



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

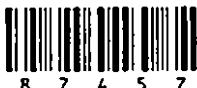
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87457		2. Name of Corporation Image Printing & Copying, Inc.			
3. Street Address Principal Business Office 380 JEFFERSON BOULEVARD		City WARWICK	State RI	Zip 02886-	
4. Business Phone No. 4017379311		5. State of Incorporation RHODE ISLAND			6. SIC Code 851
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL TYPES OF PRINTING AND PHOTOCOPYING OF ALLKINDS AND DESCRIPTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin W. Martin		Vice President Name Kevin W. Martin			
Street Address 380 Jefferson Boulevard		Street Address 380 Jefferson Boulevard			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kevin W. Martin		Treasurer Name Kevin W. Martin			
Street Address 380 Jefferson Boulevard		Street Address 380 Jefferson Boulevard			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin W. Martin		Director Name			
Street Address 380 Jefferson Boulevard		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			1,000	Common	No Par Value

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



8 7 4 5 7

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 Kevin W. Martin Date 2/10/05
Kevin W. Martin
Print or Type Name of Officer
President
Title of Officer

87457 DBC 01/25/05 01:54:43 PM

File Date 2/15/05

Check No. 5480

By: DA

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87457		2. Name of Corporation Image Printing & Copying, Inc.			
3. Street Address Principal Business Office 380 JEFFERSON BOULEVARD		City WARWICK	State RI	Zip 02886-	
4. Business Phone No. 4017379311		5. State of Incorporation RHODE ISLAND			6. SIC Code 851
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL TYPES OF PRINTING AND PHOTOCOPYING OF ALLKINDS AND DESCRIPTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin W. Martin			Vice President Name Kevin W. Martin		
Street Address 380 Jefferson Boulevard			Street Address 380 Jefferson Boulevard		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kevin W. Martin			Treasurer Name Kevin W. Martin		
Street Address 380 Jefferson Boulevard			Street Address 380 Jefferson Boulevard		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin W. Martin			Director Name		
Street Address 380 Jefferson Boulevard			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			1,000	Common	No Par Value

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



8 7 4 5 7

87457 DBC 01/22/04 11:16:00 AM

File Date 2/16/04

Check No. 450

By: SC

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.

Kevin W. Martin 2/18/04
Signature of Officer Date
Kevin W. Martin
Print or Type Name of Officer
President
Title of Officer



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87457		2. Name of Corporation Image Printing & Copying, Inc.			
3. Street Address Principal Business Office 380 JEFFERSON BOULEVARD		City WARWICK	State RI	Zip 02886-	
4. Business Phone No. 4017379311		5. State of Incorporation RHODE ISLAND		6. SIC Code 851	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL TYPES OF PRINTING AND PHOTOCOPYING OF ALLKINDS AND DESCRIPTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin W. Martin			Vice President Name Kevin W. Martin		
Street Address 380 Jefferson Blvd.			Street Address 380 Jefferson Blvd.		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kevin W. Martin			Treasurer Name Kevin W. Martin		
Street Address 380 Jefferson Blvd.			Street Address 380 Jefferson Blvd.		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin W. Martin			Director Name		
Street Address 380 Jefferson Blvd.			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 common	no par value		1,000	common	no par value

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



8 7 4 5 7

87457 DBC FILED OCT 23 2003 10:00 PM

File Date **OCT 23 2003**

Check No. **By M9792 GAB**

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.

Kevin W. Martin 10/15/04
Signature of Officer Date
Kevin W. Martin
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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87457** 2. Name of Corporation **Image Printing & Copying, Inc.**
3. Street Address Principal Business Office **380 Jefferson Boulevard** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401) 737-9311** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **851**

7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in all types of printing and photocopying of allkinds and description**

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

President Name Kevin W. Martin Street Address 380 Jefferson Boulevard City Warwick State RI Zip 02886	Vice President Name Kevin W. Martin Street Address 380 Jefferson Boulevard City Warwick State RI Zip 02886
Secretary Name Kevin W. Martin Street Address 380 Jefferson Boulevard City Warwick State RI Zip 02886	Treasurer Name Kevin W. Martin Street Address 380 Jefferson Boulevard City Warwick State RI Zip 02886

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

Director Name Kevin W. Martin Street Address 380 Jefferson Boulevard City Warwick State RI Zip 02886	Director Name Street Address City State Zip
Director Name Street Address City State Zip 	Director Name Street Address City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No par value

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



* 8 7 4 5 7 *

File Date: 3.8.02

Check No.: 8447

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.

Kevin W. Martin 2/28/02
Signature of Officer Date

Kevin W. Martin
Print or Type Name of Officer

President
Title of Officer





PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No 87457		2 Name of Corporation Image Printing & Copying, Inc.			
3 Street Address Principal Business Office 380 Jefferson Boulevard			4 City Warwick	5 State RI	6 Zip 02886
7 Business Phone No (401) 737-9311		8 State of Incorporation Rhode Island			
9 Brief Description of the Character of Business Conducted in Rhode Island To engage in all types of printing and photocopying of all kinds and description					
10 NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin W. Martin			Vice President Name Kevin W. Martin		
Street Address 380 Jefferson Boulevard			Street Address 380 Jefferson Boulevard		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kevin W. Martin			Treasurer Name Kevin W. Martin		
Street Address 380 Jefferson Boulevard			Street Address 380 Jefferson Boulevard		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
11 NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin W. Martin			Director Name		
Street Address 380 Jefferson Boulevard			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
12 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No par value	1,000	Common	No par value

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

FILED

SEP 10 2001

By SC 86

FOR SECRETARY OF STATE USE ONLY

270496

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.

