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.	2. Name of Corporation			
5663	TROPIC JUICE CO., INC.			
3. Street Address Principal Business Office: 25 FROST AVE		City: WARWICK	State: RI	Zip: 02888
4. Business Phone No.: 401-781-9600	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 2618

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

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

President Name	Vice President Name
JOHN DAMA SR	JOAN M DAMA
Street Address: 1660 POINT ONECHAN RD	Street Address: 1660 POINT ONECHAN RD
City: CRANSTON State: RI Zip: 02921	City: CRANSTON State: RI Zip: 02921
Secretary Name: SAME AS ABOVE	Treasurer Name: SAME AS ABOVE
Street Address:	Street Address:
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
SAME AS ABOVE	SAME AS ABOVE
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)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 COMM NO PAR VALUE			100	COMMON	NO PAR

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

[redacted] [redacted]

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.

John Dama Sr — 1/29/05
Signature of Officer — *Date*

JOHN DAMA SR
Print or Type Name of Officer

PRES
Title of Officer

[redacted]

File Date 2-7-05
Check No. 1649
By: KB
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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.	2. Name of Corporation			
5663	TROPIC JUICE CO., INC.			
3. Street Address Principal Business Office: 25 FROST AVE		City: WARWICK	State: RI	Zip: 02888
4. Business Phone No.: 401-781-9600	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 2618

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

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

President Name	Street Address	City	State	Zip
JOHN DAMA SR	1660 Pippin Orchard Rd	Cranston	RI	02921

Vice President Name	Street Address	City	State	Zip
JOAN M DAMA	1660 Pippin Orchard Rd	Cranston	RI	02921

Secretary Name	Street Address	City	State	Zip
SAME AS ABOVE				

Treasurer Name	Street Address	City	State	Zip
SAME AS ABOVE				

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

Director Name	Street Address	City	State	Zip
SAME AS ABOVE				
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
SAME AS ABOVE				

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100	COMMON	NO PAR

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

[redacted]

5663

File Date: 2/17/04
Check No.: 1459
By: SC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John Dama Sr — 2/13/04
Signature of Officer — *Date*

JOHN DAMA SR
Print or Type Name of Officer

PRES
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
5663	TROPIC JUICE CO., INC.			
3. Street Address Principal Business Office		City	State	Zip
65 CENTERVILLE RD		WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation			6. SIC Code
737-3285	RHODE ISLAND			2618

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

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

President Name			Vice President Name		
JOHN DAMA SR			JOHN M DAMA		
Street Address			Street Address		
1660 PLAIN ORCHARD RD			1660 PLAIN ORCHARD RD		
City	State	Zip	City	State	Zip
CRANSTON	RI	02921	CRANSTON	RI	02921
Secretary Name			**Treasurer Name**		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
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		
SAME AS ABOVE			SAME AS ABOVE		
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*) ☐ 11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100	COMMON	NO PAR

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

[redacted]

* 5 6 6 3 *

File Date: 1-22-03

Check No.: 1176

By: UP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 1/21/03

JOHN DAMA SR
Print or Type Name of Officer

PRES
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

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation			
5663	TROPIC JUICE CO., INC.			
3. Street Address Principal Business Office		City	State	Zip
65 CENTENNIAL RD		WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation			6. SIC Code
737-3285	RHODE ISLAND			2618

7. Brief Description of the Character of Business Conducted in Rhode Island
BEVERAGE 0757

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

President Name	Vice President Name
JOHN DANA SR	JOAN M DANA
Street Address	Street Address
1660 PIPPIN ORCHARD RD	1660 PIPPIN ORCHARD RD
City / State / Zip	City / State / Zip
CRANSTON / RI / 02921	CRANSTON / RI / 02921
Secretary Name	Treasurer Name
SAME AS ABOVE	SAME AS ABOVE
Street Address	Street Address
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
SAME AS ABOVE	SAME AS ABOVE
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) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100	COMMON	NO PAR

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

[redacted]

* 5 6 6 3 *

[redacted]

File Date: 1/31/02

Check No.: 200

By: ME

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.

