



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. 88859		2. Name of Corporation Alviti Link - All, Inc.			
3. Street Address Principal Business Office 165 DYERVILLE AVENUE		City JOHNSTON	State RI	Zip 02919	
4. Business Phone No. 4018616656		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE MACHINERY FOR THE JEWELRY AND JEWELRY RELATED INDUSTRIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lucille Knight			Vice President Name Robert V. Amaral		
Street Address 165 Dyerville Avenue			Street Address 165 Dyerville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Lucille Knight			Treasurer Name Lucille Knight		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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
100 NO PAR VALUE			100	Common	No par value

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



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88859 DBC 05/18/2005 9:07 AM

File Date

MAY 18 2005

Check No.

By

UB

By

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

Lucille Knight

Print or Type Name of Officer

President

Title of Officer

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 OR PRINTED IN BLACK)

1. Corporate ID No. 88859		2. Name of Corporation Alviti Link - All, Inc.			
3. Street Address Principal Business Office 165 Dyerville Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 861-6656		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE MACHINERY FOR THE JEWELRY AND JEWELRY RELATED INDUSTRIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lucille Knight			Vice President Name Robert V. Amaral		
Street Address 165 Dyerville Avenue			Street Address 165 Dyerville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Lucille Knight			Treasurer Name Lucille Knight		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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
100 NO PAR VALUE			100	common	no par value

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



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File Date	2-18-04
Check No.	5440
By:	
FOR SECRETARY OF STATE: USE ONLY	

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

Signature of Officer
Date 2/16/04
Lucille Knight
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 OR PRINTED IN BLACK)

1. Corporate ID No. 88859		2. Name of Corporation Alviti Link - All, Inc.			
3. Street Address Principal Business Office 165 Dyerville Avenue			City Johnston	State RU	Zip 92818
4. Business Phone No. 401-861-6656		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island to manufacture machinery for the jewelry & jewelry related industries & to do every act & thing commonly done by jewelry and jewelry machinery					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LUCILLE KNIGHT			Vice President Name ROBERT V. AMARAL		
Street Address 165 Dyerville Avenue			Street Address same		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name LUCILLE KNIGHT			Treasurer Name LUCILLE-KNIGHT		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			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
100 NO PAR VALUE			100		none

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



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File Date: 2-26-03

Check No.: 4836

By: 10P

FOR SECRETARY OF STATE USE ONLY

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

Lucille Knight 2/26/03
Signature of Officer Date

Lucille Knight
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. 88859		2. Name of Corporation Alviti Link - All, Inc.			
3. Street Address Principal Business Office 165 DYERVILLE AVENUE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401 861 6656		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island To manufacture machinery for the jewelry & jewelry related industries & to do every act & thing commonly done by jewelry &/or jewelry machinery.					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) ■ FILL IN SPACES BEFORE USING ATTACHMENTS ■					
President Name LUCILLE KNIGHT			Vice President Name ROBERT V AMARAL		
Street Address 165 DYERVILLE AVENUE			Street Address SAME		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name LUCILLE KNIGHT			Treasurer Name LUCILLE KNIGHT		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ■ FILL IN SPACES BEFORE USING ATTACHMENTS ■					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) ■					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100		NONE

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



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File Date: 2/4/02

Check No.: 4251

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 2/4/02
Signature of Officer Date

Lucille Knight

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3046

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. 88859		2. Name of Corporation Alviti Link - All, Inc.		
3. Street Address Principal Business Office 165 DYERVILLE AVENUE		City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401 861 6656		5. State of Incorporation RHODE ISLAND		6. SIC Code 1883
7. Business Purpose TO MANUFACTURE MACHINERY FOR THE JEWELRY & JEWELRY RELATED INDUSTRIES & TO DO EVERY ACT & THING COMMONLY DONE BY JEWELRY AND/OR JEWELRY MACHINERY.				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name LUCILLE ALVITI KNIGHT		Vice President Name ROBERT V. AMARAL		
Street Address 281 CENTRAL AVENUE		Street Address SAME		
City JOHNSTON	State RI	Zip 02919	City	State
Secretary Name LUCILLE ALVITI KNIGHT		Treasurer Name LUCILLE ALVITI KNIGHT		
Street Address SAME		Street Address SAME		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
100 SHS NO PAR VALUE			100	NONE

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



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File Date: 3/1

Check No.: 3721

By: C.H.

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 Robert V. Amaral Date 2/26/01

Print or Type Name of Officer ROBERT V. AMARAL

Title of Officer VICE PRES.



