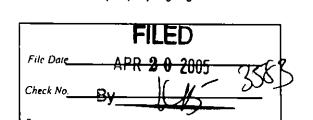
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

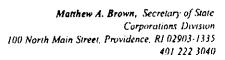
Corporations Div 100 North Main Street, Providence, RI 02903-401.222.

91968	2. Name of Con Acacia As	poration sociates II, Inc.			
Street Address Principal Bu	siness Office		City	State	Zip
883 Eddy Street			Providence	RI	02905
Business Phone No		5. State of Incorpor			6. SIC Cod
401-461-4469		Rhode Island			3095
Brief Description of the Ch to keep and offer		Conducted in Rhode Island erages, including	beer in cans		
	SSES OF THE O	FFICERS ("X" BOX FOR	RATTACHMENT) FILL IN SP	ACES BEFORE USING	ATTACHMENTS_
<i>resident Name</i> Villiam T. White	T T T		Vice President Name - John F. Cardoza	•	
reel Address			Street Address		
'8 Knight Street			. 571 Broad Stree	et	
in,	State	Zip	City	State	Zip
Cranston	RI	02920	- Providence	RI	02907
cretary Name		. '	Treasurer Name		• • • •
ohn F. Lopez, I	II		L. David Shaver	's	
reet Address	~- · ·- · ·		Sireet Address		· · · ·
3 West Brook Wa	У		16 Heath Street		
ity	State	Zip	City	State	Zip
	RI ESSES OF THE D	02864	. Newport ORATTACHMENT) FILL IN	RI	02840
D. NAMES AND ADDRI	 	02864	. Newport	RI	02840
D. NAMES AND ADDRI	 	02864 PIRECTORS ("X" BOX F	Newport ORATTACHMENT) FILL IN Director Name	RI	02840 NG ATTACHMENTS
D. NAMES AND ADDRI	ESSES OF THE D	02864	. Newport ORATTACHMENT) FILL IN Director Name Street Address City	RI SPACES BEFORE USI	02840
D. NAMES AND ADDRI	ESSES OF THE D	02864 PIRECTORS ("X" BOX F	Newport OR ATTACHMENT) FILL IN Director Name Street Address	RI SPACES BEFORE USI	02840 NG ATTACHMENTS
Cumberland D. NAMES AND ADDRI Director Name Treet Address Director Name	ESSES OF THE D	02864 PIRECTORS ("X" BOX F	. Newport ORATTACHMENT) FILL IN Director Name Street Address City	RI SPACES BEFORE USI	02840 NG ATTACHMENTS
O. NAMES AND ADDRI	ESSES OF THE D	02864 PIRECTORS ("X" BOX F	Newport OR ATTACHMENT) FILL IN Director Name Street Address City Director Name	RI SPACES BEFORE USI	02840 NG ATTACHMENTS
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. NAMES AND ADDRI	State	02864 DIRECTORS ("X" BOX F	Newport OR ATTACHMENT) FILL IN Director Name Street Address City City 11: SHARES ISSUED (")	RI SPACES BEFORE USIS State	02840 NG ATTACHMENTS
. NAMES AND ADDRI irector Name rect Address inv irector Name rect Address ity 0. SHARES AUTHORI UTHORIZED SHARES	State State State	O2864 DIRECTORS ("X" BOX F	Newport OR ATTACHMENT) FILL IN Director Name Street Address City City 11: SHARES ISSUED (": ISSUED SHARES	State State	O2840 NG ATTACHMENTS Zip
NAMES AND ADDRI rector Name rect Address rect Address rect Address ty 0. SHARES AUTHORI UTHORIZED SHARES	State	02864 DIRECTORS ("X" BOX F	Newport OR ATTACHMENT) FILL IN Director Name Street Address City City 11: SHARES ISSUED (")	RI SPACES BEFORE USIS State	02840 NG ATTACHMENTS
. NAMES AND ADDRI irector Name rect Address iny irector Name rect Address ity 0. SHARES AUTHORI UTHORIZED SHARES umber of Shares	State State State	O2864 DIRECTORS ("X" BOX F	Newport OR ATTACHMENT) FILL IN Director Name Street Address City City 11: SHARES ISSUED (": ISSUED SHARES	State State	O 2 B 4 O NG ATTACHMENTS Zip Zip
NAMES AND ADDRI	State State State	O2864 DIRECTORS ("X" BOX F	Newport OR ATTACHMENT) FILL IN Director Name Street Address City City 11: SHARES ISSUED (": ISSUED SHARES	State State	O2840 NG ATTACHMENTS Zip



