



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.<br><b>17355</b>                                                                                                |                    | 2. Name of Corporation<br><b>RALCO EQUIPMENT CO., INC.</b> |                                                  |                    |                            |
| 3. Street Address Principal Business Office<br><b>51 Ralco Way, PO Box 35</b>                                                      |                    |                                                            | City<br><b>Cumberland</b>                        | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| 4. Business Phone No.<br><b>401-726-3095</b>                                                                                       |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>           |                                                  |                    | 6. SIC Code<br><b>9035</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>REPAIR OF EQUIPMENT</b>                          |                    |                                                            |                                                  |                    |                            |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |                                                            |                                                  |                    |                            |
| President Name<br><b>Theodore R. Vecchio</b>                                                                                       |                    |                                                            | Vice President Name<br><b>Joanne Vecchio</b>     |                    |                            |
| Street Address<br><b>51 Ralco Way, PO Box 35</b>                                                                                   |                    |                                                            | Street Address<br><b>51 Ralco Way, PO Box 35</b> |                    |                            |
| City<br><b>Cumberland</b>                                                                                                          | State<br><b>RI</b> | Zip<br><b>02864</b>                                        | City<br><b>Cumberland</b>                        | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| Secretary Name<br><b>Joanne Vecchio</b>                                                                                            |                    |                                                            | Treasurer Name<br><b>Theodore R. Vecchio</b>     |                    |                            |
| Street Address<br><b>51 Ralco Way, PO Box 35</b>                                                                                   |                    |                                                            | Street Address<br><b>51 Ralco Way, PO Box 35</b> |                    |                            |
| City<br><b>Cumberland</b>                                                                                                          | State<br><b>RI</b> | Zip<br><b>02864</b>                                        | City<br><b>Cumberland</b>                        | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |                                                            |                                                  |                    |                            |
| Director Name<br><b>Theodore R. Vecchio</b>                                                                                        |                    |                                                            | Director Name<br><b>Joanne Vecchio</b>           |                    |                            |
| Street Address<br><b>51 Ralco Way, PO Box 35</b>                                                                                   |                    |                                                            | Street Address<br><b>51 Ralco Way, PO Box 35</b> |                    |                            |
| City<br><b>Cumberland</b>                                                                                                          | State<br><b>RI</b> | Zip<br><b>02864</b>                                        | City<br><b>Cumberland</b>                        | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| 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                                                                                                                  |                    |                                                            |                                                  |                    |                            |
| Number of Shares                                                                                                                   | Class/Series       | Par Value                                                  | Number of Shares                                 | Class/Series       | Par Value                  |
| <b>600 COMM NO PAR VALUE</b>                                                                                                       |                    |                                                            | <b>200</b>                                       | <b>common n/a</b>  | <b>no par value</b>        |
| 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                  |
|                                                                                                                                    |                    |                                                            |                                                  |                    |                            |

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.

Signature of Officer  
**Theodore R. Vecchio**

Date  
**2-9-05**

Print or Type Name of Officer  
**President**

Title of Officer  
**President**

FOR SECRETARY OF STATE USE ONLY

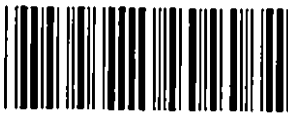
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|                                                                                                                                    |                                |                                                                                                           |                    |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------|
| 1. Corporate ID No.<br><b>17355</b>                                                                                                |                                | 2. Name of Corporation<br><b>RALCO EQUIPMENT CO., INC.</b>                                                |                    |
| 3. Street Address Principal Business Office<br><b>51 RALCO WAY, P.O. BOX 35</b>                                                    |                                | City<br><b>CUMBERLAND</b>                                                                                 | State<br><b>RI</b> |
| 4. Business Phone No.<br><b>(401) 726-3095</b>                                                                                     |                                | 5. State of Incorporation<br><b>RHODE ISLAND</b>                                                          |                    |
| 6. SIC Code<br><b>9035</b>                                                                                                         |                                | 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>REPAIR OF EQUIPMENT</b> |                    |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                                |                                                                                                           |                    |
| President Name<br><b>THEODORE R. VECCHIO</b>                                                                                       |                                | Vice President Name<br><b>JOANNE VECCHIO</b>                                                              |                    |
| Street Address<br><b>51 RALCO WAY, P.O. BOX 35</b>                                                                                 |                                | Street Address<br><b>51 RALCO WAY, P.O. BOX 35</b>                                                        |                    |
| City<br><b>CUMBERLAND</b>                                                                                                          | State<br><b>RI</b>             | Zip<br><b>02864</b>                                                                                       |                    |
| Secretary Name<br><b>JOANNE VECCHIO</b>                                                                                            |                                | Treasurer Name<br><b>THEODORE R. VECCHIO</b>                                                              |                    |
| Street Address<br><b>51 RALCO WAY, P.O. BOX 35</b>                                                                                 |                                | Street Address<br><b>51 RALCO WAY, P.O. BOX 35</b>                                                        |                    |
| City<br><b>CUMBERLAND</b>                                                                                                          | State<br><b>RI</b>             | Zip<br><b>02864</b>                                                                                       |                    |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                                |                                                                                                           |                    |
| Director Name<br><b>THEODORE R. VECCHIO</b>                                                                                        |                                | Director Name<br><b>JOANNE VECCHIO</b>                                                                    |                    |
| Street Address<br><b>51 RALCO WAY, P.O. BOX 35</b>                                                                                 |                                | Street Address<br><b>51 RALCO WAY, P.O. BOX 35</b>                                                        |                    |
| City<br><b>CUMBERLAND</b>                                                                                                          | State<br><b>RI</b>             | Zip<br><b>02864</b>                                                                                       |                    |
| Director Name                                                                                                                      |                                | Director Name                                                                                             |                    |
| Street Address                                                                                                                     |                                | Street Address                                                                                            |                    |
| City                                                                                                                               | State                          | Zip                                                                                                       |                    |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                            |                                |                                                                                                           |                    |
| AUTHORIZED SHARES                                                                                                                  |                                |                                                                                                           |                    |
| Number of Shares                                                                                                                   | Class/Series                   | Par Value                                                                                                 |                    |
| <b>600 COMM NO PAR VALUE</b>                                                                                                       |                                |                                                                                                           |                    |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                |                                |                                                                                                           |                    |
| ISSUED SHARES                                                                                                                      |                                |                                                                                                           |                    |
| Number of Shares                                                                                                                   | Class/Series                   | Par Value                                                                                                 |                    |
| <b>200</b>                                                                                                                         | <b>COMMON N/A NO PAR VALUE</b> |                                                                                                           |                    |

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



\* 1 7 3 5 5 \*

2-10-04  
File Date  
24202  
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.

contained herein are true and correct.

