



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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

64286

CWM, INC.

3. Street Address Principal Business Office

82 Memorial Boulevard

City

Newport

State

RI

Zip

02840

4. Business Phone No.

(401) 847-1300

5. State of Incorporation

6. SIC Code

RHODE ISLAND

7. Briefly state the character of business or other activity of the corporation operating a hotel, the service of meals and beverages, and any other lawful purpose.

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

President Name

Michael W. Cannarozzi

Street Address

102 Atlantic Drive

City

State

Zip

Middletown

RI

02842

Secretary Name

Bruce R. Ruttenberg

Street Address

One Park Row - Suite 300

City

State

Zip

Providence

RI

02903

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

Director Name

Frances J. Babcock

Street Address

47 Washington Street

City

State

Zip

Newport

RI

02840

Director Name

Vice President Name

Frances J. Babcock

Street Address

47 Washington Street

City

State

Zip

Newport

RI

02840

Treasurer Name

Michael W. Cannarozzi

Street Address

102 Atlantic Drive

City

State

Zip

Middletown

RI

02842

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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

FILED

File Date: APR 26 2000

Check No.: CC 4140

By: Michael W. Cannarozzi

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.

Michael W. Cannarozzi 4/18/00  
Signature of Officer Date

Michael W. Cannarozzi

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. <b>64286</b>		2. Name of Corporation <b>CWM, INC.</b>	
3. Street Address Principal Business Office <b>82 Memorial Boulevard</b>		City <b>Newport</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 847-1300</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>3079</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To engage in the activity of operating a hotel, the service of meals and beverages, and any other lawful purpose.</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 <b>Anne M. Cannarozzi</b>		Vice President Name <b>Michael W. Cannarozzi</b>	
Street Address <b>288 Green End Avenue</b>		Street Address <b>102 Atlantic Drive</b>	
City <b>Middletown</b>	State <b>RI</b>	City <b>Middletown</b>	State <b>RI</b>
Zip <b>02842</b>		Zip <b>02842</b>	
Secretary Name <b>Michael W. Cannarozzi</b>		Treasurer Name <b>Michael W. Cannarozzi</b>	
Street Address <b>102 Atlantic Drive</b>		Street Address <b>102 Atlantic Drive</b>	
City <b>Middletown</b>	State <b>RI</b>	City <b>Middletown</b>	State <b>RI</b>
Zip <b>02842</b>		Zip <b>02842</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Anne M. Cannarozzi</b>		Director Name <b>Michael W. Cannarozzi</b>	
Street Address <b>288 Green End Avenue</b>		Street Address <b>102 Atlantic Drive</b>	
City <b>Middletown</b>	State <b>RI</b>	City <b>Middletown</b>	State <b>RI</b>
Zip <b>02842</b>		Zip <b>02842</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>2,000 SHS NO PAR VAL</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>100</b>	<b>Common</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



\* 6 4 2 8 6 \*

File Date: **5/25/99**

Check No.: **14771**

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.

**Anne M. Cannarozzi**  
Signature of Officer 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



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

64286

CWM, INC.

3. Street Address Principal Business Office

City

State

Zip

82 Memorial Boulevard

Newport

RI

02840

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 847-1300

Rhode Island

3079

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.

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

President Name

Vice President Name

Anne M. Cannarozzi

Michael W. Cannarozzi

Street Address

Street Address

288 Green End Avenue

102 Atlantic Drive

City

State

Zip

City

State

Zip

Middletown

RI

02842

Middletown

RI

02842

Secretary Name

Treasurer Name

Michael W. Cannarozzi

Michael W. Cannarozzi

Street Address

Street Address

102 Atlantic Drive

102 Atlantic Drive

City

State

Zip

City

State

Zip

Middletown

RI

02842

Middletown

RI

02842

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

Director Name

Director Name

Anne M. Cannarozzi

Michael W. Cannarozzi

Street Address

Street Address

288 Green End Avenue

102 Atlantic Drive

City

State

Zip

City

State

Zip

Middletown

RI

02842

Middletown

RI

02842

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000

Common

No Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

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

File Date:

3/16/98

66.17.08.01

Check No.:

201830

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

Bruce R. Ruttenberg

Print or Type Name of Officer

Assistant Secretary

Title of Officer

64286

CWM, INC.

