Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

 $Z_{ip}$ 

State

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

City

STOP PLLASS READ INSTRUCTIONS

Filing Perio	a: January	I-March 1	•	Filing	ree:	\$50.00
Filing Perio	d: January	1 - March 1	•	Filing	ree:	\$50.0
-	•			•		

2 Name of Corporation ALCCO Corp.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1 Corporate ID No 96471

File Date. \_

Check No :

FOR SECRETARY OF STATE USE ONLY

Business Phone No.  274-6100 Brief Description of the Characte.	Plaza, Suite 1510	S State of Incorporation RHODE ISLAND	Providence	RI	02903 ° 4317
Distrib NAMES AND ADDRES	ution and sale o	f flooring prod	UCTS HENT) XFILL IN SPACES BEF Vice President Name DEBORAH A. Stiret Address		IMENTS
% One Financial I	Plaza, Suite 1510	710	% One Financial Pl	aza, Suite 15	10 Zip
Providence	RI	02903	Providence	RI	02903
GERALD I	E. FREEMAN		RAYMOND T.	MANCINI, JR.	,
% One Financial I	Plaza, Suite 1510	Zip	% One Financial	Plaza, Suite	1510 <sub>. Zip</sub>
Providence . NAMES AND ADDRES	RI SSES OF THE DIRECTO	02903 RS ("X" BOX FOR ATTAC	Providence HMENT) FILL IN SPACES B Director Name	RI efore using attac	02903 CHMENTS
	NE			NONE	
reet Address	•		Street Address		
uty	State		tu. : Cuy	State	Zip
irector Name			Director Name		
rect Addiess	NONE		NONE Street Address		
ity	State	Ζιρ	City	State	719
O. SHARES AUTHORIZE UTHORIZED SHARES	D ("X" BOX FOR ATTACHME	(NT)	11. SHARES ISSUED ("X" E	BOX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	VALUE		100	Common	\$.01 Par

Samuel J. Kolodney

Print or Type Name of Officer

Assistant Secretary

Title of Officer

all sigtements contained herein are true and correct.

Signature of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

## ALCCO CORP.

### Corporate ID #96471

## Additional Officers:

Adeline Mancini % One Financial Plaza Suite 1510 Providence, RI 02903 Assistant Vice President

Samuel J. Kolodney One Financial Plaza, Suite 1510 Providence, RI 02903

**Assistant Secretary** 

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

FORM MUST	ΒE	TYPED	IN	BLACK
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L. Corporate ID No.

2. Name of Corporation

96471

ALCCO Corp.

3. Street Address Principal Business Office

City

RΙ

02903

1510 BankBoston Plaza 4. Business Phone No.

5 State of Incorporation

6. SIC Code

274-6100

RHODE ISLAND

4317

7 Brief Description of the Character of Business Conducted in Rhode Island

### Distribution and sale of flooring products

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

President Name

Harry D. Hotaling

Vice President Name

Deborah A Morrocco

Street Address

City

City

City

City

1510 BankBoston Plaza

Street Address

City

1510 BankBoston Plaza

**Providence** Secretary Name

RI

02903

**Providence** Treasurer Name

**Providence** 

02903

Gerald E. Freeman

Street Address

Raymond T. Mancini, Jr.

Street Address

1510 BankBoston Plaza

01903

City Providence RI

02903

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

Director Name

FILL IN SPACES BEFORE USING ATTACHMENTS

Duector Name

NONE

NONE

1510 BankBoston Plaza

State

Street Address

Street Address

NONE

State

Director Name

City

NONE

State

Street Address

State

Zip

City

Zlp

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

AUTHORIZED SHARES

Number of Shares Class/Series

Par Value

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

ISSUED SHARES

Strect Address

Number of Shares

Class/Series

Par Value

8,000 \$.01 PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Common

100

Common

\$.01 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.

X KOLODNEY \_\_\_\_ SAMUEL

<u>Assi</u>stant Secretary

### ALLCO CORP.

### Corporate ID #96471

### **Additional Officers**

Raymond T. Mancini, Jr. 1510 BankBoston Plaza Providence, RI 02903 Vice Chairman

A. Theodore Ware 1510 BankBoston Plaza Providence, RI 02903 **Executive Vice President** 

Robert Spellmeyer 1510 BankBoston Plaza Providence, RI 02903 **Executive Vice President** 

Adeline Mancini 1510 BankBoston Plaza Providence, RI 02903 Assistant Vice President

Samuel J. Kolodney 1510 BankBoston Plaza Providence, RI 02903 **Assistant Secretary** 