George R. Leebis  
Signature of Officer

1/26/04  
Date

THEODORE R. VECCHIO

Print or Type Name of Officer

PRESIDENT

Title 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 2003**

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

(FORM MUST BE TYPED IN BLACK)

|                                                                                                                                             |              |                                                     |                                             |              |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------|---------------------------------------------|--------------|---------------------|
| 1. Corporate ID No.<br>*17355*                                                                                                              |              | 2. Name of Corporation<br>RALCO EQUIPMENT CO., INC. |                                             |              |                     |
| 3. Street Address Principal Business Office<br>51 RALCO WAY, P.O. BOX 35                                                                    |              |                                                     | City<br>CUMBERLAND                          | State<br>RI  | Zip<br>02864        |
| 4. Business Phone No.<br>4017263095                                                                                                         |              | 5. State of Incorporation<br>RHODE ISLAND           |                                             |              | 6. SIC Code<br>9035 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>REPAIR OF EQUIPMENT                                          |              |                                                     |                                             |              |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                                     |                                             |              |                     |
| President Name<br>THEODORE R. VECCHIO                                                                                                       |              |                                                     | Vice President Name<br>JOANNE VECCHIO       |              |                     |
| Street Address<br>51 RALCO WAY, P.O. BOX 35                                                                                                 |              |                                                     | Street Address<br>51 RALCO WAY, P.O. BOX 35 |              |                     |
| City<br>CUMBERLAND                                                                                                                          | State<br>RI  | Zip<br>02864                                        | City<br>CUMBERLAND                          | State<br>RI  | Zip<br>02864        |
| Secretary Name<br>JOANNE VECCHIO                                                                                                            |              |                                                     | Treasurer Name<br>THEODORE R. VECCHIO       |              |                     |
| Street Address<br>51 RALCO WAY, P.O. BOX 35                                                                                                 |              |                                                     | Street Address<br>51 RALCO WAY, P.O. BOX 35 |              |                     |
| City<br>CUMBERLAND                                                                                                                          | State<br>RI  | Zip<br>02864                                        | City<br>CUMBERLAND                          | State<br>RI  | Zip<br>02864        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |              |                                                     |                                             |              |                     |
| Director Name<br>THEODORE R. VECCHIO                                                                                                        |              |                                                     | Director Name<br>JOANNE VECCHIO             |              |                     |
| Street Address<br>51 RALCO WAY, P.O. BOX 35                                                                                                 |              |                                                     | Street Address<br>51 RALCO WAY, P.O. BOX 35 |              |                     |
| City<br>CUMBERLAND                                                                                                                          | State<br>RI  | Zip<br>02864                                        | City<br>CUMBERLAND                          | State<br>RI  | Zip<br>02864        |
| 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           |
| 600 COMM NO PAR VALUE                                                                                                                       |              |                                                     | 200                                         | Common N/A   | No Par Value        |
|                                                                                                                                             |              |                                                     |                                             |              |                     |

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



\* 1 7 3 5 5 \*

\*\*17355\* 1/17/03 11:27:13 AM\*

File Date 2/25/03

Check No. 22786

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.

Theodore R. Vecchio 1/25/03  
Signature of Officer Date  
Theodore R. Vecchio  
Print or Type Name of Officer  
President  
Title of Officer

**RALCO EQUIPMENT CO., INC.**  
**Corporate I.D. No. 17355**  
**2003 Annual Report**

Additional Officer

|                           |                                                                                 |
|---------------------------|---------------------------------------------------------------------------------|
| Vice President-Operations | Theodore R. Vecchio, Jr.<br>P.O. Box 35<br>51 Ralco Way<br>Cumberland, RI 02864 |
|---------------------------|---------------------------------------------------------------------------------|



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.

17355

2. Name of Corporation

RALCO EQUIPMENT CO., INC.

3. Street Address Principal Business Office

51 Ralco Way, P.O. Box 35

City

Cumberland

State

RI

Zip

02864

4. Business Phone No.

401-726-3095

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9035

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

Repair of equipment

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

President Name

THEODORE R. VECCHIO

Street Address

51 Ralco Way, P.O. Box 35

City

Cumberland

State

RI

Zip

02864

Vice President Name

JOANNE VECCHIO

Street Address

51 Ralco Way, P.O. Box 35

City

Cumberland

State

RI

Zip

02864

Secretary Name

JOANNE VECCHIO

Street Address

51 Ralco Way, P.O. Box 35

City

Cumberland

State

RI

Zip

02864

Treasurer Name

THEODORE R. VECCHIO

Street Address

51 Ralco Way, P.O. Box 35

City

Cumberland

State

RI

Zip

02864

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

Director Name

THEODORE R. VECCHIO

Street Address

51 Ralco Way, P.O. Box 35

City

Cumberland

State

RI

Zip

02864

Director Name

JOANNE VECCHIO

Street Address

51 Ralco Way, P.O. Box 35

City

Cumberland

State

RI

Zip

02864

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

600 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

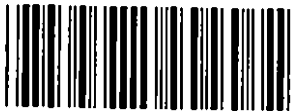
Class/Series

Par Value

200

Common N/A No Par Value

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



\* 1 7 3 5 5 \*

File Date:

3-5-02

Check No.:

21743

By:

KMC

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.

RALCO EQUIPMENT CO., INC.

by Theodore R. Vecchio

Signature of Officer

Date

Theodore R. Vecchio

Print or Type Name of Officer

President

Title of Officer

**RALCO EQUIPMENT CO., INC.**  
**Corporate I.D. No. 17355**  
**2002 Annual Report**

**Additional Officer**

|                           |                                                                                 |
|---------------------------|---------------------------------------------------------------------------------|
| Vice President-Operations | Theodore R. Vecchio, Jr.<br>P.O. Box 35<br>51 Ralco Way<br>Cumberland, RI 02864 |
|---------------------------|---------------------------------------------------------------------------------|



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.  
**17355**

2. Name of Corporation  
**RALCO EQUIPMENT CO., INC.**

3. Street Address Principal Business Office

**51 Ralco Way, P.O. Box 35**

City

**Cumberland**

State

**RI**

Zip

**02864**

4. Business Phone No.

**401-726-3095**

5. State of Incorporation  
**RHODE ISLAND**

6. **8055**

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

**Repair of equipment**

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

President Name

**THEODORE R. VECCHIO**

Vice President Name

**JOANNE VECCHIO**

Street Address

**51 Ralco Way, P.O. Box 35**

Street Address

**51 Ralco Way, P.O. Box 35**

City

**Cumberland**

State

**RI**

Zip

**02864**

City

**Cumberland**

State

**RI**

Zip

**02864**

Secretary Name

**JOANNE VECCHIO**

Treasurer Name

**THEODORE R. VECCHIO**

Street Address

**51 Ralco Way, P.O. Box 35**

Street Address

**51 Ralco Way, P.O. Box 35**

City

**Cumberland**

State

**RI**

Zip

**02864**

City

**Cumberland**

State

**RI**

Zip

**02864**

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

Director Name

**THEODORE R. VECCHIO**

Director Name

**JOANNE VECCHIO**

Street Address

**51 Ralco Way, P.O. Box 35**

Street Address

**51 Ralco Way, P.O. Box 35**

City

**Cumberland**

State

**RI**

Zip

**02864**

City

**Cumberland**

State

**RI**

Zip

**02864**

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**600 SHS COM NO PAR VAL**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**200**

**Common N/A No Par Value**

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

**\*17355\***

File Date: 2/21

Check No.: 10761

By: 2

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.