8. Assistant Secretary Name:

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



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. 2. Name of Corporation

64286

CWM, INC.

3. Street Address Principal Business Office

82 Memorial Boulevard

City

Newport

State

RI

Zip

02840

4. Business Phone No.

(401-847-1300

5. State of Incorporation

Rhode Island

6. SIC Code

3079

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.

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

President Name

Anne M. Cannarozzi

Street Address

288 Green End Avenue

City

Middletown

State

RI

Zip

02842

Vice President Name

Michael W. Cannarozzi

Street Address

102 Atlantic Drive

City

Middletown

State

RI

Zip

02842

Secretary Name

Michael W. Cannarozzi

Street Address

102 Atlantic Drive

City

Middletown

State

RI

Zip

02842

Michael W. Cannarozzi

Street Address

102 Atlantic Drive

City

Middletown

State

RI

Zip

02842

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

Director Name

Anne M. Cannarozzi

Street Address

288 Green End Avenue

City

Middletown

State

RI

Zip

02842

Director Name

Michael W. Cannarozzi

Street Address

102 Atlantic Drive

City

Middletown

State

RI

Zip

02842

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000

Common

No Par Value

ISSUED SHARES

Number of Shares

Class/Series

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.

File Date: 6/23/97

Check No.: 1095

By: CC

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

Bruce R. Ruttenberg

Print or Type Name of Officer

Assistant Secretary

Title of Officer

CWM, INC.

8. Assistant Secretary Name:

Bruce R. Rutenberg  
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. 64286		2. NAME OF CORPORATION CWM, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 82 Memorial Boulevard		CITY Newport	STATE R.I.
		ZIP CODE 02840	
4. BUSINESS PHONE NO. 401-847-1300		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 3079	
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.			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Anne M. Cannarozzi		VICE PRESIDENT NAME Roseanne Cox	
STREET ADDRESS 288 Green End Avenue		STREET ADDRESS 52 McIntosh Drive	
CITY Middletown	STATE R.I.	CITY Portsmouth	STATE R.I.
ZIP CODE 02842		ZIP CODE 02871	
SECRETARY NAME Roseanne Cox		TREASURER NAME Anne M. Cannarozzi	
STREET ADDRESS 52 McIntosh Drive		STREET ADDRESS 288 Green End Avenue	
CITY Portsmouth	STATE R.I.	CITY Middletown	STATE R.I.
ZIP CODE 02871		ZIP CODE 02842	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		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
2,000 SHS NO PAR VAL			100	Common	None

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.

File Date: 2/25/96

Check No: 4807

By: CP

For Secretary of State Use Only

*Anne M. Cannarozzi*  
Signature of Officer

ANNE M. CANNAROZZI  
Print or Type Name of Officer

President  
Title of Officer

Date



Make Checks Payable to: Secretary of State

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

Corporate ID: 0064286 Annual Report for the year: 1995

Name of Corporation: CWM, INC.

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

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

Not Applicable

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

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 other lawful purpose.

Phone: ( )

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

82 Memorial Boulevard  
Newport, Rhode Island 02840

Phone: ( 401 ) 847-1300

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Anne M. Cannarozzi	288 Green End Avenue	Middletown, Rhode Island	02842
VICE PRESIDENT Roseanne Cox	52 McIntosh Drive	Portsmouth, Rhode Island	02871
SECRETARY Roseanne Cox	52 McIntosh Drive	Portsmouth, Rhode Island	02871
TREASURER Anne M. Cannarozzi	288 Green End Avenue	Middletown, Rhode Island	02842

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
2,000	Common/None/No Par Value

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

Number of Shares	Class / Series
100	Common/None/No Par Value

Filed 9/19, 19 95

By: Anne M. Cannarozzi  
Anne M. Cannarozzi  
PRINT OR TYPE NAME OF OFFICER SIGNING

Form 31 1/95

TITLE OF OFFICER SIGNING  
President - CWM, INC.