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

# 401-277-3040 STOP PILANE READ INSURE LEONS

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYP	PED IN BLACK)					
Corporate ID No.	2. Nar	ne of Corporation	ATCCO Cor	n		
96471			ALCCO Cor	-		<b>-</b> :
l. Street Address Princip 1510 B	BankBoston	Plaza		Providence	State RI	Zip 02903
Business Phone No. 274	-6100		5 State of Incorporation Rhode	Island		6. SIC Code 4317
	he Character of Busines Stribution		ode Island e of floorin	g products		
B. NAMES AND	ADDRESSES OF	THE OFFICE	RS ("X" BOX FOR ATTACE	IMENT) X		
resident Name HAR	RRY D. HOT	ALING		Vice President Name DEBORA!	H A. MORROCCO	
treet Address 151	.0 BankBos	ton Plaz	a	Street Address 1510 Bankl	Boston Plaza	
ny Providen	nce R	I	02903	Providence	State RI	02903
ecretary Name GEF	RALD E. FR	EEMAN		Treasurer Name RAYMOND T	. MANCINI, JR	•
treet Address 151	.0 BankBos	ton Plaz	a	Street Address 1510 BankBe	oston Plaza	
Tüy Providen	State 100	RI	<sup>2ip</sup> 02903	Providence	State RI	<sup>Zip</sup> 02903
. NAMES AND .	ADDRESSES OF	THE DIRECT	ORS (*X* BOX FOR ATTA	ACHMENT)		
Director Name	NONE			Director Name NON:	E	
Street Address				Street Address		
Tity	State		Zıp	City	State	Zıp
Ouector Name	NONE			Director Name NON	E	
Street Address				Street Address		
City	State		Zip	City	State	Zip
10. SHARES AUT	HORIZED (*x* B	OX FOR ATTACH	MENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class	/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	\$.01	Par Value	100	Common	\$.01 Par

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

	1 1.11 00			
File Date:	11516199			
	9682			
Check No.:				
Ву:				
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.

Damuel Kitchen ?

Samuel J. Kolodney

Assistant Secretary

Title of Officer

Print or Type Name of Officer

Signature of Officer

### ALCCO CORP.

### Corporate ID #96471

### ADDITIONAL OFFICERS

A. Theodore Ware 1510 BankBoston Plaza Providence, RI 02903 Executive Vice President

Robert Spellmeyer 1510 BankBoston Plaza Providence, RI 02903

Executive Vice President

Adeline Mancini 1510 BankBoston Plaza Providence, RI 02903

Assistant Vice President

Samuel J. Kolodney 1510 BankBoston Plaza Providence, RI 02903

Assistant Secretary



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 INVERSE HONS

GORM MUST BE TYPED IN BLACK	Ø				
1 Corporate ID No. 96471	2 Name of Corporation	ALCCO Corp.			
3 Street Address Principal Business Of 1510 BankBoston Pla		•	Providence	State RI	<sup>Zip</sup> 02903
4 Business Phone No (401) 274-6100		5. State of Incorporation RHODE	ISLAND		6. SIC Code 4317
7 Brief Description of the Character of Distribution and sa					
8. NAMES AND ADDRESSE	ES OF THE OFFICER	S ("X" BOX FOR ATTACHM	=		
Robert A. Ciampi			Vice President Name Deborah A. Morrocco	,	
Street Address			Street Address	,	
1510 BankBoston Pla	za		1510 BankBoston Pla	aza	
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Secretary Name Gerald E. Freeman Street Address			Raymond T. Mancini Street Address		
1510 BankBoston Pla			1510 BankBoston Pla		
Providence	State RI	02903	Providence	RI RI	žip 02903
9. NAMES AND ADDRESSE Director Name None.	S OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	HMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHN	(ENT) .	11. SHARES ISSUED ("X" BC	OX FOR ATTACHMENT)	
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

100

Title of Officer

FILED	88, 111 30 h   30f
File Date - 1 1998	· <del></del> · ·
Che Byo . CC 360 75	SECTION SECTIONS
FOR SECRETARY OF STATE USE ONLY	

\$.01 PAR VALUE

8,000

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

June 30, 1998

Signature of Officer

Assistant Secretary

Common

\$.01 par

### EXHIBIT A

# ALCCO CORP. (CORP. ID# 96471)

## 1998 Rhode Island Profit Corporation Annual Report

## Additional Officers:

Assistant Vice President

Adeline Mancini

1510 BankBoston Plaza
Providence, RI 02903

Assistant Secretary

Samuel J. Kolodney

1510 BankBoston Plaza
Providence, RI 02903