**RALCO EQUIPMENT CO., INC.**

by Theodore R. Vecchio  
Signature of Officer

2-19-2001  
Date

**Theodore R. Vecchio**

Print or Type Name of Officer

**President**

Title of Officer

**RALCO EQUIPMENT CO., INC.**  
**Corporate I.D. No. 17355**  
**2001 Annual Report**

Additional Officer

|                           |                          |
|---------------------------|--------------------------|
| Vice President-Operations | Theodore R. Vecchio, Jr. |
|                           | P.O. Box 35              |
|                           | 51 Ralco Way             |
|                           | Cumberland, RI 02864     |



**James R. Langevin, Secretary of State**  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



(FORM MUST BE TYPED IN BLACK)

|                                                                                                                                              |              |                                                                                |              |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------|--------------|
| 1. Corporate ID No.                                                                                                                          |              | 2. Name of Corporation                                                         |              |
| 17355                                                                                                                                        |              | RALCO-EQUIPMENT CO., INC.                                                      |              |
| 3. Street Address Principal Business Office                                                                                                  |              | City                                                                           |              |
| 51 Ralco Way, P.O. Box 35                                                                                                                    |              | Cumberland                                                                     |              |
| 4. Business Phone No.                                                                                                                        |              | State                                                                          |              |
| 401-726-3095                                                                                                                                 |              | RI                                                                             |              |
| 5. State of Incorporation                                                                                                                    |              | Zip                                                                            |              |
| RHODE-ISLAND                                                                                                                                 |              | 02864                                                                          |              |
| 6. SIC Code                                                                                                                                  |              | 9035                                                                           |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island                                                                  |              |                                                                                |              |
| Repair of equipment                                                                                                                          |              |                                                                                |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                                                                |              |
| President Name                                                                                                                               |              | Vice President Name                                                            |              |
| THEODORE R. VECCHIO                                                                                                                          |              | JOANNE VECCHIO                                                                 |              |
| Street Address                                                                                                                               |              | Street Address                                                                 |              |
| 51 Ralco Way, P.O. Box 35                                                                                                                    |              | 51 Ralco Way, P.O. Box 35                                                      |              |
| City                                                                                                                                         | State        | City                                                                           | State        |
| Cumberland                                                                                                                                   | RI           | Cumberland                                                                     | RI           |
| Zip                                                                                                                                          | 02864        | Zip                                                                            | 02864        |
| Secretary Name                                                                                                                               |              | Treasurer Name                                                                 |              |
| JOANNE VECCHIO                                                                                                                               |              | THEODORE R. VECCHIO                                                            |              |
| Street Address                                                                                                                               |              | Street Address                                                                 |              |
| 51 Ralco Way, P.O. Box 35                                                                                                                    |              | 51 Ralco Way, P.O. Box 35                                                      |              |
| City                                                                                                                                         | State        | City                                                                           | State        |
| Cumberland                                                                                                                                   | RI           | Cumberland                                                                     | RI           |
| Zip                                                                                                                                          | 02864        | Zip                                                                            | 02864        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                                                                |              |
| Director Name                                                                                                                                |              | Director Name                                                                  |              |
| THEODORE R. VECCHIO                                                                                                                          |              | JOANNE VECCHIO                                                                 |              |
| Street Address                                                                                                                               |              | Street Address                                                                 |              |
| 51 Ralco Way, P.O. Box 35                                                                                                                    |              | 51 Ralco Way, P.O. Box 35                                                      |              |
| City                                                                                                                                         | State        | City                                                                           | State        |
| Cumberland                                                                                                                                   | RI           | Cumberland                                                                     | RI           |
| Zip                                                                                                                                          | 02864        | Zip                                                                            | 02864        |
| Director Name                                                                                                                                |              | Director Name                                                                  |              |
| NONE                                                                                                                                         |              | NONE                                                                           |              |
| Street Address                                                                                                                               |              | Street Address                                                                 |              |
|                                                                                                                                              |              |                                                                                |              |
| City                                                                                                                                         | State        | City                                                                           | State        |
|                                                                                                                                              |              |                                                                                |              |
| Zip                                                                                                                                          |              | Zip                                                                            |              |
|                                                                                                                                              |              |                                                                                |              |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>                                                           |              | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> |              |
| AUTHORIZED SHARES                                                                                                                            |              | ISSUED SHARES                                                                  |              |
| Number of Shares                                                                                                                             | Class/Series | Number of Shares                                                               | Class/Series |
| 600 SHS COM NO PAR VAL                                                                                                                       |              | 200                                                                            | Common N/A   |
|                                                                                                                                              |              |                                                                                | No Par Value |

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



1 7-3-5 5-\*

File Date: 3/10/00  
Check No.: 0000  
By: JLE

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.

RALCO EQUIPMENT CO., INC.

by [Signature]  
Signature of Officer

2/28/00

Theodore R. Vecchio

Print or Type Name of Officer

President

Title of Officer

RALCO EQUIPMENT CO., INC.  
Corporate I.D. No. 17355  
2000 Annual Report

Additional Officer

Vice President-Operations

Theodore R. Vecchio, Jr.  
P.O. Box 35  
51 Ralco Way  
Cumberland, RI 02864



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  
401-222-3040

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.<br><b>17355</b>                                                                                                                               |                    | 2. Name of Corporation<br><b>RALCO EQUIPMENT CO., INC.</b> |                                                    |                    |                            |
| 3. Street Address Principal Business Office<br><b>51 Ralco Way, P.O. Box 35</b>                                                                                   |                    |                                                            | City<br><b>Cumberland</b>                          | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| 4. Business Phone No.<br><b>401-726-3095</b>                                                                                                                      |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>           |                                                    |                    | 6. SIC Code<br><b>9035</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Repair of equipment</b>                                                         |                    |                                                            |                                                    |                    |                            |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>                |                    |                                                            |                                                    |                    |                            |
| President Name<br><b>THEODORE R. VECCHIO</b>                                                                                                                      |                    |                                                            | Vice President Name<br><b>JOANNE VECCHIO</b>       |                    |                            |
| Street Address<br><b>51 Ralco Way, P.O. Box 35</b>                                                                                                                |                    |                                                            | Street Address<br><b>51 Ralco Way, P.O. Box 35</b> |                    |                            |
| City<br><b>Cumberland</b>                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02864</b>                                        | City<br><b>Cumberland</b>                          | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| Secretary Name<br><b>JOANNE VECCHIO</b>                                                                                                                           |                    |                                                            | Treasurer Name<br><b>THEODORE R. VECCHIO</b>       |                    |                            |
| Street Address<br><b>51 Ralco Way, P.O. Box 35</b>                                                                                                                |                    |                                                            | Street Address<br><b>51 Ralco Way, P.O. Box 35</b> |                    |                            |
| City<br><b>Cumberland</b>                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02864</b>                                        | City<br><b>Cumberland</b>                          | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>               |                    |                                                            |                                                    |                    |                            |
| Director Name<br><b>THEODORE R. VECCHIO</b>                                                                                                                       |                    |                                                            | Director Name<br><b>JOANNE VECCHIO</b>             |                    |                            |
| Street Address<br><b>51 Ralco Way, P.O. Box 35</b>                                                                                                                |                    |                                                            | Street Address<br><b>51 Ralco Way, P.O. Box 35</b> |                    |                            |
| City<br><b>Cumberland</b>                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02864</b>                                        | City<br><b>Cumberland</b>                          | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| Director Name<br><b>None</b>                                                                                                                                      |                    |                                                            | Director Name<br><b>None</b>                       |                    |                            |
| Street Address                                                                                                                                                    |                    |                                                            | Street Address                                     |                    |                            |
| City                                                                                                                                                              | State              | Zip                                                        | City                                               | State              | Zip                        |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> |                    |                                                            |                                                    |                    |                            |
| AUTHORIZED SHARES                                                                                                                                                 |                    |                                                            | ISSUED SHARES                                      |                    |                            |
| Number of Shares                                                                                                                                                  | Class/Series       | Par Value                                                  | Number of Shares                                   | Class/Series       | Par Value                  |
| <b>600 SHS COM NO PAR VAL</b>                                                                                                                                     |                    |                                                            | <b>200</b>                                         | <b>Common N/A</b>  | <b>No Par Value</b>        |

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



\* 1 7 3 5 5 \*

File Date: **11/25/99**  
Check No.: **7791**  
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.

