 C	HARLES S	7.
PROUIDENS	State R. I.	102904	PROVIDENCE		
Secretary Name	· · · · · <i>δ _P · · ·</i> · · · · · · · · · · · · · · · ·	······	: Treasurer Name_	••••	• • • • • • • • • • • • • • • • • • • •
DASIDE	C. Broce		DAJIOA	C. Broc	roli
Street Address	anles ST	-	Street Address	HANLES S	T. :
City PROVIDENCE			CITY PROVIDENCE		2ip 02504
			ACHMENT) . FILL IN SPACES		
Olrector Name	33E3 OF THE DIRE	CIORS (A BOX FOR A)	Director Name	BEFORE USING ATTA	CHITERIS
NON	IE.				<u>.</u>
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	,		: Director Name		
Street Address	ماردات عنظ مند		Street Address		
			<u>:</u>		•
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (:Y: BOX SOR ATT)	(CIVIENT)	: 11. SHARES ISSUED (*x*	BOY FOR ATTACHIVENT	
AUTHORIZED SHARES	ED TY BOX LOW WILL	CHMENT	ISSUED SHARES	BOX FOR ATTACHMENT	<u></u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL			100		NONE
		· · ·		_	
, <u></u>					İ
This report must be sig	ned in ink by eith	er the President, Vice	President, Secretary, Assista	ant Secretary, Treasu	rer, Receiver or Trus
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] }			
*	8 4 7 4 8	*		ry, I declare and affirm	that I have examined dules and statements, a
	ila h	20		itained herein are true a	
File Date:	Margic	14_	11.00	2 R. 1.	2-28-99
	12000	;	Signature of Officer	Hoceoti	Date
Check No.:	LXLXXI			00	



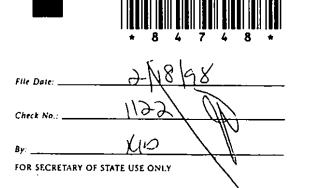
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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

401-277-3040

(FORM MUST BE TYPED I	IN BLACK)				
1. Corporate ID No.	2. Name of Corpo	ration	•	•	
84748 3. Street Address Principal Bo	usiness Office	ENUE REALTY, INC.	City	State	Zip
4. Business Phone No. 40/- 7. Brief Description of the Ch	PARK AU 64-5678 navacter of Business Conducted REALTY	5. State of Incorporation RHODE ISLANI In Rhode Island	CRANSTON	State R. I.	02520 6. SIC Code 5538
8. NAMES AND ADI	C. Broce	FICERS ("X" BOX FOR ATTACH	Vice President Name	DE C. BRO	ecco/i
Street Address 785	CHARLES		Street Address 785	CHARLES S	7.
Secretary Name	E C. BROG	,	Treasurer Name	SE C. BRO	219 02504 DecoGi
Street Address 785 City PROVIDE.	CHARLES NCE R. I.	st.	City PROUIDENS	CHARLES S State R.C.	T. 21.02804.
9. NAMES AND ADI		RECTORS ("X" BOX FOR ATTA		·	
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 AUTHOR AUTHORIZED SHARES	RIZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COM	M NO PAR VAL		100		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 systements contained herein are true and correct.

_/avido	C.	Broud Pres.	2-16-98
Signature of Officer		Date	
~			



(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

401-464-5678

REALTY CO.

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

1. Corporate ID No.

Presiden<u>t N</u>ame

FOR SECRETARY OF STATE USE ONLY

84748

1362 4. Business Phone No.

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

PARK AVENUE REALTY, INC.