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



Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION	I ANNUAL REPORT FO	R THE YEAR 2004
Filing Period: January 1 - March 1		

FORM MUST BE TYPED I. I. Corporate ID No.	2 Name of Corp				To the second se
91968		ociates II, Inc.			
3. Street Address Principal B			City	State	Zip
883 Eddy Street			Providence	RI	02905
Business Phone No		5 State of Incorpor			6. SIC Code
401-461-4469		Rhode Island			3095
Brief Description of the Co	haracter of Business Co er for sale be	nducted in Rhode Island verages, includir	ng beer in cans		
8. NAMES AND ADDR President Name	ESSES OF THE OF	FICERS ("X" BOX FO	RAFTAGHMENT) : HILL IN SP. Vice President Name		GATTACHMENTS A
William T. White	e, III		John F. Cardoza		
Street Address			Street Address		
78 Knight Street	t		. 571 Broad Stres		
Cu)	State	Zip	City	State	! Zip
Cranston	RI	02920	Providence	RI	02907
ecretary Name			Treasurer Name		
John F. Lopez,	III		L. David Shaver	s 	
Sireei Address			Street Address		·
13 West Brock W	ay		.16 Heath Street	:	
City	State	Zip	City	State	Zıp
Cumberland	RI	02864	. Newport	RI	C2840
	ESSES OF THE AL	RECTORS EXTROVA	ORATTACHMENT) [FILE IN	SPACES BEFORE US	ING ATTACHMENTS
Director Name	and the second second second	हार्डामान्यक्रिके के के निष्यां है। उन्तर पर्वकार जीक	Director Name	ya (1963) waka dina kunda dan dina ra (1965) kwa	Secretary and the secretary an
Street Address	***		Sireei Address		
Cuty	State	Ζιρ	·City	State	Zip
Director Name			Director Name		
Street Address	. Brown		Street Address		
Cúty	State	Zip	City	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	RÎZED ("X; BOX FO	RATTACHMENT) 🗆 🦏	II SHARES ISSUED (* ISSUED SHARES	X".BOX FOR ATTACH	MENT) 🗆
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 No Par Value			4000	No /	PAT O
This report must be s	igned in ink by ei	ther the President, Vi	ce President, Secretary, Ass	istant Secretary, T	reasurer, Receiver or Trus
9 1 File Date RE	CEIVED		this report, including and that all statements		IA JAN/5/
Check No JA	N 2 6 2004		Signature of Officer	n White	Date



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401-222-3040

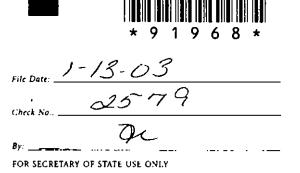
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PILMENT NO INTRUCTIONS

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 91968 Acacia Associates II, Inc. 3. Street Address Principal Business Office 02905 883 Eddy Street Providence RI 4 Business Phone No. 6. SIC Code 5. State of Incorporation (401) 461-4439 **RHODE ISLAND** 3095 7. Brief Description of the Character of Business Conducted in Rhode Island Service of alcoholic beverages and food. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Clement E. Harris William T. White, III Street Address Street Address 330 Camp Street 84 Knight Street Zip RΙ 02904 Cranston RI02920 Providence Secretary Name Treasurer Name Street Address Street Address City State Z_{1P} City State ZID FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name None. Street Address Street Address City 210 Zip Director Name Director Name Street Address Street Address State Zip City 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

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

0



4,000 NO PAR VALUE

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.