**RALCO EQUIPMENT CO., INC.**  
by **Theodore R. Vecchio** **12/23/99**  
Signature of Officer Date  
**Theodore R. Vecchio**  
Print or Type Name of Officer  
**President**  
Title of Officer

RALCO EQUIPMENT CO., INC.  
Corporate I.D. Number 17355  
1999 Annual Report

Additional Officers

*Vice President Operations*

Theodore R. Vecchio, Jr.  
51 Ralco Way  
P.O. Box 35  
Cumberland, RI 02864



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.                                                         |                           | 2. Name of Corporation    |                  |              |              |
| 17355                                                                       |                           | RALCO EQUIPMENT CO., INC. |                  |              |              |
| 3. Street Address Principal Business Office                                 |                           | City                      | State            | Zip          |              |
| 51 Ralco Way, P.O. Box 35                                                   |                           | Cumberland                | RI               | 02864        |              |
| 4. Business Phone No.                                                       | 5. State of Incorporation |                           | 6. SIC Code      |              |              |
| 401-726-3095                                                                | RHODE ISLAND              |                           | 9035             |              |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island |                           |                           |                  |              |              |
| Repair of equipment                                                         |                           |                           |                  |              |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X           |                           |                           |                  |              |              |
| President Name                                                              |                           | Vice President Name       |                  |              |              |
| THEODORE R. VECCHIO                                                         |                           | JOANNE VECCHIO            |                  |              |              |
| Street Address                                                              |                           | Street Address            |                  |              |              |
| 51 Ralco Way, P.O. Box 35                                                   |                           | 51 Ralco Way, P.O. Box 35 |                  |              |              |
| City                                                                        | State                     | Zip                       | City             | State        | Zip          |
| Cumberland                                                                  | RI                        | 02864                     | Cumberland       | RI           | 02864        |
| Secretary Name                                                              |                           | Treasurer Name            |                  |              |              |
| JOANNE VECCHIO                                                              |                           | THEODORE R. VECCHIO       |                  |              |              |
| Street Address                                                              |                           | Street Address            |                  |              |              |
| 51 Ralco Way, P.O. Box 35                                                   |                           | 51 Ralco Way, P.O. Box 35 |                  |              |              |
| City                                                                        | State                     | Zip                       | City             | State        | Zip          |
| Cumberland                                                                  | RI                        | 02864                     | Cumberland       | RI           | 02864        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) X          |                           |                           |                  |              |              |
| Director Name                                                               |                           | Director Name             |                  |              |              |
| THEODORE R. VECCHIO                                                         |                           | JOANNE VECCHIO            |                  |              |              |
| Street Address                                                              |                           | Street Address            |                  |              |              |
| 51 Ralco Way, P.O. Box 35                                                   |                           | 51 Ralco Way, P.O. Box 35 |                  |              |              |
| City                                                                        | State                     | Zip                       | City             | State        | Zip          |
| Cumberland                                                                  | RI                        | 02864                     | Cumberland       | RI           | 02864        |
| Director Name                                                               |                           | Director Name             |                  |              |              |
| None                                                                        |                           | None                      |                  |              |              |
| Street Address                                                              |                           | Street Address            |                  |              |              |
|                                                                             |                           |                           |                  |              |              |
| City                                                                        | State                     | Zip                       | City             | State        | Zip          |
|                                                                             |                           |                           |                  |              |              |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) X                            |                           |                           |                  |              |              |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) X                                |                           |                           |                  |              |              |
| AUTHORIZED SHARES                                                           |                           |                           | ISSUED SHARES    |              |              |
| Number of Shares                                                            | Class/Series              | Par Value                 | Number of Shares | Class/Series | Par Value    |
| 600 SHS COMMON NO PAR VALUE                                                 |                           |                           | 200              | Common N/A   | No Par Value |

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.

RALCO EQUIPMENT CO., INC.

by Theodore R. Vecchio

Signature of Officer

Date

Theodore R. Vecchio

Print or Type Name of Officer

President

Title of Officer

RALCO EQUIPMENT CO., INC.  
Corporate I.D. Number 17355  
1998 Annual Report

Additional Officers

*Vice President Operations*

Theodore R. Vecchio, Jr.  
51 Ralco Way  
P.O. Box 35  
Cumberland, RI 02864

# 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.<br><b>17355</b>                                |                    | 2. Name of Corporation<br><b>RALCO EQUIPMENT CO., INC.</b>                                                |                     |
| 3. Street Address Principal Business Office<br><b>51 Ralco Way</b> |                    | City<br><b>Cumberland</b>                                                                                 | State<br><b>RI</b>  |
| 4. Business Phone No.<br><b>401-726-3095</b>                       |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                                                          | Zip<br><b>02864</b> |
| 6. SIC Code<br><b>9035</b>                                         |                    | 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>repair of equipment</b> |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)    |                    |                                                                                                           |                     |
| President Name<br><b>Theodore R. Vecchio</b>                       |                    | Vice President Name<br><b>Joanne Vecchio</b>                                                              |                     |
| Street Address<br><b>51 Ralco Way, P.O. Box 35</b>                 |                    | Street Address<br><b>51 Ralco Way, P.O. Box 35</b>                                                        |                     |
| City<br><b>Cumberland</b>                                          | State<br><b>RI</b> | City<br><b>Cumberland</b>                                                                                 | State<br><b>RI</b>  |
| Secretary Name<br><b>Joanne Vecchio</b>                            |                    | Treasurer Name<br><b>Theodore R. Vecchio</b>                                                              |                     |
| Street Address<br><b>51 Ralco Way, P.O. Box 35</b>                 |                    | Street Address<br><b>51 Ralco Way, P.O. Box 35</b>                                                        |                     |
| City<br><b>Cumberland</b>                                          | State<br><b>RI</b> | City<br><b>Cumberland</b>                                                                                 | State<br><b>RI</b>  |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)   |                    |                                                                                                           |                     |
| Director Name<br><b>Theodore R. Vecchio</b>                        |                    | Director Name<br><b>Joanne Vecchio</b>                                                                    |                     |
| Street Address<br><b>51 Ralco Way, P.O. Box 35</b>                 |                    | Street Address<br><b>51 Ralco Way, P.O. Box 35</b>                                                        |                     |
| City<br><b>Cumberland</b>                                          | State<br><b>RI</b> | City<br><b>Cumberland</b>                                                                                 | State<br><b>RI</b>  |
| Director Name<br><b>None</b>                                       |                    | Director Name<br><b>None</b>                                                                              |                     |
| Street Address                                                     |                    | Street Address                                                                                            |                     |
| City                                                               | State              | City                                                                                                      | State               |
| 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)          |                    |                                                                                                           |                     |
| AUTHORIZED SHARES                                                  |                    | ISSUED SHARES                                                                                             |                     |
| Number of Shares                                                   | Class/Series       | Number of Shares                                                                                          | Class/Series        |
| <b>600 SHS COM NO PAR VAL</b>                                      |                    | <b>200</b>                                                                                                | <b>Common N/A</b>   |
|                                                                    |                    |                                                                                                           | <b>No Par Value</b> |

