

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 92993-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Corporate ID No.	1 ' '	2 Name of Corporation				
10176 Street Address Principal Busin		MOVING & STORAGE, INC	Car	State	Zip	
50 Maria Avenu			Johnston	RI	02919	
Basiness Phone No		5 Mate of Incorporation			6 SIC Circle	
273-9440		RHODE ISLAND)		6650	
MOVING AND STOR		d in Rhode Island				
	SES OF THE OFFICE	ERS: ("X" BOX FOR AT		SPACES BEFORE USING	ATTACHMENTS	
Name			Vice President Name			
Lois Castro	<u>. </u>		Lois Castro Street Address			
88 Byron Ave.			88 Byron Ave.			
	State	Zip	Cay:	State	Zip	
Ea. Prov.	RI	02915	Ea. Prov.	RI	029.15	
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Lois Castro			Lois Castro			
ect Address			Street Address			
88 Byron Ave.	State	Zφ	88 Byron Ave.	State	Żų	
East Prov.	RI	02915	:		i i	
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rect ir Name		-	Director Name			
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ret Address	- 		Street Address		 .	
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1	State	Ζιφ	Guy	State	Zip	
ector Name	J	J	Director Name	l	l	
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reet Address			Street Address			
11	State	Zψ	City	State	Zψ	
O. SHARES AUTHORIZE	ED ("X" BOX FOR	ATTACHMENT) []	•	"X" BOX FOR ATTACH	MENT) [
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This report must	be signed in ink by	either the President, Vice	President, Secretary, Assista	nt Secretary, Treasurer, 1	Receiver or Trustee	
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	 		Under nenalty of ner	jury, I declare and affirm th	nat I have examined t	
		··	including any accor-	panying schedules and stat		
1/1/20	Inv	-]	contained herein are		1	
de Date	102		Low ('salu	7/16	
In	11		Signature of Officer	·	Date	
heck No	V . J	— [Lois Cast	ro		
		1				
Γ.	\sim		Pront or Type Name o	f Officer		
'v —-	<u> </u>	-	Print or Type Name of Secretary	f 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 OR PRINTED IN BIACK) 2. Name of Corporation 1. Corporate ID No. 10176 **MURRAY'S MOVING & STORAGE, INC.** Zip State 3. Street Address Principal Business Office City 02919 50 Maria Avenue Johnston RΙ 6. SIC Code 4. Business Phone No. 5. State of Incorporation 273-9440 6650 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island MOVING AND STORAGE FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name Lois Castro Lois Castro Street Address Street Address 88 Byron Avenue 88 Byron Avenue State Z(p)02915 02916 Ea. Prov. Ea. Prov RΙ Secretary Name Treasurer Name Lois Castro Lois Castro Street Address Street Address 88 Byron Avenue 88 Byron Avenue State State 02916 RI 02915 Ea. Prov. RI Ea. Prov. 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 Zip City State City State $Z_i p$ Director Name Director Name Street Address Street Address Zip State City State ZΙρ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series **600 NO PAR VALUE** 200 Common 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. File Date Signature of Officer Check No. Lois Castro Print or Type Name of Officer Secretary FOR SECRETARY OF STATE USE ONLY Title of Officer



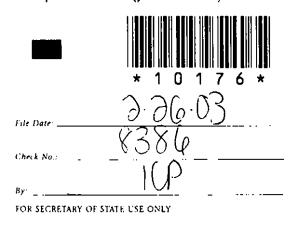
Edward S. Inman, III. Secretary of State Corporations Discision 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______ 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYPED OR PRINT.					
1. Corporate ID No.	2. Name of Corporati				
10176		MOVING & STORAGE, INC			
3. Street Address Principal Business 50 Maria			Johnston	State RI	02919
4 Business Phone No.		5. State of Incorporation			6. SIC Code
273-9440		RHODE ISLAND			6650
8. NAMES AND ADDRESS President Name Lois Castro	sehold 600	ds & Stocogo	HMENT) FILLIN SPACES B Vice President Name Lois Castro	EFORE USING ATTACH	IMENTS
Street Address			Street Address		
88 Byron Avenue		_	88 Byron Ave		
City	State	Zip	City	State	Zip
East Prov. Secretary Name	RI	02915	East Prov. Treasurer Name	RI	02915
Lois Castro Street Address			Lois Castro Street Address		
88 Byron Avenue	State	Zip	88 Byron Avenu	e State	Zip
East Prov. 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIRE	02915 CTORS ("X" BOX FOR AIT	East Prov. ACHMENT) FILLIN SPACES Director Name	Ri S BEFORE USING ATTAC	02915 C HMENTS
N	one.				
Street Address			Street Address		
City	State	Zıp	City	State	Ζιρ
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE: AUTHORIZE: SHARES	D (*X* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMENT)	
Number of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Vulue
600 NO PAR VALUE	Common	No Par	200	Common	No Par