John Dana Sr 1/25/02
Signature of Officer *Date*

JOHN DANA SR
Print or Type Name of Officer

PRES
Title of Officer

[redacted]

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
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
5663	TROPIC JUICE CO., INC.			
3. Street Address Principal Business Office	City	State	Zip	
65 CENTERVILLE RD	WARWICK	RI	02924	
4. Business Phone No.	5. State of Incorporation	6. SIC Code		
737-3285	RHODE ISLAND	2618		

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

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

President Name	Vice President Name
JOHN DAVIA	JOAN DAVIA
Street Address	Street Address
~~65~~ 1660 PIPPIN ORCHARD RD	1660 PIPPIN ORCHARD RD
City / State / Zip	City / State / Zip
CRANSTON / RI / 02924	CRANSTON / RI / 02924
Secretary Name	Treasurer Name
SAME AS ABOVE	SAME AS ABOVE
Street Address	Street Address
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
JOHN DAVIA	
Street Address	Street Address
SAME AS ABOVE	
City / State / Zip	City / State / Zip
Director Name	Director Name
JOAN DAVIA	
Street Address	Street Address
SAME AS ABOVE	
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600	COM	NO PAR VAL

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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

5663

1/30

File Date: 1/17/8

Check No.: 2

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.

John Davia 1/29/01
Signature of Officer *Date*

JOHN DAVIA
Print or Type Name of Officer

PRES
Title of Officer

Form 630 12/99

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

STOP
PLEASE READ INSTRUCTIONS

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
5663	TROPIC JUICE CO., INC.

3. Street Address Principal Business Office	City	State	Zip
165 CENTERVILLE RD	WARWICK	RI	02886

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-737-3285	RHODE ISLAND	2618

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

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

President Name	Vice President Name
JOHN DAVIA SR	JOHN M. DAVIA
Street Address: 1660 PIPPIN ORCHARD RD	Street Address: 1660 PIPPIN ORCHARD RD
City: CRANSTON State: RI Zip: 02921	City: CRANSTON State: RI Zip: 02921
Secretary Name	**Treasurer Name**
JOHN DAVIA SR	JOHN M DAVIA
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
JOHN DAVIA SR	JOHN M. DAVIA
Street Address: SAME	Street Address: SAME
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)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COM	NO PAR VAL	100	COMMON	NO PAR

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

[redacted]

5663

[redacted]

PAID KD 10743
File Date: FEB 14 2000
Check No.:
SEC'Y OF STATE
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.

John Davia Sr 2/10/00
Signature of Officer *Date*

JOHN DAVIA SR
Print or Type Name of Officer

PRES
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.

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
5663	TROPIC JUICE CO., INC.

3. Street Address Principal Business Office	City	State	Zip
65 CENTERVILLE RD	WARWICK	RI	02886

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-737-3285	RHODE ISLAND	0000

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

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

President Name	Street Address	City	State	Zip
JOHN DAMA SR	1660 PIPPIN ORCHARD RD	CRANSTON	RI	02921

Vice President Name	Street Address	City	State	Zip
GAETANO DAMA	75 HYDE ST	CRANSTON	RI	02920

Secretary Name	Street Address	City	State	Zip
JOHN DAMA SR	SAME			

Treasurer Name	Street Address	City	State	Zip
GAETANO DAMA	SAME			

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

Director Name	Street Address	City	State	Zip
JOHN DAMA SR	SAME			
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
GAETANO DAMA	SAME			
Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600 COM NO PAR VAL		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMM	NO PAR

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

[redacted] *5663*

File Date: Mar 8, 99

Check No.: 10382

By: JD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John Dama Sr 1/22/99
Signature of Officer *Date*

JOHN DAMA SR
Print or Type Name of Officer

PRES
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 FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
5663	TROPIC JUICE CO., INC.			
3. Street Address Principal Business Office		City	State	Zip
65 CENTERVILLE RD		WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-737-3285	RHODE ISLAND			8888

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

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

President Name			Vice President Name		
JOHN DAVIA SR			CAETANO DAVIA		
Street Address			Street Address		
1660 PIPPIN ORCHARD RD			75 HYDE ST		
City	State	Zip	City	State	Zip
CRANSTON	RI	02921	CRANSTON	RI	02920
Secretary Name			**Treasurer Name**		
JOHN DAVIA SR			CAETANO DAVIA		
Street Address			Street Address		
SAME			SAME		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
JOHN DAVIA SR			CAETANO DAVIA		
Street Address			Street Address		
SAME			SAME		
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*) ☐ 11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COM NO PAR VAL			100	COM	NO PAR

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

* 5 6 6 3 *

File Date: 1/28/98
Check No.: 07952
By: LAD
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.

