

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State ...

100 North Main Street Providence, RI 02903-1335 401.222.3040

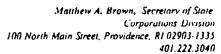
Corporations Division

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No OUAd State 02858 State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island THE OFFICERS: ("X" BOX FOR ATTACHMENT Same 02858 ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Sircei Address Street Address Zip State ZIP Director Name Director Name Street Address Street Address State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Number of Shares ClassSones Class/Series Par Value 8,000 2000 Common DIMMON 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 hereight frue and for Print or Type Name of Officer FOR SECKETARY OF STATE USE ONLY

Title of Officer



Form 630 12/01

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

FORM MUST BE TYPED IN B		_			
l. Carparate ID No. 122250	2. Name of Corpora Donada, Inc.	tion			
. Street Address Principal Busin			City	State	
184 WHIPPLE AVENU			OAKLAND	RI	02858-
. Business Phone No.		State of Incorporation	*************************************		6. SIC Code
4017699811		I RHODE ISLAND			6638
Brief Description of the Chara		icted in Rhode Island			
President Name	ES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC		TTACHMENTS_
Donald Lachapelle			Michael Lachapel	le 	
Street Address			Street Address		
184 Whipple Ave.	C	,	184 Whipple Ave.		
lin Dakland	State RI	<i>Zip</i> 02858	City Oakland	<i>State</i> RI	<i>Zip</i> 02858
ecretary Name	• • • • •	102030	Treasurer Name	N.I	02030
da Lachapelle			Ada Lachapelle		
• -			Street Address		
ireei Address					
			same		
84 Whipple Ave.	State	Zip		State	TZip -
84 Whipple Ave. ov akland NAMES AND ADDRESS	_,RI	02858	same	 	
184 Whipple Ave. Oakland O. NAMES AND ADDRESS Director Name	_,RI	02858	Bame 'City : TACHMENT) FILL IN SPA	 	
184 Whipple Ave. Dity Oakland O. NAMES AND ADDRESS Director Name Ireel Address	_,RI	02858	Bame City TACHMENT) FILL IN SPA Director Name	 	
.84 Whipple Ave. ity akland D. NAMES AND ADDRESS itrector Name treet Address	RI ES OF THE DIRE	02858 CTORS ("X" BOX FOR A	Bame City TACHMENT) FILL IN SPA Director Name Street Address	ACES BEFORE USING	ATTACHMENTS
184 Whipple Ave. City Dakland 9. NAMES AND ADDRESS Director Name City Director Name	RI ES OF THE DIRE	02858 CTORS ("X" BOX FOR A	Bame City TACHMENT) FILL IN SPA Director Name Street Address City	ACES BEFORE USING	ATTACHMENTS
184 Whipple Ave. Director Name Circuity Street Address Circuit Name Circuit Name Circuit Name Circuit Name Circuit Name	RI ES OF THE DIRE	02858 CTORS ("X" BOX FOR A	Bame City TACHMENT FILL IN SPI Director Name Street Address City Director Name	ACES BEFORE USING	ATTACHMENTS
184 Whipple Ave. City Dakland 9. NAMES AND ADDRESS Director Name City Director Name Street Address City 10. SHARES AUTHORIZE	RI ES OF THE DIRE State	02858 CTORS ("X" BOX FOR AT	Bame City TACHMENT) FILL IN SPA Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED ("X" A	State	ATTACHMENTS Zip Zip
City Dakland NAMES AND ADDRESS Director Name City Director Name City Director Name Street Address City 10. SHARES AUTHORIZE AUTHORIZED SHARES Vumber of Shares	RI ES OF THE DIRE State	02858 CTORS ("X" BOX FOR AT	Bame City TACHMENT) FILL IN SPA Director Name Street Address City Director Name Street Address City	State	ATTACHMENTS Zip Zip
184 Whipple Ave. City Dakland 9. NAMES AND ADDRESS Director Name City Director Name Rirect Address City 10. SHARES AUTHORIZE AUTHORIZED SHARES	RI ES OF THE DIRE State State D ("X" BOX FOR A	O2858 CTORS ("X" BOX FOR AT	Bame City TACHMENT) FILL IN SPA Director Name Street Address City Director Name Street Address City II. SHARES ISSUED ("X" A ISSUED SHARES	State State	Zip

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 begin are true and correct. *122250 DBC_01/02/04 10:55:19 AM* File Date_ Pou or Type Name of Officer PRESIDENT FOR SECRETARY OF STATE-UCE 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 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR	PRINTED IN BLACK)				
1. Corporate ID No. / 2225	2. Name of Corporation DONA usiness Office	DA INC.	·		
3. Street Address Principal Bu 184 WHIP 4. Business Phone No.	PPLE AVE.		OAKLAND	State R_T	zı, 02858
401-769-9		5. State of Incorporation Rhode Island			6. SIC Code 6638
	TRANS PORTA DRESSES OF THE OFFIC	tion AND U	UARE HOUSINE CHMENT) FILL IN SPACE Vice President Name	CES BEFORE USING ATTACHN	IENTS
	LACHAPELLE			LACHAPELLE	
184 WHIPPI	LE AVE. State	Zip	184 WHI	PPLE AUE	Zip
OAKLAND Secretary Name	RI	02858	OAKLAND	RI.	02858
ADA LAC			Street Address	LACHAPELLE	
184 WHIP,	OLE AVE.	Zip	CS	AMEState	Zip
9. NAMES AND ADD	RI PRESSES OF THE DIREC	02858 CTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SP	ACES BEFORE USING ATTACE	IMENTS
Director Name Street Address	N/A		Director Name Street Address	N/A	
Gity	State	Zip	City	State	Zip
Director Name		• • •	Director Name		·
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOF AUTHORIZED SHARES	RIZED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUE	O ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
8000	NO PAR	No PAR	, 2000	Common	NO PAR
his report must be	s igned in ink by eithe	er the President, Vice	President, Secretary, A		r, Receiver or Tru

	9-2-03
ille Date:	<u>9.2.05</u>
Theck No.:	1893
)y:	<u> Zu</u>
OR SECRETARY OF 5	TATE 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 a	and correct.
Gola & Co Chapelle Signature of Officer	8-29-03
Signature of Officer	Date
Ada F LA Chapelle	
11.1	

Title of Officer		Form 630	12/02
Secre Tary	· · · · · · · · · · · · · · · · · · ·		
Print or Type Name of Officer	•		