

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 \_\_2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

64286

2. Name of Corporation

CWM, INC.

3. Street Address Principal Busine. 82 Memorial Bo			Clry Newport	State RI	Zip 02840
6. Business Phone Na.	Julevalu	f. State of two annual or	_	X.2	6. SIC Code
(401) 847-1300	n	5. State of Incorporation			6. 31C Code
any other lawi	i <b>ng <sup>g</sup>gobi Vity dof</b> Ful purpose.	hopemating a ho	<b>B ISLAND</b> otel, the service of	E meals and beve	rages, and
B. NAMES AND ADDRE President Name	SSES OF THE OFFIC	ERS ("X" BOX FOR ATTA	CHMENT) Vice President Name		
Michael W. Ca	nnarozzi		Frances J. B	abcock	·
102 Atlantic I	Prive State	Zip .	City 47 Washington	n Street	Zip
Middletown Secretary Name	RI	02842	Newport  Treasurer Namt Michael W. Car	RI marozzi	02840 .
Bruce R. Rut	tenberg		Street Address 102 Atlantic I		
One Park Row	v - Suite 300	Zip	City	State	Zip
Providence	RI	02903	Middletown	RI	02842
9. NAMES AND ADDRE Director Names	SSES OF THE DIREC	CTORS (*X* BOX FOR AT	TACHMENT)  Director Name Michael W. Car		
Frances J. Be	abcock		Street Address		
47 Washington			102 Atlantic I		
Newport	State RI	zıp 02840	City Middletown	State RI	Zip 02842
Director Name	***	02010	Director Name	• • • • • •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*:	X" BOX FOR ATTACHMENT	ì
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
•			100	Common	No Par Value
2,000 SHS NO	PAR VALUE				
	•				•

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

	FILED
File Date:	APR 26 2000
Check No.:	By
Ву:	
FOR SECRETARY O	E 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 perein are true and correct.

Michael W. Cannarozzi

Print or Type Name of Officer President

Title of Officer



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

STOP
PLIASE READINSTRUCTIONS

FORM MUST BE TYPED IN	BLACK)						
	2. Name of Corp	-	······································				
64286	CWM, IN	c					
. Street Address Principal Bus	Iness Office	•	City	State	Zip		
82 Memorial	Boulevard	5. State of Incorporation	Newport	RI	02840		
				<u> </u>	6. SIC Code		
. (401) 847-13	00.	RHODE ISLAN  ed in Rhode Island of operating a ho	D		3079		
To engage in	the activity	of operating a ho	tel, the service of	f meals and bev	erages, and		
any other la NAMES AND ADD	wful purpose RESSES OF THE O	FFICERS ("X" BOX FOR ATTAC	WINDLE OF THE IN COACEC	EFORE HERIC LETTER			
esident Name		THOURS ( A BOX FOR ATTAC	: Vice President Name	BEFORE USING ATTAC	HMENIS		
Anne M. Cann	arozzi		Michael W. Car	nnarozzi			
reet Address		· · <del></del>	Street Address	·· <del>·····</del> • · · · · · · · · · · · · · · · ·			
288 Gree <u>n</u> En	d Avenue		102 Atlantic I	Orive			
	:	Zip	City	State	Zip		
Middletown	RI	02842	Middletown	RI	02842		
cretary Name			Treasurer Name				
Michael W. C	annarozzi	····	Michael W. Cannarozzi				
			Street Address				
102 Atlantic Drive			102 Atlantic Drive				
Middletown	ļ.	• '	City	State	Zip		
		02842 RECTORS (*X* BOX FOR ATT	Middletown	RI	02842		
rector Name		RECTORS ( X BOX FOR XIII	Director Name	BEFORE USING ATTA	CHMENTS		
Anne M. Cann	arozzi		Michael W. Cannarozzi				
eet Address	· <del>-</del>	· · · · · · · · · · · · · · · · · · ·	Street Address				
288 Green En	d_Avenue		102 Atlantic Drive				
ty	State	Zip	City State Zip				
Middletown	RI	1 02842	Middletown	RI	02842		
rector Name			: Director Name				
eet Address		· · · · · · · · · · · - · · - · - · - · - · - · · - ·					
			Street Address				
·	State	Zip ————————————————————————————————————	City				
	1			State	Zip		
SHARES AUTHORI	ZED ("X" BOX FOR A	TTACHMENT)	: 11 SHARES ISSUED OF	POY FOR ATTACABLE			
THORIZED SHARES			11. SHARES ISSUED (*x	BUX FUR ATTACHMENT)	<u></u>		
mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
					<del></del>		
2,000 SHS NO PAR VAL			100	Common	No Par Value		
•	• •		· · · · · · · · · · · · · · · · · · ·		<del>       </del>		
•			•				
- <u></u>				<u> </u>			

