



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. Corporate ID No. 91849		2. Name of Corporation Mars 2000, Inc.			
3. Street Address Principal Business Office 40 Agnes Street			City Providence	State RI	Zip 02909
4. Business Phone No. 401-421-5275		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, SELL AND OTHERWISE DEAL IN PLASTIC RELATED PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Karl J. Krikorian			Vice President Name K. Jason Krikorian		
Street Address c/o 40 Agnes Street			Street Address c/o 40 Agnes Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name K. Jason Krikorian			Treasurer Name K. Jason Krikorian		
Street Address c/o 40 Agnes Street			Street Address c/o 40 Agnes Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			2,000	common	\$1.00 par

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



File Date	3/2/05
Check No.	3111
By:	JD.
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  
Karl J. Krikorian

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 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91849		2. Name of Corporation Mars 2000, Inc.			
3. Street Address Principal Business Office 40 Agnes Street			City Providence	State RI	Zip 02909
4. Business Phone No. 421-5275		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, SELL AND OTHERWISE DEAL IN PLASTIC RELATED PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Karl J. Krikorian			Vice President Name K. Jason Krikorian		
Street Address c/o 40 Agnes Street			Street Address c/o 40 Agnes Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name K. Jason Krikorian			Treasurer Name Karl K. Krikorian		
Street Address c/o 40 Agnes Street			Street Address c/o 40 Agnes Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		2,000	common	\$1.00 <sup>00</sup> par

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



\* 9 1 8 4 9 \*

File Date	<b>RECEIVED</b>
Check No.	JAN 22 2004
By:	3Y
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

Karl J. Krikorian

Print or Type Name of Officer

President

Title of Officer

DETACH HERE



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91849 2. Name of Corporation Mars 2000, Inc.

3. Street Address Principal Business Office

40 Agnes Street

City Providence

State RI

Zip 02909

4. Business Phone No.

401-421-5275

5. State of Incorporation

RHODE ISLAND

6. SIC Code 1883

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

To manufacture, sell and deal in plastics and plastic related products

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

President Name

Karl J. Krikorian

Street Address

c/o 40 Agnes Street

City Providence State RI Zip 02909

Vice President Name

K. Jason Krikorian

Street Address

c/o 40 Agnes Street

City Providence State RI Zip 02909

Secretary Name

K. Jason Krikorian

Street Address

c/o 40 Agnes Street

City Providence State RI Zip 02909

Treasurer Name

Karl K. Krikorian

Street Address

c/o 40 Agnes Street

City Providence State RI Zip 02909

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

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

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	common	\$1.00

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2,000	common	\$1.00

RECEIVED  
SEP 3 11 33 AM '03  
STATE

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

FILED

SEP 03 2003

File Date: \_\_\_\_\_

By M 4750 GMB

Check No.: \_\_\_\_\_

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

Karl J. Krikorian

Print or Type Name of Officer



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. 91849 2. Name of Corporation Mars 2000, Inc.  
3. Street Address Principal Business Office 40 Agnes Street City Providence State RI Zip 02909  
4. Business Phone No. 401-421-5275 5. State of Incorporation RI Code 1883

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

Injection molding

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

President Name <u>Karl J. Krikorian</u>	Vice President Name <u>K. Jason Krikorian</u>
Street Address <u>40 Agnes Street</u>	Street Address <u>40 Agnes Street</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>K. Jason Krikorian</u>	Treasurer Name <u>Karl J. Krikorian</u>
Street Address <u>same as above</u>	Street Address <u>same as above</u>
City <u>RI</u> State <u>RI</u> Zip <u></u>	City <u>RI</u> State <u>RI</u> Zip <u></u>

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

Director Name <u></u>	Director Name <u></u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>
Director Name <u></u>	Director Name <u></u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES <u>8,000</u>	<u>Common</u>	<u>1.00</u>
Number of Shares	Class/Series	Par Value

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

ISSUED SHARES <u>8,000</u>	<u>Common</u>	<u>1.00</u>
Number of Shares	Class/Series	Par Value

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

File Date: 3-16-02

Check No.: 2100

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 [Signature] Date 4/14/02  
Karl J. Krikorian

Print or Type Name of Officer  
President

Title of Officer



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. <b>91849</b>		2. Name of Corporation <b>Mars 2000, Inc.</b>	
3. Street Address Principal Business Office <b>10 Agnes Street</b>		City <b>Providence</b>	State <b>R.I.</b>
4. Business Phone No. <b>(401) 421-5275</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>1883</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Injection Molding</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Karl J. Krikorian</b>		Vice President Name <b>K. Jason Krikorian</b>	
Street Address <b>40 Agnes St.</b>		Street Address <b>40 Agnes St.</b>	
City <b>Providence</b>	State <b>R.I.</b>	City <b>Providence</b>	State <b>R.I.</b>
Zip <b>02909</b>		Zip <b>02909</b>	
Secretary Name <b>K. Jason Krikorian</b>		Treasurer Name <b>Karl J. Krikorian</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City <b>SAME</b>	State <b>SAME</b>	City <b>SAME</b>	State <b>SAME</b>
Zip <b>SAME</b>		Zip <b>SAME</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	Number of Shares	Class/Series
<b>8,000</b>	<b>\$1.00 PAR VALUE</b>	<b>200</b>	<b>Common</b>
			<b>\$1.00</b>