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.

PAID 43.99  
KID  
SEP 21 1995  
SECY OF STATE

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
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

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

Corporate ID: 0054266 Annual Report for the year: 1994  
Name of Business Entity: CWM, INC.

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:

Not Applicable

Phone: \_\_\_\_\_

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

82 Memorial Boulevard

Newport, Rhode Island 02840

Phone: 401 847-1300

Business Entity is (check one):

- ☒ 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:

Christopher S. Gontarz, Esq. (Registered Agent)

314 Oliphant Lane

Middletown, Rhode Island 02842

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 other lawful purpose.

Date of Organization May 15, 1991

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

Not Applicable

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Anne M. Cannarozzi</u>	<u>288 Green End Avenue</u>	<u>Middletown, Rhode Island</u>	<u>02842</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Roseanne Cox</u>	<u>52 McIntosh Drive</u>	<u>Portsmouth, Rhode Island</u>	<u>02871</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Roseanne Cox</u>	<u>52 McIntosh Drive</u>	<u>Portsmouth, Rhode Island</u>	<u>02871</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Anne M. Cannarozzi</u>	<u>288 Green End Avenue</u>	<u>Middletown, Rhode Island</u>	<u>02842</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 2,000

CLASS Common

SERIES None

PAR VALUE OR No Par Value  
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES None

PAR VALUE OR No Par Value  
WITHOUT PAR

**FILED**

**FEB 23 1994**

By 2772.mmc

Date 2-16, 19 94

By Roseanne Cox

Roseanne Cox  
PRINTED FULL NAME OF OFFICER SIGNING

Secretary  
TITLE OF OFFICER SIGNING

Form 31 1994

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

CHRISTOPHER S. GONTARZ  
314 OLIPHANT LANE  
MIDDLETOWN RI 02842

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

Corporate ID 0054285 Annual Report for the year 1993

FIRST: The name of the corporation is CWM, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the activity of operating a  
hotel, the service of meals and beverages, and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 82 Memorial Boulevard, Newport, Rhode Island 02840

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
ANNE M. CANNAROZZI	President	288 Green End Avenue, Middletown, R.I. 02840
ROSEANNE COX	Vice President	288 Green End Avenue, Middletown, R.I. 02840
ROSEANNE COX	Secretary	288 Green End Avenue, Middletown, R.I. 02840
ANNE M. CANNAROZZI	Treasurer	288 Green End Avenue, Middletown, R.I. 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common	none	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	none	no par value

*CCP-1370*

REC'D & FILED MAR 01 1998

Dated 2-25 19 93

CWM, INC.  
(Name of Corporation)

By Roseanne S. Cox

Title Secretary

(Report must be signed by an officer)

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

VF 3424

Corporate ID RDE 0285 Annual Report for the year 1992

FIRST: The name of the corporation is CWM, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the activity of operating a  
hotel, the service of meals and beverages, and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 82 Memorial Boulevard, Newport, Rhode Island 02840

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

Name	Office	Address (including number, street, zip code)
------	--------	--

	Director	
	Director	
	Director	
ANNE M. CANNAROZZI	President	288 Green End Avenue, Middletown, R.I. 02840
ROSEANNE COX	Vice President	19-1/2 Freeborn Street, Newport, 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

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2,000	Common

Series  
**PAID**  
none

Par Value  
or statement that  
shares are without  
par value  
no par value

FEB 12 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

SECY OF STATE

Series  
none

Par Value  
or statement that  
shares are without  
par value  
no par value

Dated 2-7- 19 92

CWM, INC.  
(Name of Corporation)

By Roseanne E Cox

Title Secretary

(Report must be signed by an officer)