



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96471** 2. Name of Corporation **ALCCO Corp.**

3. Street Address Principal Business Office City State Zip
% One Financial Plaza, Suite 1510 Providence RI 02903
4. Business Phone No. 5. State of Incorporation
274-6100 RHODE ISLAND 6. SIC Code
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) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **RAYMOND T. MANCINI, JR.**

Vice President Name **DEBORAH A. MORROCCO**

Street Address
% One Financial Plaza, Suite 1510
City State Zip
Providence RI 02903

Street Address
% One Financial Plaza, Suite 1510
City State Zip
Providence RI 02903

Secretary Name **GERALD E. FREEMAN**

Treasurer Name **RAYMOND T. MANCINI, JR.**

Street Address
% One Financial Plaza, Suite 1510
City State Zip
Providence RI 02903

Street Address
% One Financial Plaza, Suite 1510
City State Zip
Providence RI 02903

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

Director Name **NONE**

Director Name **NONE**

Street Address
City State Zip

Street Address
City State Zip

Director Name **NONE**

Director Name **NONE**

Street Address
City State Zip

Street Address
City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	\$.01	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 9 6 4 7 1 *

File Date: 2/22

Check No.: 10634

By: ce

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 Samuel J. Kolodney Date 2/21/01

Samuel J. Kolodney
Print or Type Name of Officer

Assistant Secretary
Title of Officer

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



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

96471

ALCCO Corp.

3. Street Address Principal Business Office

1510 BankBoston Plaza

City

Providence

State

RI

Zip

02903

4. Business Phone No.

274-6100

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Harry D. Hotaling

Vice President Name

Deborah A. Morrocco

Street Address

1510 BankBoston Plaza

Street Address

1510 BankBoston Plaza

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

Secretary Name

Gerald E. Freeman

Treasurer Name

Raymond T. Mancini, Jr.

Street Address

1510 BankBoston Plaza

Street Address

1510 BankBoston Plaza

City

Providence

State

RI

Zip

01903

City

Providence

State

RI

Zip

02903

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

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

NONE

Director Name

NONE

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

8,000 \$0.01 PAR VALUE

Common

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$0.01 Par

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



* 9 6 4 7 1 *

File Date: 1/12/00

Check No.: 3434

By: [Signature]

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] 1/10/2000
Signature of Officer Date

SAMUEL J. KOLODNEY
Print or Type Name of Officer

Assistant Secretary
Title of Officer

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



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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96471 2. Name of Corporation ALCCO Corp.
3. Street Address Principal Business Office 1510 BankBoston Plaza City Providence State RI Zip 02903
4. Business Phone No. 274-6100 5. State of Incorporation Rhode Island 6. SIC Code 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

President Name	HARRY D. HOTALING	Vice President Name	DEBORAH A. MORROCCO
Street Address	1510 BankBoston Plaza	Street Address	1510 BankBoston Plaza
City	Providence	City	Providence
State	RI	State	RI
Zip	02903	Zip	02903
Secretary Name	GERALD E. FREEMAN	Treasurer Name	RAYMOND T. MANCINI, JR.
Street Address	1510 BankBoston Plaza	Street Address	1510 BankBoston Plaza
City	Providence	City	Providence
State	RI	State	RI
Zip	02903	Zip	02903

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

Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	Common	\$.01 Par Value

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

ISSUED SHARES

Number of Shares	Class/Series	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

File Date: Feb 16, 1999

Check No.: 9682

By: [Signature]

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: Samuel J. Kolodney Date: 2/12/99

Print or Type Name of Officer: Samuel J. Kolodney

Title of Officer: Assistant Secretary

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



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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
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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. 96471 2 Name of Corporation ALCCO Corp.
3 Street Address Principal Business Office City State Zip
1510 BankBoston Plaza Providence RI 02903
4 Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 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)

President Name <u>Robert A. Ciampi</u> Street Address <u>1510 BankBoston Plaza</u> City State Zip <u>Providence RI 02903</u>	Vice President Name <u>Deborah A. Morrocco</u> Street Address <u>1510 BankBoston Plaza</u> City State Zip <u>Providence RI 02903</u>
Secretary Name <u>Gerald E. Freeman</u> Street Address <u>1510 BankBoston Plaza</u> City State Zip <u>Providence RI 02903</u>	Treasurer Name <u>Raymond T. Mancini</u> Street Address <u>1510 BankBoston Plaza</u> City State Zip <u>Providence RI 02903</u>

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

Director Name <u>None.</u> Street Address City State Zip 	Director Name Street Address City State Zip
Director Name Street Address City State Zip 	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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

FILED

File Date JUN 17 1998

Checked By CE 36272

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 Samuel J. Kolodney Date June 30, 1998

Print or Type Name of Officer Samuel J. Kolodney

Title of Officer Assistant Secretary

EXHIBIT A

**ALCCO CORP.
(CORP. ID# 96471)**

1998 Rhode Island Profit Corporation Annual Report

Additional Officers:

<u>Title</u>	<u>Name</u>	<u>Address</u>
Assistant Vice President	Adeline Mancini	1510 BankBoston Plaza Providence, RI 02903
Assistant Secretary	Samuel J. Kolodney	1510 BankBoston Plaza Providence, RI 02903