	* 6 4 2 8 6 *
File Date:	5/25/99
Check No.:	1477
By:	- G
FOR SECRETARY OF S	TATE USE ONLY

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

Amne M Carroy Date

Anne M. Cannarozzi

Print or Type Name of Officer

President

Title of Officer

#### Attachment to CWM, Inc. Annual Report, Corporate ID No. 64286

## Assistant Secretary

Bruce R. Ruttenberg One Park Row - Suite 300 Providence, RI 02903



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

STOP PLEASE READ-INSTRUCTIONS

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1. Corporate ID No.	2. Name of Carpara	tion	- <del> </del>		<del>-</del>
64286 3. Street Address Principal Business Of	CWM, IN	IC.	City	State	Zip
82 Memorial Bouleva 6. Business Phone No.	rd	5. State of Incorporation	.Newport	RI	02840 6. SIC Code
(401) 847-1300 7. Brief Description of the Character of To engage in the ac		Rhode Island in Rhode (signd operating a hotel,		 f meals and bever	3079 ages, and any
other lawful purpos 8. NAMES AND ADDRESSE	e. S of the off	ICERS ("X" BOX FOR ATTACH			<b>.</b> -
President Name			Vice President Name		
Anne M. Cannarozzi Street Address		- •	Michael W. Can Street Address	nnarozzi	<del>-</del> .
288 Green End Avenu	e		102 Atlantic D	Orive	
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Secretary Name			Treasurer Name	• • • • • • • • • • • • • • • • • • • •	********** ***. *****-***
Michael W. Cannaroz Street Address	zi	·	Michael W. Car Street Address	nnarozzi	
102 Atlantic Drive			102 Atlantic D	Orive	
City	State	Zip	City	- State	- † Zip
Middletown 9. NAMES AND ADDRESSE Director Name	RI S OF THE DIR	02842 ECTORS (*X* BOX FOR ATTA	Middletown CHMENT) Director Name	RI -	02842
Anne M. Cannarozzi			Michael W. Car	nnarozzi	
Street Address		-	Street Address		
288 Green End Avenu	e		102 Atlantic D	Orive	
City	State	. Zip	City	·· State -	· ZIp -
Middletown Director Name	RI .	02842	Middletown Director Name	RI	02842
Street Address			Street Address		
City	State	Zip	City	´ State	* Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATI	(ACHMENT)	11. SHARES ISSUE	D (*X* BOX FOR ATTACHME	NT)
			Number of Shares	Class (Sadas	Par Value
Number of Shares	Class/Series	Par Value		Class/Series	rui vuint

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

	1 /			
File Date:	3/14/98	8	6. 1.7 ee 11	51 ym.
Check No.:	\$ 18'30	7	*1 *	••
Ву:	No #92	00560	EDEINED	- 1/23
	OF STATE USE ON	.Y		G

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

Signature of Officer

Date

Bruce R. Ruttenberg

Print or Type Name of Officer

Assistant Secretary Title of Officer

1386

## CWM, INC.

8. Assistant Secretary Name:

Bruce R. Ruttenberg One Park Row Suite 300 Providence, RI 02903



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 101-277-3040

# ROFIT CORPORATION ANNUAL REPORT 1997

·iiing	rerioa:	january)	I-March 1	•	Filling I	Fce: \$50	.00

FORM MUST BE TYPED IN I	BLACK)	
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1. Corporate ID No.

2. Name of Corporation

64286

CWM, INC.

3. Street Address Principal Business Office

Newport

State

6. SIC Code

82 Memorial Boulevard 4. Business Phone No. (401-847-1300

S. State of Incorporation Rhode Island

3079

02840

7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the activity of operating a hotel, the service of meals and beverages, and any other lawful purpose.