John Davia Sr 1/22/98
Signature of Officer *Date*

JOHN DAVIA SR
Print or Type Name of Officer

PRES
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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
5663	TROPIC JUICE CO., INC.

3. Street Address Principal Business Office	City	State	Zip
65 CENTERVILLE RD	WARWICK	RI	02886

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-737-3285	RHODE ISLAND	8888

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

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

President Name	Vice President Name
JOHN DAMA SR	GAETANO DAMA
Street Address	Street Address
1660 PIPPIN ORCHARD RD	75 HOME ST
City / State / Zip	City / State / Zip
CRANSTON / RI / 02921	CRANSTON / RI / 02920
Secretary Name	Treasurer Name
JOHN DAMA SR	GAETANO DAMA
Street Address	Street Address
SAME	SAME
City / State / Zip	City / State / Zip

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

Director Name	Director Name
JOHN DAMA SR	GAETANO DAMA
Street Address	Street Address
SAME	SAME
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)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COM NO PAR VAL			100	COM	NO PAR

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

[redacted] ★ 5 6 6 3 ★

File Date: 1-22-97
Check No.: 9579
100
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John Dama Sr 1/10/97
Signature of Officer *Date*

JOHN DAMA SR
Print or Type Name of Officer

Pres
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
5663	TROPIC JUICE CO., INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
65 CENTERVILLE RD	WARWICK	RI	02886

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
401- 737-3285	RHODE ISLAND	8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
BEVERAGE DIST

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
JOHN DAMA SR	GAETANO DAMA
STREET ADDRESS	STREET ADDRESS
1660 PIPPIN ORCHARD RD	75 HYDE ST
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
CRANSTON / RI / 02921	CRANSTON / RI / 02920
SECRETARY NAME	TREASURER NAME
JOHN DAMA SR	GAETANO DAMA
STREET ADDRESS	STREET ADDRESS
SAME	SAME
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
JOHN DAMA SR	GAETANO DAMA
STREET ADDRESS	STREET ADDRESS
SAME	SAME
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
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	COM	NO PAR VAL	100	COM	NO PAR

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.

John Dama Sr
Signature of Officer

JOHN DAMA, SR
Print or Type Name of Officer

Pres
Title of Officer

2/12/96
Date

File Date: 2/20/96
Check No: 9217
By: OCT
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.

Corporate ID: 0005663 Annual Report for the year: 1995

Name of Corporation: TROPIC JUICE CO., INC.

Business entity organized under the laws of the State of: RI

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):
65 CENTERVILLE RD
WARWICK, RI 02887

Phone: (401) 737-3285

Business Entity is (check one):
[X] 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:
BEV DIST

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: JOHN DAVIA, SR	1660 PIPPIN ORCHARD RD,	CRANSTON,	RI 02921
VICE PRESIDENT: GAETANO DAVIA	175 HYDE ST,	CRANSTON,	RI 02920
SECRETARY: JOHN DAVIA, SR	SAME		
TREASURER: GAETANO DAVIA	SAME		

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME: JOHN DAVIA, SR	SAME		
NAME: GAETANO DAVIA	SAME		
NAME:			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600 SH	COMMON	100 SH	COMMON

Date 1/20, 1995

By: John Davia

PRINT OR TYPE NAME OF OFFICER SIGNING: JOHN DAVIA

TITLE OF OFFICER SIGNING: PRES

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.

GEORGE J. WEST, ESQ.
1500 HOSPITAL TRUST TOWER
PROVIDENCE RI 02903

FILED
FEB 24 1995
By RAR
#8604

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: 0005663 Annual Report for the year: 1994

Name of Business Entity: TROPIC JUICE CO., INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [redacted]

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

Phone: ~~(401) 737-3285~~

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

65 CENTERVILLE RD
WARWICK, RI 02886

Phone: (401) 737-3285

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.