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



\* 1 7 3 5 5 \*

File Date: **3/10/97**

Check No.: **5096**

By: **CCV**

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.

**RALCO EQUIPMENT CO., INC.**

by **Theodore R. Vecchio** **2/10/97**  
Signature of Officer Date

**Theodore R. Vecchio**

Print or Type Name of Officer

**President**

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  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

|                                                                                                    |  |                                                     |             |
|----------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|-------------|
| 1. CORPORATE ID NO.<br>17355                                                                       |  | 2. NAME OF CORPORATION<br>RALCO EQUIPMENT CO., INC. |             |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE<br>51 Ralco Way                                        |  | CITY<br>Cumberland                                  | STATE<br>RI |
|                                                                                                    |  | ZIP CODE<br>02864                                   |             |
| 4. BUSINESS PHONE NO.<br>401-726-3095                                                              |  | 5. STATE OF INCORPORATION<br>RHODE ISLAND           |             |
|                                                                                                    |  | 6. SIC CODE<br>9035                                 |             |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND<br>repair of equipment |  |                                                     |             |

### 8. NAMES AND ADDRESSES OF THE OFFICERS

|                                       |             |                   |                                       |             |                   |
|---------------------------------------|-------------|-------------------|---------------------------------------|-------------|-------------------|
| PRESIDENT NAME<br>Theodore R. Vecchio |             |                   | VICE PRESIDENT NAME<br>Joanne Vecchio |             |                   |
| STREET ADDRESS<br>51 Ralco Way        |             |                   | STREET ADDRESS<br>51 Ralco Way        |             |                   |
| CITY<br>Cumberland                    | STATE<br>RI | ZIP CODE<br>02864 | CITY<br>Cumberland                    | STATE<br>RI | ZIP CODE<br>02864 |
| SECRETARY NAME<br>Joanne Vecchio      |             |                   | TREASURER NAME<br>Theodore R. Vecchio |             |                   |
| STREET ADDRESS<br>51 Ralco Way        |             |                   | STREET ADDRESS<br>51 Ralco Way        |             |                   |
| CITY<br>Cumberland                    | STATE<br>RI | ZIP CODE<br>02864 | CITY<br>Cumberland                    | STATE<br>RI | ZIP CODE<br>02864 |

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

|                                      |             |                   |                                 |             |                   |
|--------------------------------------|-------------|-------------------|---------------------------------|-------------|-------------------|
| DIRECTOR NAME<br>Theodore R. Vecchio |             |                   | DIRECTOR NAME<br>Joanne Vecchio |             |                   |
| STREET ADDRESS<br>51 Ralco Way       |             |                   | STREET ADDRESS<br>51 Ralco Way  |             |                   |
| CITY<br>Cumberland                   | STATE<br>RI | ZIP CODE<br>02864 | CITY<br>Cumberland              | STATE<br>RI | ZIP CODE<br>02864 |
| 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    |
| 600 SHS COM NO PAR VAL |                |           | 200              | Common N/A     | no par value |
|                        |                |           |                  |                |              |
|                        |                |           |                  |                |              |

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.

RALCO EQUIPMENT CO., INC.

Signature of Officer

Theodore R. Vecchio

Print or Type Name of Officer

President

Title of Officer

Date

DETACH BOTTOM BEFORE RETURNING

File Date:

Check No:

By:

For Secretary of State Use Only

## 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.

0017555

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

RALCO EQUIPMENT CO., INC.

Name of Corporation: \_\_\_\_\_

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

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

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

repair of equipment

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

51 Ralco WayCumberland, RI 02864Phone: (401) 726-3095

## THE NAMES OF THE OFFICERS ARE:

| PRESIDENT           | STREET ADDRESS | CITY/STATE     | ZIP CODE |
|---------------------|----------------|----------------|----------|
| Theodore R. Vecchio | 51 Ralco Way   | Cumberland, RI | 02864    |
| VICE PRESIDENT      | STREET ADDRESS | CITY/STATE     | ZIP CODE |
| Joanne Vecchio      | 51 Ralco Way   | Cumberland, RI | 02864    |
| SECRETARY           | STREET ADDRESS | CITY/STATE     | ZIP CODE |
| Joanne Vecchio      | 51 Ralco Way   | Cumberland, RI | 02864    |
| TREASURER           | STREET ADDRESS | CITY/STATE     | ZIP CODE |
| Theodore R. Vecchio | 51 Ralco Way   | Cumberland, RI | 02864    |

## THE NAMES OF THE DIRECTORS ARE:

| NAME                | STREET ADDRESS | CITY/STATE     | ZIP CODE |
|---------------------|----------------|----------------|----------|
| Theodore R. Vecchio | 51 Ralco Way   | Cumberland, RI | 02864    |
| NAME                | STREET ADDRESS | CITY/STATE     | ZIP CODE |
| Joanne Vecchio      | 51 Ralco Way   | Cumberland, RI | 02864    |

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

| Number of Shares | Class / Series                  |
|------------------|---------------------------------|
| 600              | Common N/A<br>Without Par Value |

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

| Number of Shares | Class / Series                  |
|------------------|---------------------------------|
| 200              | Common N/A<br>Without Par Value |

Date 2/8/95, 19 95By Theodore R. Vecchio

Theodore R. Vecchio

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

## 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.

ALBERT D. SAUNDERS, JR.  
130 MAIN STREET  
EAST GREENWICH RI 02818

FILED

FEB 28 1995

By AK 2027

Corporate ID: 0017355

Annual Report for the year: 1994

RALCO EQUIPMENT CO., INC.

