



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. 67450		2. Name of Corporation WVCH, Inc.			
3. Street Address Principal Business Office 60 OCEAN STATE DRIVE			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 4018855300		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO MAKE, BUY AND SELL SYRUP AND RELATED PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bruce Howes			Vice President Name Bruce Howes		
Street Address 118 Spinnaker Road			Street Address 118 Spinnaker Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Bruce Howes			Treasurer Name Bruce Howes		
Street Address 118 Spinnaker Road			Street Address 118 Spinnaker Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bruce Howes			Director Name		
Street Address 118 Spinnaker Road			Street Address		
City North Kingstown	State RI	Zip 02852	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
1,500	COMM NO PAR VALUE		100	common	none

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



6 7 4 5 0

\*67450 DBC 01/28/04 11:34:12 AM\*

File Date 1-13-05

Check No. 20117

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] 1-13-05  
Signature of Officer Date  
**Bruce Howes**  
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 IN BLACK)

1. Corporate ID No. 67450  
2. Name of Corporation WVCH, Inc.

3. Street Address Principal Business Office 60 OCEAN STATE DRIVE  
City: NORTH KINGSTOWN State: RI Zip: 02852

4. Business Phone No. 4019855300  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO MAKE, BUY AND SELL SYRUP AND RELATED PRODUCTS.

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

President Name Bruce Howes	Vice President Name Bruce Howes
Street Address 118 Spinnaker Road	Street Address 118 Spinnaker Road
City State Zip North Kingstown RI 02852	City State Zip North Kingstown RI 02852

Secretary Name Bruce Howes	Treasurer Name Bruce Howes
Street Address 118 Spinnaker Road	Street Address 118 Spinnaker Road
City State Zip North Kingstown RI 02852	City State Zip North Kingstown RI 02852

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

Director Name Bruce Howes	Director Name
Street Address 118 Spinnaker Road	Street Address
City State Zip North Kingstown RI 02852	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  
Number of Shares Class Series Par Value  
1,500 COMM NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class Series Par Value  
100 common none

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



\*67450 DBC 01/28/04 11:34:12 AM\*

File Date 2-25-04

Check No 18751

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] 2-12-04  
Signature of Officer Date  
**Bruce Howes**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **67450** 2. Name of Corporation **WVCH, Inc.**  
3. Street Address Principal Business Office **60 Ocean State Drive** City **No. Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **(401) 885-5300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**  
7. Brief Description of the Character of Business Conducted in Rhode Island

buy and sell syrup

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

President Name <b>Bruce Howes</b> Street Address <b>60 Ocean State Drive</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Vice President Name <b>Bruce Howes</b> Street Address <b>60 Ocean State Drive</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>
Secretary Name <b>Bruce Howes</b> Street Address <b>60 Ocean State Drive</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Treasurer Name <b>Bruce Howes</b> Street Address <b>60 Ocean State Drive</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>Bruce Howes</b> Street Address <b>60 Ocean State Drive</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	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
	1,500	COMM NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

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



\* 6 7 4 5 0 \*

File Date: 2/10/03  
Check No.: 17323  
By: [Signature]

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]  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Bruce Howes  
Print or Type Name of Officer

President  
Title of Officer



**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. **67450** 2. Name of Corporation **WVCH, Inc.**  
3. Street Address Principal Business Office **118 Spinnaker Road** City **No. Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **(401) 294-5500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**  
7. Brief Description of the Character of Business Conducted in Rhode Island

buy and sell syrup

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

President Name <b>Bruce Howes</b> Street Address <b>118 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Vice President Name <b>Bruce Howes</b> Street Address <b>118 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>
Secretary Name <b>Bruce Howes</b> Street Address <b>118 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Treasurer Name <b>Bruce Howes</b> Street Address <b>118 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>Bruce Howes</b> Street Address <b>118 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Director Name <b>Bruce Howes</b> Street Address <b>118 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,500 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par Value**

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



\* 6 7 4 5 0 \*

File Date: 02-19-02  
Check No.: 16053  
By: [Signature]

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: 2-14-02

**Bruce Howes**  
Print or Type Name of Officer

**President**  
Title of Officer



**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. **67450**      2. Name of Corporation **WVCH, Inc.**  
3. Street Address Principal Business Office      City      State      Zip  
**118 Spinnaker Road**      **No. Kingstown**      **RI**      **02852**  
4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**885-5300**      **RHODE ISLAND**      **6**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**buy and sell syrup**