Millan T. White The Taylog Signature of Officer

Date**

William T. White II

Title of Officer

Form 630 12/02



Edward S. Inman, III, Secretary of State Corporations Division 160 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 631 Rev. 6/02

PROFIT CORPORATION Period: June 1 - June 30 Filing Fo	ee: \$20.00			
RM MUST BE TYPED OR PRINTED IN BLACK)	,			
orporate ID No. 2. Name of Corporation 7.1968 ACACIA	Decree	TES II	THE	
	in Rhode Island -Street Add	. · .	City	Zip
	DOY ST		PROVIDE	NCE 02905
oreign corporation. Enter principal office address		City	State	Zıp
rief Description of the character of the affairs which o	_			
ELVICE OF ALCOHO	,, , , . .		-000	
NAMES AND ADDRESSES OF THE OFFIC	ERS ("X" BOX FOR AT)	Vica President Name		· ·
LEMENT E. HARRIS		WILCHM	T. WHITE	M
et Address		Street Address	_	
330 CAMPST.	7710	76 KN19	H L O /	Zia
PROV. State I	02904	CRANSTON	State RZ	02920
etary Name	· · · · · · · · · · · · · · · · · · ·	Treasurer Name		
JAMES CYNCH		FAYMON	DELING OC	
El PENENTREE 57	,	Street Address MC	CROSE ST	·.
of feath thee st	7.0			
KINGS TOWN State RI	02886	PLOVIDENC	e RI	62907
NAMES AND ADDRESSES OF THE DIREC			SPACES BEFORE USIN	GATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOM	JESTIC (RHODE ISLAN	D) CORPORATION <u>SHALL</u>	NOT BE LESS THAN TH	IREE (3).R.I.G.L 7-6-23
ctor Name		Director Name	, T. WH17	s To
VILLIAM 1. WHITE	M		1 1. 60111	
76 KMGHT ST		Street Address	GH7 ST.	
	Zip			Zip
LANSTON STORE	62920	CRAWS701	State	⁷⁶ 02920
ector Name	· · ·	Director Name	•	•
LENENT E. BARR	<i>∽</i>	2 - 21, 9		
330 Comp ST.		Street Address		
State 1	Zip	City	State	Z_{ip}
Plov KI	02904			;
REGISTERED AGENT IN RHODE ISLAND		nges require filing o	of Form 641 -R.I.G.L.	7-6-13 / 7-6-78
Name	THE SOL	Address RA	· - 8-	
LASBY HARRISON	JH 258	SUI DEO	40 21.	
iress		FLOVIDE	Zip	22907
s report must be signed in ink by either	the President, Vice P	resident, Secretary, As:	sistant Secretary, Tred	isurer, Receiver or Tri

- FII FD	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 NOV 9 5 2002	Verlegen I Selet to 11/25/0
Check No. By CHT 44612	Signature of Officer Date WILLIAM T. WHITE TH
B <u>v:</u>	Print or Type Name of Officer VICE PRESIDENT
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 F



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011 Filing Period: January 1-March 1 • Filing Fee: \$50.00



	•				
(FORM MUST BE TYPED IN BLACK)) 2. Name of Corporation				
1 Corporate ID No. 91968 3 Street Address Principal Business Offi	A CACIA	ASSOCIA:	TES NO. II	INC.	Zip
883 EDD \	STREET			R.).	02905 6. SIC Code
4. Business Phone No. 401-461. 4 7. Brief Description of the Character of	1469	\ 11 1 A	= ISCAND		3095
			ices of Fo	IND	
SEZVICE OF 8. NAMES AND ADDRESSES	 -	S (*X* BOX FOR ATTACHMI			
President Name		y () 20) 1 () () ()	Vice President Name		
JAMES PIF	PEN		CACEY PIT	T5	
PLOVIDENCE	s 5t.	Zıp	214 ROBINS	SON ST.	Zip
PLOV IDEN CE Secretary Name	R. J.	02905	E. PLOVIDEN CE	R.1.	02914
HEIBERT U	IN DER WO	OP	KAY MOND	Smith	
TELLOW S;	tone AU	IE.	187 MFL Rose	e 5t	
K A RULLER	R. I.	02888	PROVIDENCE,	R. 1.	02407
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTACI	HMENT)		
Director Name	1.1-		Director Name NO 116	_	
Street Address	OME		Street Address	<i>,</i>	
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZED			11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
Number of Shares 4. 000	Class/Series SH/S	Par Value A/O PAR	Number of Shares O	Class/Series	Par Value