Name of Business Entity:

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

Federal Taxpayer Identification Number:

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

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
51 Ralco Way  
Cumberland, RI 02864  
Phone: (401 ) 726-3095

Business Entity is (check one):  
[X] Business Corporation (See RIGL Chapter 7-1.1)  
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)  
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:  
Theodore R. Vecchio, President  
c/o Albert D. Saunders, Jr.  
130 Main Street  
East Greenwich, RI 02818

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

Date of Organization: January 1, 1977

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

|                                                                                                                    | STREET ADDRESS | CITY/STATE     | ZIP CODE |
|--------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------|
| <input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)      |                |                |          |
| Theodore R. Vecchio                                                                                                | 51 Ralco Way   | Cumberland, RI | 02864    |
| <input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) |                |                |          |
| Joanne Vecchio                                                                                                     | 51 Ralco Way   | Cumberland, RI | 02864    |
| <input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)         |                |                |          |
| Joanne Vecchio                                                                                                     | 51 Ralco Way   | Cumberland, RI | 02864    |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)      |                |                |          |
| Theodore R. Vecchio                                                                                                | 51 Ralco Way   | Cumberland, RI | 02864    |

THE NAMES OF THE DIRECTORS ARE:

| NAME                | STREET ADDRESS | CITY/STATE     | ZIP CODE |
|---------------------|----------------|----------------|----------|
| Theodore R. Vecchio | 51 Ralco Way   | Cumberland, RI | 02864    |
| NAME                | STREET ADDRESS | CITY/STATE     | ZIP CODE |
| Joanne Vecchio      | 51 Ralco Way   | Cumberland, RI | 02864    |

| NUMBER OF SHARES AUTHORIZED (If Applicable) |                   | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) |                   |
|---------------------------------------------|-------------------|---------------------------------------------------------|-------------------|
| NUMBER                                      | 600               | NUMBER                                                  | 200               |
| CLASS                                       | Common            | CLASS                                                   | Common            |
| SERIES                                      | N/A               | SERIES                                                  | N/A               |
| PAR VALUE OR WITHOUT PAR                    | Without Par Value | PAR VALUE OR WITHOUT PAR                                | Without Par Value |

RALCO EQUIPMENT CO., INC.

Date Feb 25, 1994 19 94

By Theodore R. Vecchio

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

✓  
RIP 1937

Corporate ID 0017355 Annual Report for the year 1993

FIRST: The name of the corporation is RALCO EQUIPMENT CO., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 55 Spring Street

Cumberland, RI 02864

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

| Name                | Office         | Address (including number, street, zip code) |
|---------------------|----------------|----------------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, RI 02864       |
| Joanne Vecchio      | Director       | 55 Spring Street, Cumberland, RI 02864       |
|                     | Director       |                                              |
| Theodore R. Vecchio | President      | 55 Spring Street, Cumberland, RI 02864       |
| Joanne Vecchio      | Vice President | 55 Spring Street, Cumberland, RI 02864       |
| Joanne Vecchio      | Secretary      | 55 Spring Street, Cumberland, RI 02864       |
| Theodore R. Vecchio | Treasurer      | 55 Spring Street, Cumberland, RI 02864       |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | common | PAID   | without par value                                                 |

MAR 01 1993

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series         | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|----------------|-------------------------------------------------------------------|
| 200           | common | SEC'y OF STATE | without par value                                                 |

Dated January 28 19 93

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By

Theodore R. Vecchio Pres.

(Report must be signed by an officer)

Title President

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

18096

Corporate ID 0017355 Annual Report for the year 1992

FIRST: The name of the corporation is RALCO EQUIPMENT CO., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 55 Spring Street

Cumberland, RI 02864

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

| Name                | Office         | Address (including number, street, zip code) |
|---------------------|----------------|----------------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, RI 02864       |
| Joanne Vecchio      | Director       | 55 Spring Street, Cumberland, RI 02864       |
|                     | Director       |                                              |
| Theodore R. Vecchio | President      | 55 Spring Street, Cumberland, RI 02864       |
| Joanne Vecchio      | Vice President | 55 Spring Street, Cumberland, RI 02864       |
| Joanne Vecchio      | Secretary      | 55 Spring Street, Cumberland, RI 02864       |
| Theodore R. Vecchio | Treasurer      | 55 Spring Street, Cumberland, RI 02864       |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | without par value                                                 |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 200           | Common |        | without par value                                                 |

PAID

MAR 03 1992

SEC'Y OF STATE

Dated Feb 29 19 92.

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By Theodore R. Vecchio

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0017255..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....RALCO EQUIPMENT CO., INC.....

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

THIRD: Character of business, briefly stated, is.....repair of equipment.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....55 Spring Street, Cumberland, RI 02864.....

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

| Name                | Office         | Address (including number, street, zip code) |
|---------------------|----------------|----------------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, RI 02864       |
| Joanne Vecchio      | Director       | 55 Spring Street, Cumberland, RI 02864       |
| Theodore R. Vecchio | President      | 55 Spring Street, Cumberland, RI 02864       |
| Joanne Vecchio      | Vice President | 55 Spring Street, Cumberland, RI 02864       |
| Joanne Vecchio      | Secretary      | 55 Spring Street, Cumberland, RI 02864       |
| Theodore R. Vecchio | Treasurer      | 55 Spring Street, Cumberland, RI 02864       |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  |
|---------------|--------|
| 600           | Common |

Par Value  
or statement that  
shares are without  
par value

without par value

EIGHTH: Number of Shares issued:

| No. of Shares | Class  |
|---------------|--------|
| 200           | Common |

Par Value  
or statement that  
shares are without  
par value

without par value

Dated.....2-28..... 1991.....

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By.....Theodore R. Vecchio.....

Title.....President.....

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17355

Annual Report for the year 1990

FIRST: The name of the corporation is RALCO EQUIPMENT CO., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 55 Spring Street, Cumberland, RI 02864

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Theodore R. Vecchio Director 55 Spring Street, Cumberland, RI 02864

Joanne Vecchio Director 55 Spring Street, Cumberland, RI 02864

Director

Theodore R. Vecchio President 55 Spring Street, Cumberland, RI 02864

Joanne Vecchio Vice President 55 Spring Street, Cumberland, RI 02864

Joanne Vecchio Secretary 55 Spring Street, Cumberland, RI 02864

Theodore R. Vecchio Treasurer 55 Spring Street, Cumberland, RI 02864

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

Common

without par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

200

Common

without par value

FEB 23 1990

SECY. OF STATE

Dated 2/20 19 90

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By Theodore R. Vecchio

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 North Main Street  
PROVIDENCE, RHODE ISLAND 02903

DV

Corporate ID 17355

Annual Report for the year 1989

FIRST: The name of the corporation is RALCO EQUIPMENT CO., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 55 Spring Street, Cumberland, RI

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Theodore R. Vecchio Director 55 Spring Street, Cumberland, RI

Joanne Vecchio Director 55 Spring Street, Cumberland, RI

Director

Theodore R. Vecchio President 55 Spring Street, Cumberland, RI

Joanne Vecchio Vice President 55 Spring Street, Cumberland, RI

Joanne Vecchio Secretary 55 Spring Street, Cumberland, RI

Theodore R. Vecchio Treasurer 55 Spring Street, Cumberland, RI

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Per Value  
or statement that  
shares are without  
par value

600

Common

PAID

without par value

FEB 6 1989

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Per Value  
or statement that  
shares are without  
par value

200

Common

without par value

Dated January 31 1989

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By

Theodore R. Vecchio  
Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....12355..... Annual Report for the year.....1988

FIRST: The name of the corporation is.....RALCO EQUIPMENT CO., INC.....

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

THIRD: Character of business, briefly stated, is.....repair of equipment.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....55 Spring Street, Cumberland, RI.....