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

President Name <b>Bruce Howes</b>	Vice President Name <b>Bruce Howes</b>
Street Address <b>118 Spinnaker Road</b>	Street Address <b>118 Spinnaker Road</b>
City      State      Zip <b>No. Kingstown      RI      02852</b>	City      State      Zip <b>No. Kingstown      RI      02852</b>
Secretary Name <b>Bruce Howes</b>	Treasurer Name <b>Bruce Howes</b>
Street Address <b>118 Spinnaker Road</b>	Street Address <b>118 Spinnaker Road</b>
City      State      Zip <b>No. Kingstown      RI      02852</b>	City      State      Zip <b>No. Kingstown      RI      02852</b>

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

Director Name <b>Bruce Howes</b>	Director Name
Street Address <b>118 Spinnaker Road</b>	Street Address
City      State      Zip <b>No. Kingstown      RI      02852</b>	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

Number of Shares	Class/Series	Par Value
<b>1,500 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>none</b>

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



\* 6 7 4 5 0 \*

File Date: 2/20  
Check No.: 12251  
By: [Signature]

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]  
Signature of Officer      Date  
**Bruce Howes**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **67450** 2. Name of Corporation **WVCH, INC.**

3. Street Address Principal Business Office  
**9 Spinnaker Road** City **No. Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **885-5300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

buy and sell syrup

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

President Name <b>Bruce Howes</b>	Vice President Name <b>Bruce Howes</b>
Street Address <b>9 Spinnaker Road</b>	Street Address <b>9 Spinnaker Road</b>
City State Zip <b>No. Kingstown RI 02852</b>	City State Zip <b>No. Kingstown RI 02852</b>
Secretary Name <b>Bruce Howes</b>	Treasurer Name <b>Bruce Howes</b>
Street Address <b>9 Spinnaker Road</b>	Street Address <b>9 Spinnaker Road</b>
City State Zip <b>No. Kingstown RI 02852</b>	City State Zip <b>No. Kingstown RI 02852</b>

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

Director Name <b>Bruce Howes</b>	Director Name
Street Address <b>9 Spinnaker Road</b>	Street Address
City State Zip <b>No. Kingstown RI 02852</b>	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  
Number of Shares Class/Series Par Value  
**1,500 SHS COMM NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common none**

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



\* 6 7 4 5 0 \*

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE, USE ONLY

**PAID 100 0921**  
**JAN 28 2000**  
**SECY OF STATE**

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 **Bruce Howes** Date **1/24/00**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **67450**      2. Name of Corporation **WVCH, Inc.**

3. Street Address Principal Business Office  
**9 Spinnaker Road**      City **No. Kingstown**      State **RI**      Zip **02852**

4. Business Phone No. **885-5300**      5. State of Incorporation **RHODE ISLAND**      6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**buy and sell syrup**

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

<p>President Name <b>Bruce Howes</b></p> <p>Street Address <b>9 Spinnaker Road</b></p> <p>City      State      Zip <b>No. Kingstown      RI      02852</b></p> <p>Secretary Name <b>Bruce Howes</b></p> <p>Street Address <b>9 Spinnaker Road</b></p> <p>City      State      Zip <b>No. Kingstown      RI      02852</b></p>	<p>Vice President Name <b>Bruce Howes</b></p> <p>Street Address <b>9 Spinnaker Road</b></p> <p>City      State      Zip <b>No. Kingstown      RI      02852</b></p> <p>Treasurer Name <b>Bruce Howes</b></p> <p>Street Address <b>9 Spinnaker Road</b></p> <p>City      State      Zip <b>No. Kingstown      RI      02852</b></p>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

<p>Director Name <b>Bruce Howes</b></p> <p>Street Address <b>9 Spinnaker Road</b></p> <p>City      State      Zip <b>No. Kingstown      RI      02852</b></p>	<p>Director Name</p> <p>Street Address</p> <p>City      State      Zip</p>
<p>Director Name</p> <p>Street Address</p> <p>City      State      Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City      State      Zip</p>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,500 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>none</b>

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



File Date: 12/19/99  
Check No.: 8579  
By: [Signature]

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: 2/18/99

**Bruce Howes**  
Print or Type Name of Officer

**President**  
Title of Officer

**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. **67450** 2. Name of Corporation **WVCH, Inc.**

3. Street Address Principal Business Office **9 Spinnaker Road** City **No. Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **885-5300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

buy and sell syrup

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

President Name <b>Bruce Howes</b> Street Address <b>9 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Vice President Name <b>Bruce Howes</b> Street Address <b>9 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>
Secretary Name <b>Bruce Howes</b> Street Address <b>9 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Treasurer Name <b>Bruce Howes</b> Street Address <b>9 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>Bruce Howes</b> Street Address <b>9 Spinnaker Road</b> City <b>No. Kingstown</b> State <b>RI</b> Zip <b>02852</b>	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  
**1,500 SHS COMM NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common none**

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



File Date: 2.5.98  
Check No.: 6918  
By: [Signature]

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.