JOHN DAVIA, SR., PRES
1660 PIPPIN ORCHARD RD
CRANSTON, RI 02921

Brief statement of the character of business conducted in Rhode Island

WHOLESALE

Date of Organization ~~3/2/84~~ 2/9/84 (AW)

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

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)	JOHN DAVIA, SR	1660 PIPPIN ORCHARD RD	CRANSTON, RI	02921
☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)	GAETANO DAVIA	175 HYDE ST	CRANSTON, RI	02920
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)	GAETANO DAVIA	175 HYDE ST	CRANSTON, RI	02920
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)	JOHN DAVIA, SR	1660 PIPPIN ORCHARD RD	CRANSTON, RI	02921

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
SAME AS ABOVE			

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600
CLASS COMMON
SERIES
PAR VALUE OR WITHOUT PAR NO PAR

FILED
MAR 11 1994
By [illegible]

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100
CLASS COMMON
SERIES
PAR VALUE OR WITHOUT PAR NO PAR

Date 3/7, 1994

By: John Davia

JOHN DAVIA, SR
PRINT OR TYPE NAME OF OFFICER SIGNING

PRES
TITLE OF OFFICER SIGNING

Form 3 1/94

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.

GEORGE J. WEST, ESQ.
1500 HOSPITAL TRUST TOWER
PROVIDENCE RI 02903

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

7473

Corporate ID 0005563 Annual Report for the year 1993

FIRST: The name of the corporation is TROPIC JUICE CO., INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is WHOLESALE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 65 CENTENNIAL RD
WARWICK, RI 02886

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

Name	Office	Address (including number, street, zip code)
JOHN DAVIA, SR	Director	1660 PIPPIN ORCHARD RD, CRANSTON, RI
GAETANO DAVIA	Director	175 HOPE ST, CRANSTON, RI
	Director	
JOHN DAVIA, SR	President	SAME
GAETANO DAVIA	Vice President	SAME
GAETANO DAVIA	Secretary	SAME
JOHN DAVIA, SR ~~GAETANO DAVIA~~	Treasurer	SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	COMMON		NO PAR VALUE

PAID
FEB 24 1993
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR VALUE

Dated 2/23 1993

TROPIC JUICE CO., INC.
(Name of Corporation)

By John Davia, Sr.

Title Pres

(Report must be signed by an officer)

Form 31 1/85

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 0005663 Annual Report for the year 1992

FIRST: The name of the corporation is TROPIC JUICE CO., INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is DIST

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 63 CENTENNIAL RD
WARWICK, RI 02887

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

Name	Office	Address (including number, street, zip code)
JOHN DAVIA, SR	Director	1660 PIPPIN ORCHARD RD, CRANSTON RI 02921
GAETANO DAVIA	Director	175 HYDE ST, CRANSTON, RI 02920
	Director	
JOHN DAVIA, SR	President	SAME
GAETANO DAVIA	Vice President	SAME
JOHN DAVIA, SR	Secretary	SAME
GAETANO DAVIA	Treasurer	SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON		NO PAR

PAID
FEB 11 1992
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

Dated 2/7 1992

TROPIC JUICE CO., INC
(Name of Corporation)

By John Davia

Title Pres

(Report must be signed by an officer)

Form 31 1/85

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 5663 Annual Report for the year 1992

FIRST: The name of the corporation is TROPIC JUICE CO., INC

SECOND: It is incorporated under the laws of R I

THIRD: Character of business, briefly stated, is WHOLESALE DIST

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 63 CENTENNIAL RD, BOX 6820
WARWICK, RI 02887

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

Name	Office	Address (including number, street, zip code)
JOHN DAVIA, SR	Director	1660 PIPPIN ORCHARD RD, CRANSTON, RI 02921
GAETANO DAVIA	Director	175 HYDE ST, CRANSTON, RI 02920
	Director	
JOHN DAVIA, SR	President	SAME
GAETANO DAVIA	Vice President	SAME
GAETANO DAVIA	Secretary	SAME
JOHN DAVIA, SR	Treasurer	SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON		NO PAR

Rec'd & Filed APR 29 1991

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

Dated 4/22/91 19

TROPIC JUICE CO., INC
(Name of Corporation)

By Jackson Davia

Title Pres

(Report must be signed by an officer)

Form 31 1/85

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 5663

Annual Report for the year ~~1989~~ 1990

FIRST: The name of the corporation is TROPIC JUICE CO., INC

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is WHOLESALE DIST

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 63 CENTERVILLE RD, BOX 6820
WARWICK, RI 02887

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

Name	Office	Address (including number, street, zip code)
JOHN DAVIA, SR	Director	1660 PIPPIN ORCHARD RD, CRANSTON, RI 0292
GAETANO DAVIA	Director	175 HYDE ST, CRANSTON, RI 02920
	Director	
JOHN DAVIA, SR	President	SAME
GAETANO DAVIA	Vice President	SAME
GAETANO DAVIA	Secretary	SAME
JOHN DAVIA, SR	Treasurer	SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON		NO PAR