5. State of Incorporation

RHODE ISLAND

Vice President Name

PROFIT CORPORATION ANNUAL REPORT 1997

401-277-3040 6. SIC Code 5538 DAVIDE C. BROCCOLI

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

PARK AUENUE

DAVIDE C. BROCCOLI

2. Name of Corporation

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

311(11 AURIUS)	HARLES S	ـــبر٠	Street Address	11 1 5	
			City / Ø 3 (/	NARIES 31	 21p 02904
PROVIDENCE	R.I.	02504	PROVIDENCE	E P.J.	02504
Secretary Name	•	•	Treasurer Name	· •	•
DAVIDE	C. Broc	coli	DAVID	E C. BR.	occoli
Street Address	., ,		Street Address		
	HARIES S		785 C	HARLES S	T.
PROVIDENCE	State 7	202904	PROJIDENCE	Stale R. J.	02504
9. NAMES AND ADDI	RESSES OF THE DIRI	ECTORS ("X" BOX FOR AT	ITACHMENT)	* *	• • • •
Director Name		•	Director Name		
NONE	•		•		•
Street Address			Street Address		
City	State	Zip	Clty	State	Zip
		•	•		-,
Director Name		•	Director Name	•	• •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED AND ISSUED ("X" BOX FOR ATTACHMENT	•)		
AUTHORIZED SHARES		,	SSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
1,000 SHS COM	M NO PAR VAL		100		NONE.
This report must be si	igned in ink by eith	ner the President, Vic	e President, Secretary, Ass	istant Secretary, Trea	surer, Receiver or Trustee
	× 5 4 (4	o *			rm that I have examined
\	$\alpha \Omega$			ng any accompanying sc contained herein are tru	hedules and statements, and
File Date:	-41		//		

DAVIDE

Title of Officer

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

For Secretary of State Use Only

Filing Fee: \$50.00

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Cart	P

1. CORPORATE IO NO	2. NAME OF CORPORATION	PLEASE TYPE 01	R PRINT IN BLACK INK.			
84748 3. STREET ADDRESS PRINCIPAL BUSINESS OF	PARK AV	ENUE REALTY,				
_			OTY COLUMN	STATE J R.J.	DF 000€	
1362 PARA	HUENUE		(KAN) (ON		02720	
4. BUSINESS PHONE NO.	~ ./	5. STATE OF INCORPORATION			6. SIC CODE	
1 401.464-S	678	RHODE I	SLAND		! 5538	
7. BRIEF DESCRIPTION OF THE CHARACTER OF	BUSINESS CONDUCTED IN RHOOE IS	ÁND		· · · · · · · · · · · · · · · · · · ·		
KEALTY	(0.	<u></u>				
PRECIDENT NAME		LES AND ADD		FFICERS		
PRESIDENT HAVE DAVIDE	C. BROCK	061	VICE PRESIDENT NAME TO A U TO	E C. BROCK	-0/1	
STREET ADDRESS			STREET ADORESS			
' 785 CKA	RIES ST	<u>-</u>	. 785	CHARLES S	T	
785 CNA PROV.	STATE R. I.	27 000K	PROV.	CHARLES S STATE P. J.	TP 000E	
SECRETARY NAME		· · · · · · · · · · · · · · · · · · ·	. TREASURER HAME		1004	
STREET ADDRESS	C. Broce	061	DAVIA	DE C. BRO	iccoli	
	VARIES S	7.	STREET ADDRESS 785	CHARLES	57.	
PROU.	STATE R. I.	1P 000k	OTT PROV.	CHARLES STATE Z.T.	72° CODE	
·	9. NA M	ES AND ADD	RESSES OF THE D	I R E C T O R S		
DIRECTOR NAME	-		DIRECTOR NAME		 	
STREET ADDRESS	·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
STREET ADDRESS			STREET ADDRESS			
ату	STATE	72° 000€	(any	STATE	ZP 0001	
				June 1	a wot	
DIRECTOR NAME			DIRECTOR NAME			
STREET ADDRESS			1			
2 LIGET WITHGR			STREET ADDRESS			
div	STATE	ZIP COOE	4 OTY	STATE	ZIP C00€	
·			: f		1	
<u> </u>	10. SH	ARES AUTHOR	TIZED AND ISSUE	D	 	
· · · · · · · · · · · · · · · · · · ·	AUTHORIZED SHARES	- 		ISSUED SHARES		
MANGER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
1,000 SHS CC	MM NO PAR VAL		100		NONE.	
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			<u></u>			
	This	report must be SI	GNED IN INK by either t	the		
Presi	dent, Vice Preside	nt, Secretary, Assis	stant Secretary, Treasure	er, Receiver or Trustee		
			Under penalty	of periury I declare and at	firm that I have examined this	
			report, includir	ig any accompanying sched	dules and statements, and that	
		-	ali statements	contained herein are true ar		
File Date: 2/27/	96			vide (: /she	ad Pres.	
File Date: 2 27	, .	1	Signature of O	fficer		
Check No: 29			DAUI	flicer DE C. Broo	ceoli	
(D)		Print or Type N	lame of Officer		
By:			PRE	SIDENT	23-23-96	

Title of Officer

Date