B# [Signature] 2/4/98  
Signature of Officer Date

Bruce Howes  
Print or Type Name of Officer

President  
Title of Officer



**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. 67450  
2. Name of Corporation WVCH, Inc.  
3. Street Address Principal Business Office 9 Spinnaker Road  
City No. Kingstown State RI Zip 02852  
4. Business Phone No. 394-8500  
5. State of Incorporation Rhode Island  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
buy and sell syrup

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

President Name Bruce Howes	Vice President Name Bruce Howes
Street Address 9 Spinnaker Road	Street Address 9 Spinnaker Road
City North Kingstown State RI Zip 02852	City No. Kingstown State RI Zip 02852
Secretary Name Bruce Howes	Treasurer Name Bruce Howes
Street Address 9 Spinnaker Road	Street Address 9 Spinnaker Road
City No. Kingstown State RI Zip 02895	City No. Kingstown State RI Zip 02852

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

Director Name Bruce Howes	Director Name
Street Address 9 Spinnaker Road	Street Address
City No. Kingstown State RI Zip 02895	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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1500	SHS Common no par value		100	common	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.

File Date: 6/9/97  
Check No.: 5434  
By: [Signature] 11/6/88  
FOR SECRETARY OF STATE USE ONLY

26 JUN 1997 6:00 PM  
Signature of Officer: [Signature] Date: 6/6/97  
Print or Type Name of Officer: Bruce Howes  
Title of Officer: President

**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. 67450		2. NAME OF CORPORATION WVCH, Inc.			
3. STREET ADDRESS (PRINCIPAL BUSINESS OFFICE) 11 Spinnaker Road			CITY North Kingstown	STATE RI	ZIP CODE 02852
4. BUSINESS PHONE NO. 885-8500		5. STATE OF INCORPORATION Rhode Island			6. SIC CODE
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND buy and sell syrup					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b>					
PRESIDENT NAME Bruce Howes			VICE PRESIDENT NAME Bruce Howes		
STREET ADDRESS 11 Spinnaker Road			STREET ADDRESS 11 Spinnaker Road		
CITY North Kingstown	STATE RI	ZIP CODE 02852	CITY North Kingstown	STATE RI	ZIP CODE 02852
SECRETARY NAME Bruce Howes			TREASURER NAME Bruce Howes		
STREET ADDRESS 11 Spinnaker Road			STREET ADDRESS 11 Spinnaker Road		
CITY North Kingstown	STATE RI	ZIP CODE 02852	CITY North Kingstown	STATE RI	ZIP CODE 02852
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b>					
DIRECTOR NAME Bruce Howes			DIRECTOR NAME		
STREET ADDRESS 11 Spinnaker Road			STREET ADDRESS		
CITY North Kingstown	STATE RI	ZIP CODE 02852	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
<b>10. SHARES AUTHORIZED AND ISSUED</b>					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,500 SHS	Common no par value		100	common	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.

*Bruce Howes*  
Signature of Officer

Bruce Howes  
Print or Type Name of Officer  
President

Title of Officer

Date

File Date: 6/9/97

Check No: 186688

By: *[Signature]*

For Secretary of State Use Only

RECEIVED  
STATE SECRETARY OF STATE  
CORPORATIONS DIVISION  
JUN 11 1997

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

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: 67450

Annual Report for the year: 1995

Name of Corporation: WVCH, 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)

Brief statement of the character of business conducted in Rhode  
Island:

buy and sell syrup

Phone: ( )

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

11 Spinnaker Road  
North Kingstown, RI 02852

Phone: (401)885-5300

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Bruce Howes	P.O. Box 100	Coventry, RI	02816
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Bruce Howes	P.O. Box 100	Coventry, RI	02816
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Bruce Howes	P.O. Box 100	Coventry, RI	02816
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Bruce Howes	P.O. Box 100	Coventry, RI	02816

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Bruce Howes	P.O. Box 100	Coventry, RI	02816

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

Number of Shares	Class/Series	Number of Shares	Class/Series
1,500	Common	100	Common

Date: 3/1/, 1995

By: *Bruce Howes*  
Bruce Howes

PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

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.