City

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

President Name

Vice President Name

Anne M. Cannarozzi

Street Address

Michael W. Cannarozzi Street Address

Michael W. Cannarozzi

288 Green End Avenue State

City Middletown

. Zip

102 Atlantic Drive City

RI

RΙ

ZΙρ

Secretary Name

RI

02842

Middletown

02842

Zip

Treasurer Name

Street Address

City

Michael W. Cannarozzi Street Address

102 Atlantic Drive

102 Atlantic Drive

State

Middletown

RI

02842

Middletown

RI

02842

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

Director Name

Anne M. Cannarozzi

288 Green End Avenue

Street Address

Michael W. Cannarozzi

Street Address

Director Name

102 Atlantic Drive

State

State

Zip

Middletown

State

210 02842

Director Name

Street Address

Middletown RI Director Name

02842

Street Address

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

Zip

ISSUED SHARES Number of Shares

Class/Series

Par Value

2.000

Common

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 CWM, INC.

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 perein are true and correct.

Senature of Officer

Bruce R. Ruttenberg Print or Type Name of Officer

Assistant Secretary Title of Officer

#### CWM, INC.

8. Assistant Secretary Name:

Bruce R. Ruttenberg One Park Row Suite 300 Providence, RI 02903

#### **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	2. NAME OF CORPORATION	2. NAME OF CORPORATION					
64286	CWM,	INC.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFF	<del>a</del>		ärv	STATE	ZIP 000€		
82 Memorial Bo	ulevard		Newport	R.I.	I 02840		
4 BUSINESS PHONE NO.		5. STATE OF INCORPORATION		<del> </del>	6. SxC CODE		
401-847-1300		RHODE IS	LAND 3079				
7. BRIEF DESCRIPTION OF THE CHARACTER OF E	BUSINESS CONDUCTED IN RHODE	swo To engage i	in the activity of operating a hotel, the				
service of mea	ls and bevera	ages, and any ot	ther lawful purpose.	peracing a no	ter, the		
PRESIDENT NAME	8 . H A	MES AND ADDR	ESSES OF THE OF	FICERS			
Anne M. Cann	arozzi		Roseanne Cox				
STREET ADDRESS			STREET ADDRESS				
288 Green En			52 McIntosh Dr	rive			
QTY M. 2.33 - 4 -	STATE	ZIP CODE	fány ¶	STATE	ZIP C00E		
Middletown SECRETARY HAME	R.I.	02842	Portsmouth	R.I.	02871		
Roseanne Cox			TREASURER HAVE				
NOSearine COX			Anne M. Cannar	Anne M. Cannarozzi			
52 McIntosh Drive			4				
		ZIP CODE	288 Green End Avenue				
Portsmouth	R.I.	02871	Middletown	R.I.	02842		
	<del></del>		ESSES OF THE DIR	BECTORS			
DIRECTOR HAME	~···	<del></del>	OTRECTOR NAME		<del></del> <del></del>		
			_ 1				
STREET ADDRESS		· · · · ·	STREET ADORESS				
atr	STATE	ZIP CODE	ion	Letter			
<b>-</b>	SIAIC	2F CODE	dir	STATE	71P C00E		
DIRECTOR NAME			DIRECTOR NAME				
			•		·		
STREET ADDRESS		<del></del>	STREET ADORESS	·····			
			<u> </u>				
CITY	STATE	ZIP COOE	aly	STATE	ZIP COOE		
<del></del>	10 S	HARES AUTHOR	IZED AND ISSUED				
· <del>-,</del> · .	AUTHORIZED SHARES			ISSUED SHARES	<u> </u>		
MUNBER OF SHARES	CLASS / SERTES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PARVALUE		
2,000 SHS NO	) PAR VAI.		100	Common	None		
,			100	- Callion	None		
			5				
······································		·· <del>··························</del>					
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			· · · · · · · · · · · · · · · · · · ·	·	<u> </u>		
Proci			NED IN INK by either the				

ry, Assistant Secretary, Treasurer, Receiver or Trustee



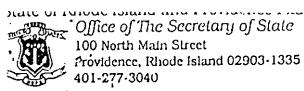
			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that
	••		all statements contained herein are true and correct.
D-4	2/2/96	•	(enne M Cannawy
Date: ,	2/20/10	- :	Signature of Officer

File Check No: By:

For Secretary of State Use Only

AnnE M. CANNAROZZ'
Print or Type Name of Officer

Date



Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00 Make Chucks Payable to: Secretary of State