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:	FILED		Janua Propo ai
	440 1 0 2001		Signature of Officer Date
Check No :	MAK 19 2001		JAMES PIPPEN
By:	By	- KESSINED	Print or Type Name of Officer
-,-	RY OF STATE USE ONLY		PRESIDENT
FOR SECRETA	RI OF SIMIE USE UNLI		Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(TOTAL MARKET BY TWEETS IN 1	DI ACV)				
(FORM MUST BE TYPED IN 1 1 Corporate ID No.	2 Name of Corn	oration .	_		٠
91968	ACA	ICIA ASSOCIA	PROVIDENCE,	(C)	Zip
3 Street Address Principal Busin	ness Office	~ ·	DON'THE JOE	State /	02905
88-3 EDD	Y STRE	5. State of Incorporation		91-7.	6. SIC Code
4. Business Phone No. 461-	4469		= FSLAND		3095
	ween of Business Conduct	ed in Rhade Island			
SERVICE O	OF ALCO	HOLIC BEVET	AGES & FO	000	
8. NAMES AND ADDI	RESSES OF THE O	FFICERS ("X" BOX FOR ATTA	Maca Passadent Name		•
President Name JAMES	PIPPEN		LACEY Street Address	P1775	
166 BRIO		Zie.	Street Address City EAST PROV.	BIHSON S	Zip
PLOVIDENCE	, P ./.	02405	EAST PROV	: アル	02914
Secretary Name HERBERT				D Smith	Y
Street Address / FCCOU	USTONE	AVE.	187 MEZA	LOSE ST.	: Zip
WARWICK.	治 . / ·	02888		Signer 1.	02987
9. NAMES AND ADD Director Name	RESSES OF THE D	OIRECTORS ("X" BOX FOR A	TFACHMENT) Director Name	, (
Duttin lanue	None			NONE	
Street Address	74,070		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
10. SHARES AUTHOI	RIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHME)	it)
AUTHORIZED SHARES	TA Classification	CLIS Par Value No 1	PAR Number of Shares	Class/Series	Par Value
with the surface of the	<i>UU</i>) (10 f	<i>///</i>		
4.000.		ATTACHMENT) SHS Pai Value NO 1	U		
				Cotons Cocrosper Tree	curer Receiver of T

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

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
Carre Pumper
Anguature of Officer Date
TAMES PIPPEN
Peint or Type Name of Officer
DR-8 ment
Title of Officer



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.) 2. Name of Corporation		••		
91968 — 3. Street Address Principal Business Off	Acacia As	sociates II	, Inc Clty	State	Zip
883 Eddy Stree 4. Business Phone No.	e t	5. State of Incorporation	Providence	ВI	02905 6. SIC Code
(401) $461-4467. Brief Description of the Character of$		RHODE IS	LAND		3052
Service of Alc 8. NAMES AND ADDRESSE President Name Thee Atris Carpe Street Address	S OF THE OFFICER		MENT) Vice President Name James Pippen Street Address		
City Providence, RI	State RI	zip 02907	166 Briggs St. Chy Providence	State R I	^{Zip} 02905
Secretary Name	Underwood		Treasurer Name John Lo	pez	
Street Address 42 Yello	owstone Ave.		Street Address 883 Eddy	St.	
Warwick	State RI	02888	^{City} Providence	State AI	^{Zip} 02905
9. NAMES AND ADDRESSE Director Name None	S OF THE DIRECTO	DRS ("X" BOX FOR ATTAC	CHMENT) Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		٠
Street Address			Street Address		•
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares None	Class/Series	Par Value
4,000 SHS NO PA	BULAV F				

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

File Date: _	FILED	
Check No.: ,	JUN 1 4 1999	
Ву:	By 4077	<u>.</u>
FOR SECRE	TARY 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 4/28/99

Thee Atris Carpenter

Print or Type Name of Officer President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP P. LANC SLAD INVIRLO SHOWS