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

| Name                | Office         | Address (including number, street, zip code) |
|---------------------|----------------|----------------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, RI             |
| Joanne Vecchio      | Director       | 55 Spring Street, Cumberland, RI             |
|                     | Director       |                                              |
| Theodore R. Vecchio | President      | 55 Spring Street, Cumberland, RI             |
| Joanne Vecchio      | Vice President | 55 Spring Street, Cumberland, RI             |
| Joanne Vecchio      | Secretary      | 55 Spring Street, Cumberland, RI             |
| Theodore R. Vecchio | Treasurer      | 55 Spring Street, Cumberland, RI             |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|----------------------------------------------------------|
| 600           | Common | PAID   | without par value                                        |

JAN 25 1988

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|----------------------------------------------------------|
| 200           | Common |        | without par value                                        |

Dated.....January 8, 1988.....

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By.....

Title.....President.....

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17355 Annual Report for the year 1987

FIRST: The name of the corporation is Ralco Equipment Co., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 55 Spring Street, Cumberland, RI

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

| Name                | Office         | Address (including number, street, zip code) |
|---------------------|----------------|----------------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, RI             |
| Joanne Vecchio      | Director       | 55 Spring Street, Cumberland, RI             |
|                     | Director       |                                              |
| Theodore R. Vecchio | President      | 55 Spring Street, Cumberland, RI             |
| Joanne Vecchio      | Vice President | 55 Spring Street, Cumberland, RI             |
| Joanne Vecchio      | Secretary      | 55 Spring Street, Cumberland, RI             |
| Theodore R. Vecchio | Treasurer      | 55 Spring Sbreet, Cumberland, RI             |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|----------------------------------------------------------|
| 600           | common |        | without par value                                        |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|----------------------------------------------------------|
| 200           | common |        | without par value                                        |

PAID

MAR 10 1987

SECY OF STATE

JUN 05 1987

Dated January 21, 19 87

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By

*Theodore R. Vecchio*

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17355

Annual Report for the year 1986

FIRST: The name of the corporation is RALCO EQUIPMENT CO., INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

55 Spring Street, Cumberland, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

| Name                | Office         | Address (including number, street, zip code) |
|---------------------|----------------|----------------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring St., Cumberland, RI                |
| Joanne Vecchio      | Director       | 55 Spring St., Cumberland, RI                |
|                     | Director       |                                              |
| Theodore R. Vecchio | President      | 55 Spring St., Cumberland, RI                |
| Joanne Vecchio      | Vice President | 55 Spring St., Cumberland, RI                |
| Joanne Vecchio      | Secretary      | 55 Spring St., Cumberland, RI                |
| Theodore R. Vecchio | Treasurer      | 55 Spring St., Cumberland, RI                |

SEVENTH: Number of Shares authorized:

Par Value  
or statement that  
shares are without  
par value

| No. of Shares | Class  |
|---------------|--------|
| 600           | Common |

without par value

EIGHTH: Number of Shares issued:

Par Value  
or statement that  
shares are without  
par value

| No. of Shares | Class  |
|---------------|--------|
| 200           | Common |

without par value

03/17/86 PAID

Dated February 11 19 86

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By

Theodore R. VecchioTitle: President

(Report must be signed by an officer)

Filing fee: \$15.00

17355

To be filed annually between  
January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is

RALCO EQUIPMENT CO., INC.

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

THIRD: Character of business, briefly stated, is

repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

55 Spring Street, Cumberland, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name                | Office         | Address                             |
|---------------------|----------------|-------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, R. I. |
| Joanne Vecchio      | Director       | " "                                 |
|                     | Director       |                                     |
| Theodore R. Vecchio | President      | " "                                 |
| Joanne Vecchio      | Vice President | " "                                 |
| Joanne Vecchio      | Secretary      | " "                                 |
| Theodore R. Vecchio | Treasurer      | " "                                 |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | without par value                                                 |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 200           | Common |        | without par value                                                 |

Dated: March 11 1985

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By

*Theodore R. Vecchio*

Title President

RECEIVED MAR 1985

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is

RALCO EQUIPMENT CO., INC.

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

THIRD: Character of business, briefly stated, is

repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

55 Spring Street, Cumberland, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name                | Office         | Address                            |
|---------------------|----------------|------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, R.I. |
| Joanne Vecchio      | Director       | " "                                |
|                     | Director       |                                    |
| Theodore R. Vecchio | President      | " "                                |
| Joanne Vecchio      | Vice President | " "                                |
| Joanne Vecchio      | Secretary      | " "                                |
| Theodore R. Vecchio | Treasurer      | " "                                |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | without par value                                                 |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 200           | Common |        | without par value                                                 |

Dated: March 1 84 19.84

RALCO EQUIPMENT CO., INC.  
(Name of Corporation)

By Joanne Vecchio  
Title V. President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filled. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1983

FIRST: The name of the corporation is

RALCO EQUIPMENT CO., INC.

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

THIRD: Character of business, briefly stated, is  
repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 55 Spring Street, Cumberland, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name                | Office         | Address                            |
|---------------------|----------------|------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, R.I. |
| Joanne Vecchio      | Director       | " " "                              |
|                     | Director       | " " "                              |
| Theodore R. Vecchio | President      | " " "                              |
| Joanne Vecchio      | Vice President | " " "                              |
| Joanne Vecchio      | Secretary      | " " "                              |
| Theodore R. Vecchio | Treasurer      | " " "                              |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | without par value                                                 |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 200           | Common | 2      | without par value                                                 |

Dated: Feb 22 1983

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By  
Title

President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**  
**ANNUAL REPORT**  
**OF**

RALCO EQUIPMENT CO., INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is  
Ralco Equipment Co., Inc.

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

THIRD: The address of its registered office in Rhode Island is  
925 Main Street, East Greenwich, Rhode Island 02818  
and the name of its registered agent in Rhode Island at such address is  
Albert D. Saunders, Jr., Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is repair of equipment

SIXTH: The names and respective addresses of its directors and officers are:

| Name                | Office         | Address                            |
|---------------------|----------------|------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, R.I. |
| Joanne Vecchio      | Director       | " "                                |
|                     | Director       |                                    |
|                     | Director       |                                    |
|                     | Director       |                                    |
| Theodore R. Vecchio | President      | " "                                |
| Joanne Vecchio      | Vice President | " "                                |
| Joanne Vecchio      | Secretary      | " "                                |
| Theodore R. Vecchio | Treasurer      | " "                                |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of<br>Shares | Class  | Series | Par Value per Share<br>or Statement that<br>Shares are without<br>Par Value |
|---------------------|--------|--------|-----------------------------------------------------------------------------|
| 600                 | Common |        | without par value                                                           |

APR 13 1981  
*rsa*

9461A14...150081

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of<br/>Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share<br/>or Statement that<br/>Shares are without<br/>Par Value</u> |
|-----------------------------|--------------|---------------|---------------------------------------------------------------------------------------|
| 200                         | Common       |               | without par value                                                                     |

Dated 2/28, 19 81

RALCO EQUIPMENT CO., INC.  
(NAME OF CORPORATION)

By Shirley E. Keane  
Its President

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1982

FIRST: The name of the corporation is

RALCO EQUIPMENT CO., INC.