# LL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

orporate ID:00	64286	Annual Repo	ort for the year:	1995	
	CWM, IN	C.			
fame of Corporation:	under the laws of the State of: Rhode Isla		Entity is (check one):		
or foreign antity address	and telephone number of principal office:	[v ] Bus	iness Corporation (See RI	GL Chapter 7-1.1)	
or totelgn entity, address	Not Applicable	• -	fessional Service Corporat	*	-5.1)
	NOC ADDITIONAL	( )	ressional out the corporat	1011 (010 10 00 0 0 mp 1111 )	,
			tement of the character of t	business conducted in Rho	ode Island:
hone: ( )			gage in the acti		
	the principal office of business entity in Rhode	hotel	, the service of	meals and bever	ages
land (Provide street addr		and a	ny other lawful	purpose.	
82_Memo	rial Boulevard		·		
Newport	, Rhode Island 02840				
hone: ( 401) 847-	.1300				
	THE NAME	OF THE OFFICE	RS ARE:		
LESIDENT		TREET ADDRESS	CITY/STATE	E	ZIP COD€
Anne M. Cann	arozzi 288 Green	End Avenue	Middletown,		02842
CE PRESIDENT		TREET ADDRESS	CITYSTATI	E	ZIP CODE
Roseanne Cox			Portsmouth,		02871
CRETARY		TREET ADD TESS	CITY/SIATI		ZUP CODE
Roseanne Cox			Portsmouth,		02871
VEASURER		TREET ADDRESS	CITANTA	E	ZLP CODE
Anne M. Cann		End Avenue	Middletown.	Rhode Island	02842
	THE NAMES	OF THE DIRECTO	PRS ARE:		
AME		TREET ADDRESS	GTY/STATI	E	ZZP CODE
			GIYATAI	<del>-</del>	ZIP CODE
AMS	•	STREET ADDRESS		<b>-</b>	
AME		STREET ADDRESS	וגומיום		711 CODE
ME.	•	TALL ADDRESS		•	
LIMBER OF SHARES AL	JTHORIZED (Rider may be attached)	NUMBER OF	F SHARES ISSUED AND O	UTSTANDING (Rider may t	be attached)
	, mortizes (table may be include)			·	<del></del>
umber of Shares	Class / Series	Number of S	Shares Class/	Series	
2 000	Common Alone Alo Dor Vol	100	Com	on Mono Mo Bar V	la luo
2,000	Common/None/No Par Val	ue   100	Cum	non/None/No Par V	arue
<del></del>			<del></del>		
9/19	95	den	2 -M. P.	in order a	ė
ate//		3y:	- // ( 000	mo	<u> </u>
		Anne M. Cannard		•	<del></del>
em 31 1/95	3	<b>ПТЕ ОРОБЛСЕЯ SIGNINO</b>	34 DVC		
	DESIGNATED REGISTER		M. INC. ERVICE OF PROCES	S:	
LEASE MOTE, ICh.	aistend office and/or registered agent indicate				<u></u>

SEP 2 1 1995 SECY OF STATE Filing Fee \$50.00 Payable to: Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC Sept 1 - Nov 1 CORP Jan 1 - March 1

#### 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

0064266 Corporate ID:	Annual Parast for the war:		
Corporate to	Annual Report for the year:		
Name of Business Entity:	SMR, INS.		
<del></del>	Donard Entry of Abrah 1991		
Business entity organized under the laws of the State of Rhode Island	Business Entity is (check one).		
Federal Taxpayer Identification Number:	[X] Business Corporation (See RIGL Chapter 7-1.1) [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)		
For foreign entity, address and telephone number of principal office:	[ ] Limited Liability Company (See RIGL 7-16)		
Not Applicable	Name, title and mailing address of contact person to whom		
	communications may be directed: Christopher S. Gontarz, Esq. (Registered Agen		
<del></del>			
Phone: (	314 Oliphant Lane Middletown, Rhode Island 02842		
	HIGHEOMIT ROSE ISTAIN 02042		
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):			
82 Memorial Boulevard	Brief statement of the character of business conducted in Rhode Island To engage in the activity of operating a hotel		
	the service of meals and beverages, and any		
Newport, Rhode Island 02840	other lawful purpose		
	Date of OrganizationMay 15, 1991		
Phone : 401 ) 847-1300	Date of Qualification to do business in Rhode Island (if foreign entity).		
	:Not Applicable		
THE NAMES OF T	THE OFFICERS ARE:		
Anne M. Cannarozzi 288 Green End Avenu			
☐ CYTEF OPERATING OFFIX ERICK 🔞 VICE PRESIDENT, OSGA OSGI STUDETA			
Roseanne Cox 52 McIntosh Drive	Portsmouth,Rhode Island 02871		
Roseanne Cox 52 McIntosh Drive	Portsmouth, Rhode Island 02871		
☐ CHIEF FINANCIAL OFFICER OF TREASURER IC SEA ONE STREETS A			
Anne M. Cannarozzi 288 Creen End Avenu	o Middletown, Rhodo Island 02842		
THE NAMES OF T	HE DIRECTORS ARE:  ODDRESS C.INSTAIL ZP.CODE		
-			
SAME STREET A	ADDRESS CITYSTATE ZIP CODE		
VAME STREET A	### #################################		
	<u></u>		
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)		
· · · · · · · · · · · · · · · · ·	<u> </u>		
NUMBER 2,000	NUMBER 100		
CLASS Common	CLASS Common FEB 2 3 1994		
avers. None	4.0 1//4		
SERIES None	SERIES None By 2773 mnc		
PAR VALUE OR No Par Value WITHOUT PAR	PAR VALUE OR No Par Value WITHOUT PAR		
2-16 94 0	. ?		
Date 2-16 19 94 By	Kodeann lox:		
$\mathcal{R}_{c}$	oseanne Cox		
म्याची हेर	COSPUSAME OF CLASSISSING		
	ecretary		
UP	J		
Form 21 - 194			