Filing Feliou. Junua	ry 1-March 1	Filling Fee. \$50.00			Tisjat .itis
(FORM MUST BE TYPED IN B	BLACK)				
1 Corporate ID No.	2. Name of Corpore	ation	•		
91968	Acacia A	ssociates II, Inc	•		
3 Street Address Principal Busin	ess Office		City	State	Zip
883 Eddy Stre	æt		Providence	\mathtt{RI}	02905
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 461-446	59	Rhode Is	land		3095
7 Brief Description of the Chara	cter of Business Conducted	in Rhode Island			
Service of al	coholic bever	ages and food			
		ICERS ("X" BOX FOR ATTAC	HMENT) X		•
President Name			Vice President Name		
Thee Artis Ca	urpenter		James Pipper		
Street Address	•		Street Address		•
16 Wesleyan 7	\venue		166 Briggs Street	-	
City	State	Lip	City	State	Zip
Providence	RI	02907	Providence	RI	02905
Secretary Name			Treasurer Name		•
Clement Harri	s		William T. White,	Jr.	
Street Address			Street Address	•	
276 Camp Stre	eet		84 Knight Street		
City	State	Zip	City	State	Zip
Providence	PI	02906	Cranston	RI	02902
9 NAMES AND ADDR	ESSES OF THE DIR	RECTORS ("X" BOX FOR ATT			
Director Name	200000011110000		Director Name		
None					
None 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 AUTHORI	ZED ("X" ROX FOR AT	TACHMENT)	11. SHARES ISSUED (*X* I	SOX FOR ATTACHMEN	τ)
AUTHORIZED SHARES		•	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
· · · · · · · · · · · · · · · · · · ·					
4,000	Common	No Par Value	2,000	Common	No Par Value
•	_				

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

	2//
File Date:	3/6/98
Check No.:	29665
Ву:	Qr>
•	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.

Mal A TI

Casby Harrison III, Assistant Secretary
Print or Type Name of Officer

Title of Officer

Acacia Associates II, INC.

Corporate ID No.: 91968

8. Names and addresses of the officers:

<u>NAME</u>

<u>OFFICE</u>

<u>ADDRESS</u>

Casby Harrison III Asst.Secretary One Park Row

Providence, RI 02903



PROFIT CORPORATION ANNHAL REPORT 1997

(FORM MUST BE TYPED IN BL	ACK)				COMPLITING		
1. Corporate ID No.	2. Name of Corpora				-		
91968	Acacia A	Acacia Associates II, Inc.					
3. Street Address Principal Busines	s Office		City	State	Zip		
883 Eddy Street			Providence	RI	02905		
4. Business Phone No.		S. State of Incorporation	•		6. SIC Code		
(401) 461-4469		Rhode Isla	nd		3095		
7. Brief Description of the Charact Tavern	er of Rusiness Conducted	n Rhode Island					
	SSES OF THE OFF	ICERS (*x* box for attach	iment)		•		
President Name			Vice President Name				
Thee Artis Carpe	nter		James Pippen				
Street Address 16 Wesleyan Ave.			Street Address				
City	State	Zip	166 Briggs Street	Éasea	74.		
Providence	RI	02907	City	State RI	zip 02905		
Secretary Name	14	02307	Providence Treasurer Name		02505		
Clement Harris				~			
Street Address			William T. White,	Jr.			
276 Camp Street			84 Knight Street				
City	State	Zip	city	State	Zip		
Providence	RI	02906	Cranston	RI	02902		
9. NAMES AND ADDRE Director Name None	SSES OP THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) Director Name		·		
Street Address			Street Address				
City	State	Zip	. City	State	21p		
Director Nome			Director Name	•			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZ	ÉD AND ISSUED ("X" BOX FOR ATTACHMENT)	ESSUPED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
·			,				
4,000	Common	No Par Value	2,000	Common	No Par Value		

that I have examined dules and statements, and

, 1	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	hat all fratements contained herein argurue and correct.
Check No.:5555	Signature of Officer Date Date 1997
ву:	Print of Type Asserting of Astronomics
for secretary of state use only 🕽	President Title of Officer