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



\* 9 1 8 4 9 \*

File Date: 4/30/2001

Check No.: 1426

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] 3.2.01  
Date

K. Jason Krikorian  
Print or Type Name of Officer

U.P.  
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. <b>91849</b>		2. Name of Corporation <b>Mars 2000, Inc.</b>	
3. Street Address Principal Business Office <b>40 Agnes Street</b>		City <b>Providence</b>	State <b>RI</b> Zip <b>02909</b>
4. Business Phone No. <b>401-421-5275</b>		5. State of Incorporation <b>Rhode Island</b>	
6. SIC Code <b>1883</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To manufacture, sell &amp; deal in plastics and plastic related products.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>Karl J. Krikorian</b>		Vice President Name <b>K. Jason Krikorian</b>	
Street Address <b>c/o 40 Agnes Street</b>		Street Address <b>c/o 40 Agnes Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b> Zip <b>02909</b>
Secretary Name <b>K. Jason Krikorian</b>		Treasurer Name <b>Karl J. Krikorian</b>	
Street Address <b>SAME AS ABOVE</b>		Street Address <b>SAME AS ABOVE</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b> Zip <b>02909</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	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	Number of Shares	Class/Series
<b>8,000</b>	<b>COMMON</b>	<b>2,000</b>	<b>COMMON</b>
Par Value <b>\$ 1.00</b>		Par Value <b>\$ 1.00</b>	

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

**FILED**

File Date: JUN 02 2000

Check No.: 244911

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] 3-10-00  
Signature of Officer Date

K. Jason Krikorian  
Print or Type Name of Officer

Vice 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 99

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91849** 2. Name of Corporation **Mars 2000, Inc.**  
3. Street Address Principal Business Office **40 Agnes Street** City **Providence** State **RI** Zip **02909**  
4. Business Phone No. **401-421-5275** 5. State of Incorporation **Rhode Island** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To manufacture, sell & deal in plastics and plastic related products.**

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

President Name <b>Karl J. Krikorian</b> Street Address <b>c/o 40 Agnes Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>	Vice President Name <b>K. Jason Krikorian</b> Street Address <b>c/o 40 Agnes Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>
Secretary Name <b>K. Jason Krikorian</b> Street Address <b>SAME AS ABOVE</b> City _____ State _____ Zip _____	Treasurer Name <b>Karl J. Krikorian</b> Street Address <b>SAME AS ABOVE</b> City _____ State _____ Zip _____

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

Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
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
<b>8,000</b>	<b>common</b>	<b>\$ 1.00</b>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>2,000</b>	<b>common</b>	<b>\$1.00</b>

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

**FILED**

File Date: JUN 02 2000  
By: 244621  
Check No.: \_\_\_\_\_

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.

Signature of Officer K. Jason Krikorian Date 3-10-00  
Print or Type Name of Officer K. Jason Krikorian  
Title of Officer Vice 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. 91849 2. Name of Corporation Mars 2000, Inc.  
3. Street Address Principal Business Office 40 Agnes Street City Providence State RI Zip 02909  
4. Business Phone No. 5. State of Incorporation RI 6. SIC Code 1883

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

Manufacture and sell plastic products

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

President Name

Vice President Name

Karl J. Krikorian

Jason Krikorian

Street Address

Street Address

40 Agnes Street

Same

City

State

Zip

City

State

Zip

Providence

RI

02909

Secretary Name

Treasurer Name

Jason Krikorian

Karl J. Krikorian

Street Address

Street Address

Same

Same

City

State

Zip

City

State

Zip

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

Director Name

Director Name

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 AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

8000

Common

1.00

2000

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: \_\_\_\_\_

Check No.: \_\_\_\_\_

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.

Karl J. Krikorian  
Signature of Officer

11/10/98  
Date

Karl J. Krikorian  
Print or Type Name of Officer

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. <b>91849</b>		2. Name of Corporation <b>Mars 2000, Inc.</b>	
3. Street Address Principal Business Office <b>45 Troy Street</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 421-5275</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>02903</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To manufacture, sell and otherwise deal in plastics and plastic products.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>Karl J. Krikorian</b>		Vice President Name <b>K. Jason Krikorian</b>	
Street Address <b>45 Troy Street</b>		Street Address <b>45 Troy Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
Secretary Name <b>K. Jason Krikorian</b>		Treasurer Name <b>Karl J. Krikorian</b>	
Street Address <b>45 Troy Street</b>		Street Address <b>45 Troy Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
<b>8,000 SHS \$1.00 PAR VALUE</b>		<b>none</b>	<b>none</b>
		<b>none</b>	<b>none</b>

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



\* 9 1 8 4 9 \*

File Date: **3.7.97**  
Check No.: **1095**  
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: **[Signature]** Date: **2-26-97**

**Karl J. Krikorian**  
Print or Type Name of Officer

**President**  
Title of Officer