



**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 IN BLACK)

1. Corporate ID No: \*95974\*  
2. Name of Corporation: Sam-Man Realty Corp. II

3. Street Address Principal Business Office: 162 MAIN STREET, SIDE ENTRANCE  
City: WOONSOCKET State: RI Zip: 02895

4. Business Phone No: 4017660316  
5. State of Incorporation: RHODE ISLAND  
6. SIC Code: 5538

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ACT AS A REAL ESTATE HOLDING COMPANY.

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

President Name: Samuel Brickle  
Street Address: 235 Singleton St.  
City: Woonsocket State: RI Zip: 02895

Vice President Name: Max S. Brickle  
Street Address: 235 Singleton St.  
City: Woonsocket State: RI Zip: 02895

Secretary Name: Daniel Rossner  
Street Address: 235 Singleton St.  
City: Woonsocket State: RI Zip: 02895

Treasurer Name: Samuel Brickle  
Street Address: 235 Singleton St.  
City: Woonsocket State: RI Zip: 02895

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

Director Name: Samuel Brickle  
Street Address: 235 Singleton St.  
City: Woonsocket State: RI Zip: 02895

Director Name: Max S. Brickle  
Street Address: 235 Singleton St.  
City: Woonsocket State: RI Zip: 02895

Director Name: Daniel Rossner  
Street Address: 235 Singleton St.  
City: Woonsocket State: RI Zip: 02895

Director Name: Elizabeth Rossner  
Street Address: 235 Singleton St.  
City: Woonsocket State: RI Zip: 02895

**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

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



\*95974 DBC2/20/0311:00:57 AM\*  
File Date: 2/16/05  
Check No: 100194  
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] 2/13/05  
Signature of Officer Date  
DANIEL ROSSNER  
Print or Type Name of Officer  
SECRETARY  
Title of Officer



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 IN BLACK)

1. Corporate ID No. \*95974\* 2. Name of Corporation Sam-Man Realty Corp. II  
3. Street Address Principal Business Office 162 MAIN STREET, SIDE ENTRANCE City WOONSOCKET State RI Zip 02895  
4. Business Phone No. 4017660316 5. State of Incorporation RHODE ISLAND 6. SIC Code 5538  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ACT AS A REAL ESTATE HOLDING COMPANY.

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

President Name			Vice President Name		
Samuel Brickle			Max S. Brickle		
Street Address			Street Address		
235 Singleton St.			235 Singleton St.		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
Secretary Name			Treasurer Name		
Daniel Rossner			Samuel Brickle		
Street Address			Street Address		
235 Singleton St.			235 Singleton St.		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895

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

Director Name			Director Name		
Samuel Brickle			Max S. Brickle		
Street Address			Street Address		
235 Singleton St.			235 Singleton St.		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
Director Name			Director Name		
Daniel Rossner			Lizabeth Rossner		
Street Address			Street Address		
235 Singleton St.			235 Singleton St.		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895

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

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



\*95974 DBC2/20/0311:00:57 AM\*  
File Date 2/3/04  
Check No. 100010  
By: KML  
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] 1/30/04  
Signature of Officer Date  
DANIEL ROSSNER  
Print or Type Name of Officer  
SECRETARY  
Title of Officer



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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \*95974\* 2. Name of Corporation Sam-Man Realty Corp. II

3. Street Address Principal Business Office 162 MAIN STREET, SIDE ENTRANCE City WOONSOCKET State RI Zip 02895

4. Business Phone No. 4017660316 5. State of Incorporation RHODE ISLAND 6. SIC Code 5538

7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A REAL ESTATE HOLDING COMPANY.

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

President Name Samuel Brickle Vice President Name Max S. Brickle

Street Address 235 Singleton St. Street Address 235 Singleton St.

City Woonsocket State RI Zip 02895 City Woonsocket State RI Zip 02895

Secretary Name Daniel Rossner Treasurer Name Samuel Brickle

Street Address 235 Singleton St. Street Address 235 Singleton St.

City Woonsocket State RI Zip 02895 City Woonsocket State RI Zip 02895

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

Director Name Samuel Brickle Director Name Max S. Brickle

Street Address 235 Singleton St. Street Address 235 Singleton St.

City Woonsocket State RI Zip 02895 City Woonsocket State RI Zip 02895

Director Name Daniel Rossner Director Name Elizabeth Rossner

Street Address 235 Singleton St. Street Address 235 Singleton St.

City Woonsocket State RI Zip 02895 City Woonsocket State RI Zip 02895

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

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000		\$.01 PAR VALUE	100	Common	\$.01

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



\*95974 DBC2/20/0311:00:57 AM\*  
File Date 3.14.03  
Check No. 2362  
By: IUP  
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 [Signature] Date 3/15/03  
Print or Type Name of Officer DANIEL ROSSNER  
Title of Officer SECRETARY + VICE PRESIDENT



**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. **95974** 2. Name of Corporation **Sam-Man Realty Corp. II**  
3. Street Address Principal Business Office **162 Main Street, Side Entrance** City **Woonsocket** State **RI** Zip **02895**  
4. Business Phone No. **(401) 766-0316** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Own and operate commercial real estate.**

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

President Name <b>Samuel Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Vice President Name <b>Max S. Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Secretary Name <b>Daniel Rossner</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Treasurer Name <b>Samuel Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

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

Director Name <b>Samuel Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Director Name <b>Max S. Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Director Name <b>Daniel Rossner</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Director Name <b>Lizabeth Rossner</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 \$0.01 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common \$0.01**

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



\* 9 5 9 7 4 \*

2-5-02

File Date: \_\_\_\_\_

21360

Check No.: \_\_\_\_\_

2c

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.