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0054286		Annual Report for the year	3r1993
First:	The name of the co	rporation is	CWM, INC	
Second:			Rhode Island	
THIRD:	Character of busine	ess, briefly stated, i	s to engage in the activity o	f operating a
h	notel, the servi	ce of meals and	l beverages, and any other law	ful purpose.
Fourth:	: If foreign corpora	ttion, address of its	principal office N/A	
Fіғтн:	Business address in		Memorial Boulevard, Newport,	
Ѕіхтн:	Names and address	es of its directors a		(Attach rider if necessary)
•••••	•••••	Director		
***************************************		Director		
		Director		······
ANNE M. CAN	NAROZZI	President	288 Green End Avenue, Mid	dletown, R.I. 02840
ROSEANNE CO	X	Vice Pres	ident 288 Green End Avenue, Mid	dletown, R.I. 02840
ROSEANNE CO		Secretary	200 Cross Dad Barrers Will	
ANNE M. CAN		Treasure	000 0	dletown, R.I. 02840
Seventh	i: Number of Shar	es authorized:		Par Value
No. of Sh	ares	Class	Series	or statement that shares are without par value
2,00	00	Common	none	no par value
			M/~1370	
Еібнтн:	Number of Shares	s issued:		Par Value or statement that
No of Sh	ares	Class	Series	shares are without par value
100		Common	Rec'd & Filed MAR 01 1998	no par value
Dated	)-25	1993	CWMINC(Name of Corporation)	
			By Coconn S	Cope
(R	eport must be signed by	an officer)	Title Scaretary	

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 VF 3424

Corporate ID.	4.20g	Annual Report for the year 1992		
FIRST: The name of th	ne corporation is	ANG THE		
SECOND: It is incorpor	rated under the laws of	Rhode Island		
THIRD: Character of b	usiness, briefly stated, is	to engage in the activit	y of operating a	
hotel, the	service of meals and	d beverages, and any other	lawful purpose.	
FOURTH: If foreign co	rporation, address of its p	rincipal officeN/A		
FIFTH: Business address	ss in Rhode Island 82.	Memorial Boulevard, Newpor	ct, Rhode Island 02840	
SIXTH: Names and add	dresses of its directors and	l officers: Address (including numl	(Attach rider if necessary) Der. street, zip code)	
······	Director			
	Director			
······	Director			
ANNE M. CANNAROZZI	President	288 Green End Avenue, Mic	dletown, R.I. 02840	
ROSEANNE COX	Vice Preside	19-1/2 Froeborn Street, Newbort, R. I. 02840		
ROSEANNE COX Secretary		19-1/2 Freeborn Street, Newport, R.I. 02840		
ANNE M. CANNAROZZI	Treasurer	288 Green End Avenue, Middletown, R.I. 02840		
	Shares authorized:		Par Value or statement that shares are without	
No. of Shares	Class	Prone D	par value	
2,000	Common	FEB 1 2 1992	no par value	
Еіднтн: Number of Shares issued:		SEC'Y OF STATE	Par Value	
No of Shares	Class	Series	or statement that shares are without par value	
100	Common	none	no par value	
Dated 2-7-	i	CWM, INC. (Name of Corporation)  By CARONNE E CO	×	
(Report must be signe	ed by an officer)	Title Secretary		