Kevin W. Martin 13101
Signature of Officer Date

Kevin W. Martin
Print or Type Name of Officer

President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

87457

2. Name of Corporation

Image Printing & Copying, Inc.

3. Street Address Principal Business Office

53 Barden Avenue

City

Warwick

State

RI

Zip

02888

4. Business Phone No.

(401) 737-9311

5. State of Incorporation

RHODE ISLAND

6. SIC Code

851

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

All types of printing and copying.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Kevin Martin

Vice President Name

Kevin Martin

Street Address

53 Barden Avenue

Street Address

53 Barden Avenue

City

Warwick

State

RI

Zip

02888

City

Warwick,

State

RI

Zip

02888

Secretary Name

Kevin Martin

Treasurer Name

Kevin Martin

Street Address

53 Barden Avenue

Street Address

53 Barden Avenue

City

Warwick

State

RI

Zip

02888

City

Warwick

State

RI

Zip

02888

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Kevin Martin

Director Name

Street Address

53 Barden Avenue

Street Address

City

Warwick

State

RI

Zip

02888

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500 SHS

Common

No Par Value

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



* 8 7 4 5 7 *

File Date: FEB 29 2000

Check No.: 1723

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.

Kevin W Martin 2/28/00
Signature of Officer Date

PRESIDENT KEVIN MARTIN
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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

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. 87457		2. Name of Corporation Image Printing & Copying, Inc.	
3. Street Address Principal Business Office 53 Barden Avenue		City Warwick	State RI
4. Business Phone No. (401) 737-9311		5. State of Incorporation RHODE ISLAND	
6. SIC Code 851		7. Brief Description of the Character of Business Conducted in Rhode Island All types of printing and copying.	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kevin Martin		Vice President Name Kevin Martin	
Street Address 53 Barden Avenue		Street Address 53 Barden Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
Secretary Name Kevin Martin		Treasurer Name Kevin Martin	
Street Address 53 Barden Avenue		Street Address 53 Barden Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Kevin Martin		Director Name Kevin Martin	
Street Address 53 Barden Avenue		Street Address 53 Barden Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
Director Name Kevin Martin		Director Name Kevin Martin	
Street Address 53 Barden Avenue		Street Address 53 Barden Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 SHS COMM NO PAR VAL			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
500 SHS	Common	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: **2/22/99**

Check No.: **1323**

By: **Kevin W. Martin**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: **Kevin W. Martin** Date: **2/12/99**

Print or Type Name of Officer: **KEVIN W. MARTIN PRESIDENT**

Title of Officer: **PRESIDENT**



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87457** 2. Name of Corporation **Image Printing & Copying, Inc.**

3. Street Address Principal Business Office

1694 Post Road

4. Business Phone No.

(401) 737-9311

5. State of Incorporation

RHODE ISLAND

City

Warwick

State

RI

Zip

02888

6. SIC Code

0851

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

All Types of printing and copying.

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

President Name

Kevin Martin

Street Address

1694 Post Road

City

Warwick

State

RI

Zip

02888

Secretary Name

Kevin Martin

Street Address

1694 Post Road

City

Warwick

State

RI

Zip

02888

Vice President Name

Kevin Martin

Street Address

1694 Post Road

City

Warwick

State

RI

Zip

02888

Treasurer Name

Kevin Martin

Street Address

1694 Post Road

City

Warwick

State

RI

Zip

02888

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

Director Name

Kevin Martin

Street Address

1694 Post Road

City

Warwick

State

RI

Zip

02888

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500 SHS

Common

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: **2-23-98**

Check No: **1091**

By: **ICP**

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.

X Kevin W. Martin **2/16/98**
Signature of Officer Date

X Kevin W. Martin
Print or Type Name of Officer

President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87457** 2. Name of Corporation
Image Printing & Copying, Inc.

3. Street Address Principal Business Office **1694 Post Road** City **Warwick** State **R.I.** Zip **02888**

4. Business Phone No. **(401) 737-9311** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0851**

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

All types of Printing and Copying

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

President Name
Kevin Martin

Vice President Name
Kevin Martin

Street Address
1694 Post Road

Street Address
1694 Post Road

City **Warwick** State **R.I.** Zip **02888**

City **Warwick** State **R.I.** Zip **02888**

Secretary Name
Kevin Martin

Treasurer Name
Kevin Martin

Street Address
1694 Post Road

Street Address
1694 Post Road

City **Warwick** State **R.I.** Zip **02888**

City **Warwick** State **R.I.** Zip **02888**

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

Director Name
Kevin Martin

Director Name

Street Address
1694 Post Road

Street Address

City **Warwick** State **R.I.** Zip **02888**

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS	COMM	NO PAR VAL

Number of Shares	Class/Series	Par Value
500 SHS	Common	No Par Value

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



FILED

FEB 27 1997

By **Kevin W. Martin**
179645

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: _____

Signature of Officer

Date

Check No.: _____

PRESIDENT KEVIN W. MARTIN

Print or Type Name of Officer

By: _____

Title of Officer

FOR SECRETARY OF STATE USE ONLY