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

THIRD: Character of business, briefly stated, is  
repair of equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this  
address) 55 Spring Street, Cumberland, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name                | Office         | Address                            |
|---------------------|----------------|------------------------------------|
| Theodore R. Vecchio | Director       | 55 Spring Street, Cumberland, R.I. |
| Joanne Vecchio      | Director       | " " "                              |
|                     | Director       |                                    |
| Theodore R. Vecchio | President      | " " "                              |
| Joanne Vecchio      | Vice President | " " "                              |
| Joanne Vecchio      | Secretary      | " " "                              |
| Theodore R. Vecchio | Treasurer      | " " "                              |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 600           | Common |        | without par value                                                 |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|-------------------------------------------------------------------|
| 200           | Common | 2      | without par value                                                 |

Dated: February 8 1982

RALCO EQUIPMENT CO., INC.

(Name of Corporation)

By Theodore R. Vecchio  
Title President

FEB 18 1982

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040



Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**

**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT**

**OF**

RALCO EQUIPMENT CO., INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Ralco Equipment Co., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
925 Main Street, East Greenwich, R.I. 02818  
and the name of its registered agent in Rhode Island at such address is  
Albert D. Saunders, Jr., Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is leasing and renting of tractors, trailers, drivers for the purpose of transporting goods and merchandise for others; also to repair diesel power equipment and do everything else incidental the aforementioned purposes. Also to operate, lease, sell, buy and manage real estate.

SIXTH: The names and respective addresses of its directors and officers are:

| Name                | Office         | Address                                                                       |
|---------------------|----------------|-------------------------------------------------------------------------------|
| Theodore R. Vecchio | Director       | <u>7 BRUSHWOOD DR LINCOLN, RI</u><br><u>2 Nottingham Drive, Lincoln, R.I.</u> |
| Joanne Vecchio      | Director       | <u>7 BRUSHWOOD DR LINCOLN, RI</u><br><u>2 Nottingham Drive, Lincoln, R.I.</u> |
|                     | Director       |                                                                               |
|                     | Director       |                                                                               |
|                     | Director       |                                                                               |
| Theodore R. Vecchio | President      | " " " "                                                                       |
| Joanne Vecchio      | Vice President | " " " "                                                                       |
| Theodore R. Vecchio | Secretary      | " " " "                                                                       |
| Joanne Vecchio      | Treasurer      | " " " "                                                                       |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of<br>Shares | Class  | Series | Par Value per Share<br>or Statement that<br>Shares are without<br>Par Value |
|---------------------|--------|--------|-----------------------------------------------------------------------------|
| 600                 | Common |        | without par value                                                           |

MAR 17 1980

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of<br/>Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share<br/>or Statement that<br/>Shares are without<br/>Par Value</u> |
|-----------------------------|--------------|---------------|---------------------------------------------------------------------------------------|
| 200                         | Common       |               | without par value                                                                     |

Dated Feb 29, 1980 RALCO EQUIPMENT CO., INC.

(NAME OF CORPORATION)

By Theodore Ralph Berthel  
Its President

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**

**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT**

1979

**OF**

**RALCO EQUIPMENT CO., INC.**

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is **Ralco Equipment Co., Inc.**

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

THIRD: The address of its registered office in Rhode Island is  
**925 Main Street, East Greenwich, Rhode Island 02818**

and his **are**  
and the name of its registered agent in Rhode Island at such address is  
**Albert D. Saunders, Jr., 925 Main Street, East Greenwich, R.I. 02818**

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is **leasing and renting of tractors, trailers, drivers for the purpose of transporting goods and merchandise for others; also to repair diesel power equipment and do everything else incidental to the aforementioned purposes. Also to operate, lease, sell, buy and manage real estate.**

SIXTH: The names and respective addresses of its directors and officers are:

| Name                | Office         | Address                           |
|---------------------|----------------|-----------------------------------|
| Theodore R. Vecchio | Director       | 2 Nottingham Drive, Lincoln, R.I. |
| Joanne Vecchio      | Director       | 2 Nottingham Drive, Lincoln, R.I. |
|                     | Director       |                                   |
|                     | Director       |                                   |
|                     | Director       |                                   |
|                     | Director       |                                   |
| Theodore R. Vecchio | President      | " " "                             |
| Joanne Vecchio      | Vice President | " " "                             |
| Theodore R. Vecchio | Secretary      | " " "                             |
| Joanne Vecchio      | Treasurer      | " " "                             |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of<br>Shares | Class  | Series | Par Value per Share<br>or Statement that<br>Shares are without<br>Par Value |
|---------------------|--------|--------|-----------------------------------------------------------------------------|
| 600                 | common | 79     | without par value                                                           |

1856A14...130081

MAR 27 1979

H D

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of<br/>Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share<br/>or Statement that<br/>Shares are without<br/>Par Value</u> |
|-----------------------------|--------------|---------------|---------------------------------------------------------------------------------------|
| 200                         | common       |               | without par value                                                                     |

Dated , 19 79

RALCO EQUIPMENT CO., INC.  
(NAME OF CORPORATION)

By *Thomas Ralph Locasio*  
Its President

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**

**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT**

1978

**OF**

**RALCO EQUIPMENT CO., INC.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

**FIRST:** The name of the corporation is Ralco Equipment Co., Inc.

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

**THIRD:** The address of its registered office in Rhode Island is 824 Hospital Trust Building, Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is Peter K. Rosedale

**FOURTH:** If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is \_\_\_\_\_

**FIFTH:** The character of the business in which it is actually engaged in Rhode Island, briefly stated, is leasing and renting of tractors, trailers, drivers for the purpose of transporting goods and merchandise for others; also to repair diesel power equipment and do everything else incidental to the aforementioned purposes. Also to operate, lease, sell, buy and manage real estate.

**SIXTH:** The names and respective addresses of its directors and officers are:

| Name                | Office         | Address                           |
|---------------------|----------------|-----------------------------------|
| Theodore R. Vecchio | Director       | 2 Nottingham Drive, Lincoln, R.I. |
| Joanne Vecchio      | Director       | " " "                             |
|                     | Director       |                                   |
|                     | Director       |                                   |
|                     | Director       |                                   |
|                     | Director       |                                   |
| Theodore R. Vecchio | President      | " " "                             |
| Joanne Vecchio      | Vice President | " " "                             |
| Theodore R. Vecchio | Secretary      | " " "                             |
| Joanne Vecchio      | Treasurer      | " " "                             |

**SEVENTH:** The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of<br>Shares | Class  | Series | Par Value per Share<br>or Statement that<br>Shares are without<br>Par Value |
|---------------------|--------|--------|-----------------------------------------------------------------------------|
| 600                 | Common | 3      |                                                                             |
|                     |        | 27     |                                                                             |
|                     |        | 79     | without par value                                                           |

.....09.....1500  
1855A14.....1500BL

MAR 27 1979

HD

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of<br/>Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share<br/>or Statement that<br/>Shares are without<br/>Par Value</u> |
|-----------------------------|--------------|---------------|---------------------------------------------------------------------------------------|
| 200                         | common       |               | Without par value                                                                     |

Dated

, 19 79

RALCO EQUIPMENT CO., INC.

(NAME OF CORPORATION)

By

*Thorton Ralph Luchio*

Its President