Richard S. Mittleman, Esq.  
56 Exchange Terrace  
Providence, RI 02903

FILED

MAR 20 1995

By: *WM 780*

Filing Fee \$50.00

File Annually

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of Secretary of State  
100 North Main Street  
Providence, RI 02903-1335  
401-277-3040

Corporate ID: 67450

Annual Report for year: 1994

Name of Business Entity: WVCH, Inc.

Business entity organized under the laws of the  
State of: Rhode Island

Business Entity is (check one):  
 Business Corporation  
 Professional Service Corporation  
 Limited Liability Company

Fed. Taxpayer Identification No: \_\_\_\_\_

For foreign entity, address and telephone  
number of principal office;  
communications may be directed:

Name, title and mailing address  
of contact person to whom

Richard S. Mittleman, Esquire

Cameron & Mittleman

56 Exchange Terrace

Providence, RI 02903

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal  
office of business entity in RI (Provide  
street address, not P.O. Box):

450 Old Baptist Rd  
100 Exchange Street  
No Kingstown Rd. 02852

Brief statement of the character  
of business conducted in RI:

buy and sell syrup

Phone: (401) 885-5300

Date of Organization: March 18, 1992

Date of Qualification to do business in RI  
(if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:			
<u>Bruce Howes</u>	<u>P.O. Box 100</u>	<u>Coventry, RI</u>	<u>02816</u>
<input type="checkbox"/> Chief Exec. Officer or <input checked="" type="checkbox"/> President	Street Address	City/State	Zip
<u>Bruce Howes</u>	<u>P.O. Box 100</u>	<u>Coventry, RI</u>	<u>02816</u>
<input type="checkbox"/> Chief Operating Officer or <input checked="" type="checkbox"/> Vice President	Street Address	City/State	Zip
<u>Bruce Howes</u>	<u>P.O. Box 100</u>	<u>Coventry, RI</u>	<u>02816</u>
<input type="checkbox"/> Custodian of Records or <input checked="" type="checkbox"/> Secretary	Street Address	City/State	Zip
<u>Bruce Howes</u>	<u>P.O. Box 100</u>	<u>Coventry, RI</u>	<u>02816</u>
<input type="checkbox"/> Chief Financial Officer or <input checked="" type="checkbox"/> Treasurer	Street Address	City/State	Zip

THE NAMES OF THE DIRECTORS ARE:			
<u>Bruce Howes</u>	<u>P.O. Box 100</u>	<u>Coventry, RI</u>	<u>02816</u>
Name	Street Address	City/State	Zip
Name	Street Address	City/State	Zip
Name	Street Address	City/State	Zip

NO. OF SHARES AUTHORIZED (if Applicable)

NUMBER 1500

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR none

NO. OF SHARES ISSUED AND OUTSTANDING (if app.)

NUMBER 100

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR none

Date: 4/8/94, 1994

By: [Signature]

BRUCE HOWES  
PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT  
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered officer and/or registered or resident agent, Form 9 or Form LLC3 must be filed.

Richard S. Mittleman, Esq.  
56 Exchange Terrace  
Providence, RI 02903

KC

828913

Filing Fee \$50.00

STATE OF RHODE AND PROVIDENCE PLANTATIONS

Corporate ID 67450

Annual Report for the year 1993

FIRST: The name of the corporation is WVCH, Inc.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, make, buy and sell syrup and other products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island is P.O. Box 100, Coventry, RI 02816

SIXTH: Names and addresses of its directors and officers:  
(Attach rider if necessary)

<u>Name</u>	<u>Office</u>	<u>Address</u>
Bruce Howes	Director	P.O. Box 100 Coventry, RI 02816
Bruce Howes	President	P.O. Box 100 Coventry, RI 02816
Bruce Howes	Vice President	P.O. Box 100 Coventry, RI 02816
Bruce Howes	Secretary	P.O. Box 100 Coventry, RI 02816
Bruce Howes	Treasurer	P.O. Box 100 Coventry, RI 02816

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
1500	Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
100	Common		no par value

Dated Nov 10, 1993

WVCH, Inc.

By Bruce Howes  
Its: President

NOV 16 1993

SECRET