Samuel Brickle 2/4/02  
Signature of Officer Date

Samuel Brickle  
Print or Type Name of Officer

President  
Title of Officer



**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. **95974** 2. Name of Corporation **Sam-Man Realty Corp. II**

3. Street Address, Principal Business Office **162 Main Street, Side Entrance** City **Woonsocket** State **RI** Zip **02895**

4. Business Phone No. **(401) 766-0316** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Own and Operate Commercial Real Estate**

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

President Name <b>Samuel Brickle</b>	Vice President Name <b>Max S. Brickle</b>
Street Address <b>235 Singleton Street</b>	Street Address <b>235 Singleton Street</b>
City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Secretary Name <b>Daniel Rossner</b>	Treasurer Name <b>Samuel Brickle</b>
Street Address <b>235 Singleton Street</b>	Street Address <b>235 Singleton Street</b>
City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

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

Director Name <b>Samuel Brickle</b>	Director Name <b>Max S. Brickle</b>
Street Address <b>235 Singleton Street</b>	Street Address <b>235 Singleton Street</b>
City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Director Name <b>Daniel Rossner</b>	Director Name <b>Lizabeth Rossner</b>
Street Address <b>235 Singleton Street</b>	Street Address <b>235 Singleton Street</b>
City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>\$.01</b>

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



\* 9 5 9 7 4 \*

File Date: 2/2/2001

Check No.: 1910

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] Date: 1/31/01  
Signature of Officer **Samuel Brickle**

Print or Type Name of Officer

**President**

Title of Officer



**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. **95974** 2. Name of Corporation **San-Man Realty Corp. II**  
 3. Street Address Principal Business Office **235 SINGLETON ST** City **Woonsocket** State **RI** Zip **02895**  
 4. Business Phone No. **769-0189** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**  
 7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name <b>Samuel Brickle</b>	Vice President Name <b>Max S. Brickle</b>
Street Address <b>235 Singleton Street</b>	Street Address <b>235 Singleton Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>
Secretary Name <b>Daniel Rossner</b>	Treasurer Name <b>Samuel Brickle</b>
Street Address <b>235 Singleton Street</b>	Street Address <b>235 Singleton Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>

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

Director Name <b>Samuel Brickle</b>	Director Name <b>Max S. Brickle</b>
Street Address <b>235 Singleton Street</b>	Street Address <b>235 Singleton Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>
Director Name <b>Daniel Rossner</b>	Director Name <b>Lizabeth Rossner</b>
Street Address <b>235 Singleton Street</b>	Street Address <b>235 Singleton Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>

**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**

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



\* 9 5 9 7 4 \*

**FILED**

File Date: \_\_\_\_\_

Check No.: **MAR 21 2000**

By: **B. J. [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]**  
 Signature of Officer Date

**Samuel Brickle**  
 Print or Type Name of Officer

**Treasurer**  
 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. **95974** 2. Name of Corporation **Sam-Man Realty Corp. II**

3. Street Address Principal Business Office **162 Main Street, Side Entrance** City **Woonsocket** State **RI** Zip **02895**

4. Business Phone No. **(401) 766-0316** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

**Own and Operate Commercial Real Estate**

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

President Name <b>Samuel Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Vice President Name <b>Max S. Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Secretary Name <b>Daniel Rossner</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Treasurer Name <b>Samuel Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

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

Director Name <b>Samuel Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Director Name <b>Max S. Brickle</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Director Name <b>Daniel Rossner</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Director Name <b>Lizabeth Rossner</b> Street Address <b>235 Singleton Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 \$0.01 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common \$0.01**

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



**FILED**

File Date: **JAN 20 1999**

Check No. **By [Signature] 0001374**

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]** Date **1/18/99**  
Signature of Officer

**Samuel Brickle**

Print or Type Name of Officer

**Treasurer**

Title of Officer



**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. **95974** 2. Name of Corporation **Sam-Man Realty Corp. II**  
3. Street Address Principal Business Office  
**162 Main Street, Side Entrance**  
4. Business Phone No. **(401) 766-0316** 5. State of Incorporation **Rhode Island**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Rental of commercial real estate**

City **Woonsocket** State **RI** Zip **02895**  
6. SIC Code **5538**

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

President Name **Samuel Brickle**  
Street Address  
**235 Singleton Street**  
City **Woonsocket** State **RI** Zip **02895**  
Secretary Name **Daniel Rossner**  
Street Address  
**235 Singleton Street**  
City **Woonsocket** State **RI** Zip **02895**

Vice President Name **Max S. Brickle**  
Street Address  
**235 Singleton Street**  
City **Woonsocket** State **RI** Zip **02895**  
Treasurer Name **Samuel Brickle**  
Street Address  
**235 Singleton Street**  
City **Woonsocket** State **RI** Zip **02895**

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

Director Name **Samuel Brickle**  
Street Address  
**235 Singleton Street**  
City **Woonsocket** State **RI** Zip **02895**  
Director Name **Daniel Rossner**  
Street Address  
**235 Singleton Street**  
City **Woonsocket** State **RI** Zip **02895**

Director Name **Max S. Brickle**  
Street Address  
**235 Singleton Street**  
City **Woonsocket** State **RI** Zip **02895**  
Director Name **Lizabeth Rossner**  
Street Address  
**235 Singleton Street**  
City **Woonsocket** State **RI** Zip **02895**

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

AUTHORIZED SHARES	Class/Series	Par Value
8,000	Common	\$0.01 Par Value

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

ISSUED 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

File Date: 1-23-98  
Check No.: 1115  
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: [Signature] Date: 1/23/98  
Print or Type Name of Officer: Samuel Brickle  
Title of Officer: Treasurer