Rec'd & Filed APR 29 1991

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

Dated 4/22/91 19

TROPIC JUICE CO., INC
(Name of Corporation)

By John Davia

Title Pres

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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 0005663 Annual Report for the year 1989

FIRST: The name of the corporation is TROPIC JUICE CO., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Distributer

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 63 Centerville Rd.,Warwick,RI

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

Name	Office	Address (including number, street, zip code)
John Davia	Director	1660 Pippin Orchard Rd.,Cranston,RI
Gaetano Davia	Director	175 Hyde St.,Cranston, RI
	Director	
John Davia	President	Same
Gaetano Davia	Vice President	Same
Gaetano Davia	Secretary	Same
John Davia	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		Without Par Value

EIGHTH: Number of Shares issued:

PAID
FEB 15 1989
SEC'Y. OF STATE

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without Par Value

Dated February 10, 19 89

Tropic Juice Co.,Inc.
(Name of Corporation)

By John Davia

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

D. P.

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 5663 Annual Report for the year 1988

FIRST: The name of the corporation is TROPIC JUICE CO., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is DISTRIBUTOR
PLEASE USE BOT # 6820

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

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

Name	Office	Address (including number, street, zip code)
JOHN DAVIA	Director	1660 PIPPIN ORCHARD RD, CRANSTON
GAETANO DAVIA	Director	175 HYDE ST, CRANSTON
	Director	
JOHN DAVIA	President	〃
GAETANO DAVIA	Vice President	〃
GAETANO DAVIA	Secretary	〃
JOHN DAVIA	Treasurer	〃

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	COMMON		NO PAR

PAID
FEB 18 1988
SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

Dated 2/8 1988

TROPIC JUICE CO., INC
(Name of Corporation)

By John Davia

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 5663 Annual Report for the year 1987

FIRST: The name of the corporation is TROPIC JUICE CO., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is BEVERAGE DIST.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 63 CENTERVILLE RD, PO BOX 6820 WARWICK

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

Name	Office	Address (including number, street, zip code)
JOHN DAVIA	Director	170 SINCLAIR AVE, CRANSTON
GAETANO DAVIA	Director	175 HYDE ST, CRANSTON
	Director	
JOHN DAVIA	President	SAME
GAETANO DAVIA	Vice President	SAME
GAETANO DAVIA	Secretary	SAME
JOHN DAVIA	Treasurer	SAME

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

PAID
FEB 12 1987
SEC'Y OF STATE

JUN 10 1987

Dated JANUARY 16 1987

TROPIC JUICE CO., INC
(Name of Corporation)

By John Davia

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 5663 Annual Report for the year 1986

FIRST: The name of the corporation is TROPIC JUICE CO., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is WHOLESALE - BEVERAGE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 63 CENTERVILLE RD
WARWICK, RI

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

Name	Office	Address (including number, street, zip code)
JOHN DAVIA	Director	170 SINCLAIR AVE-CRANSTON, RI 02907
GAETANO DAVIA	Director	175 HYDE ST-CRANSTON, RI 02902
	Director	
JOHN DAVIA	President	〃 〃
GAETANO DAVIA	Vice President	〃 〃
GAETANO DAVIA	Secretary	〃 〃
JOHN DAVIA	Treasurer	〃 〃

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

FEB 26 1986

01/30/86 PAID 15.00 023400

Dated 1/27 1986

TROPIC JUICE CO., INC
(Name of Corporation)

By John Davia

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

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

Corp. I.D. No. 5663

Annual Report for the year 1985

FIRST: The name of the corporation is

D & D ENTERPRISES, INC. (Tropic Juice Co.)

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to purchase, warehouse and distribute beverages of all types and descriptions

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

63 Centerville Road, Warwick, Rhode Island, 02886

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
John Davia	Director	170 Sinclair Avenue, Cranston
Gaetano Davia	Director	177 Hyde Street, Cranston
	Director	
John Davia	President	
Gaetano Davia	Vice President	
Gaetano Davia	Secretary	
John Davia	Treasurer	

(If additional space is needed, attach rider)

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
100	Common		Without Par Value

Dated: January 1, 1985

D & D ENTERPRISES, INC.
(Name of Corporation)

By Gaetano Davia
Gaetano Davia

Title Secretary

(Report must be signed by an officer)

RECEIVED MAR 1985

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

FORM 31 11-82