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. 88859		2. Name of Corporation Alviti Link - All, Inc.			
3. Street Address Principal Business Office 165 DYERVILLE AVENUE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401 861 6656		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE MACHINERY FOR THE JEWELRY & JEWELRY RELATED INDUSTRIES & TO DO EVERY ACT & THING COMMONLY DONE BY JEWELRY &/OR JEWELRY MACHINERY.					
8. NAMES AND ADDRESSES OF THE OFFICERS (EX: BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name VINCENT ALVITI			Vice President Name LUCILLE ALVITI KNIGHT		
Street Address 206 CENTRAL AVENUE			Street Address 281 CENTRAL AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name LUCILLE ALVITI KNIGHT			Treasurer Name VINCENT ALVITI		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (EX: BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (EX: BOX FOR ATTACHMENT)			11. SHARES ISSUED (EX: BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VALUE			100		None

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



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File Date: 1/24/00
Check No.: 3055
By: Cos

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: Vincent Alviti Date: 1/29
Print or Type Name of Officer: Vincent Alviti
Title of Officer: Pres



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

12/30

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 88859		2. Name of Corporation Alviti Link - All, Inc.	
3. Street Address Principal Business Office 165 DYERVILLE AVENUE		City JOHNSTON	State RI
4. Business Phone No. 401 861 6656		5. State of Incorporation RHODE ISLAND	
6. SIC Code 1883		7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE MACHINERY FOR THE JEWELRY AND JEWELRY RELATE INDUSTRIES AND TO DO EVERY ACT AND THING COMMONLY DONE BY JEWELRY AND/OR JEWELRY MACHINERY	
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILE IN SPACE BEFORE USING ATTACHMENTS			
President Name VINCENT ALVITI		Vice President Name LUCILLE ALVITI KNIGHT	
Street Address 206 CENTRAL AVENUE		Street Address 281 CENTRAL AVENUE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Secretary Name LUCILLE ALVITI KNIGHT		Treasurer Name VINCENT ALVITI	
Street Address SAME		Street Address SAME	
City JOHNSTON	State RI	City JOHNSTON	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILE IN SPACE BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT () FILE IN SPACE BEFORE USING ATTACHMENTS			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
100 SHS NO PAR VALUE		100	none

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



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File Date: **1/13/99**

Check No: **2351**

By: **GAA**

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.

Vincent Alviti **1/5/99**
Signature of Officer Date

Vincent Alviti
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT ¹⁹⁹⁸ 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No 88859		2. Name of Corporation Alviti Link - All, Inc.	
3. Street Address Principal Business Office 165 Dyerville Ave.		City Johnston	State RI
4. Business Phone No. (401) 861-6656		5. State of Incorporation RHODE ISLAND	6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE MACHINERY FOR THE JEWELRY AND JEWELRY RELATED INDUSTRIES AND TO DO EVERY ACT AND THING COMMONLY DONE BY JEWELRY AND JEWELRY RELATED INDUSTRIES.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> JEWELRY-MACHINERY-MANUFACTURES.			
President Name VINCENT ALVITI		Vice President Name LUCILLE ALVITI KNIGHT	
Street Address 206 CENTRAL AVENUE		Street Address 281 CENTRAL AVENUE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Secretary Name LUCILLE ALVITI KNIGHT		Treasurer Name VINCENT ALVITI	
Street Address SAME		Street Address SAME	
City JOHNSTON	State RI	City JOHNSTON	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
100 SHS NO PAR VALUE		100	NONE

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



File Date: **4-8-98**
Check No.: **1950**
By: **AMF**
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: **Vincent Alviti** Date: **4/6/98**
Print or Type Name of Officer: **Vincent Alviti**
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 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 88859		2. Name of Corporation Alviti Link-All, Inc.			
3. Street Address Principal Business Office 165 Dyerville Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 861-6656		5. State of Incorporation Rhode Island			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island To engage To Manufacture machinery for jewelry and jewelry related industries					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Vincent Alviti			Vice President Name Lucille Alviti Knight		
Street Address 206 Central Ave			Street Address 281 Central Ave		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Lucille Alviti Knight			Treasurer Name Vincent Alviti		
Street Address 281 Central Ave			Street Address 206 Central Ave		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND 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
100 Shrs	Common	No Par	NONE		

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

File Date: 7/10/97
Check No.: 1589
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 7/8/97
Signature of Officer Date

Vincent Alviti

Print or Type Name of Officer

President

Title of Officer