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



Lois Castro	
Print or Type Name of Officer	
Secretary	

Title of Officer

Form 630 12/62



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 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Nume of Corporati				
10176	Murray's	Moving & Storage			
3. Street Address Principal Business	Office		City	State	Zip
50 Maria Avenue 4. Business Phone No.		5. State of Incorporation	Johnston	RI	02919 6. SIC Code
273-9440 7. Brief Description of the Character	of Business Conducted in	Rhode Island	land		6650
Moving and s 8. NAMES AND ADDRES President Name		CERS (*X* BOX FOR ATTACH	IMENT) Vice President Name	·	
Lois Castro Street Address			Lois Castro Street Address		
88 Byron Avenue	State	Zip	City	State	Zip
East Prov. Secretary Name	RI	02915	East Prov. Treasurer Name	RI	02915
Lois Castro Street Address			Lois Castro Street Address		
88 Byron Avenue	State	Zip	88 Byron Avenu	16 State	Zip
East Prov.	RI	02915	East Prov.	RI	02915
9. NAMES AND ADDRES Director Name	· -				02713
NON	NE.				
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 AUTHORIZE AUTHORIZED SHARES	.D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*)	X° BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	NO PAR	200	Common	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.
File Date:	Signature of Officer Date
By: FOR SECRETARY OF STATE USE ONLY	Lois Castro Print or Type Name of Officer Secretary
TON SECRETARY OF STATE ON STATE	Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PILAM RIAD INSTRUCTIONS

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No.
10176

2. Name of Corporation
NURRAY S MOVING & STORAGE, INC.

3 Street Address Principal Business C	Office		City	State	Zip
50 Maria Aven 4 Business Phone No		5 State of Incorporation RHODE ISLAND	Johnston	R.I.	⁶ 865d
7. Brief Description of the Character (of Business Conducted in	Rhode Island			
Moving and Sto 8. NAMES AND ADDRESS President Name		CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING ATTAC	HMENTS
Julia Madonna Street Address			Julia Madonna Street Address	a	
115 Hazelton	Street	Zip	115 Hazelton	Street State	Zip
Cranston Secretary Name	R.I.		Cranston Treasurer Name	R.I.	
Julia Madonna Street Address			Julia Madonna Street Address	а	
115 Hazelton	Street State	Zip	City 115 Hazelton	Street	Zip
Cranston 9. NAMES AND ADDRESS Director Name	R.I. ES OF THE DIREC	CTORS ("X" BOX FOR ATTA	Cranston CHMENT) FILL IN SPACES B Director Name	R.I. EFORE USING ATT	ACHMENTS
NONE Street Address			Street Address		
City	State	Zip	['] Ĉity	State	Zıp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED) ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (-x-)	BOX FOR ATTACHMEN	r)

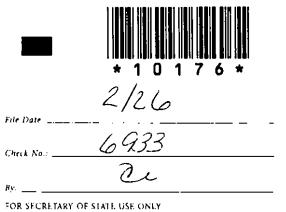
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Par Value

ISSUED SHARES

300

Number of Shates



Class/Series

AUTHORIZED SHARES

600 SHS NO PAR VAL

Number of Shares

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.

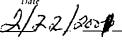
Class/Series

Julia Madonna

Print or Type Name of Officer

President

Title of Officer



Par Value

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

STOP SHOWLKI MP INNEL: HOWN

Filing Period: Janua	ry 1-March 1 • Filing Fee: \$50.00
FORM MUST BE TYPED IN E	(LACK)
1. Corporate ID No	2. Name of Corporation
10176	MURRAY'S MOVING & STORAGE, INC.

3. Street Address Principal Busir	ness Office		City	State	Zip
50 Maria Av	enue		Johnston	RI	02919
1. Business Phone No. 273–9440		5. State of Incorpa			6. SIC Code 6650
7. Brief Description of the Chard moving and		ed in Rhode Island			
B. NAMES AND ADDR		FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES Vice President Name Julia Mador	BEFORE USING ATT	ACHMENTS
Julia Madon	na			III a	
Street Address 115 Hazelton	Street		Street Address 115 Hazeltor	n Street	
ity Cranston	State RI	Zip	City Cranston	State RI	Zip
Secretary Name Julia Madonna	KI		Treasurer Name Julia Madonna		
Street Address 115 Hazelton	Street		Street Address 115 Hazelton	Street	
Cranston	State R I	Zip	city Cranston	State RI	Zip
9. NAMES AND ADDR	ESSES OF THE D	IRECTORS (*X* BOX FO	DR ATTACHMENT) FILL IN SPAC	CES BEFORE USING A	ITACHMENTS
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip

AUTHORIZED SHARES ISSUED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series

600 SHS NO PAR VAL

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

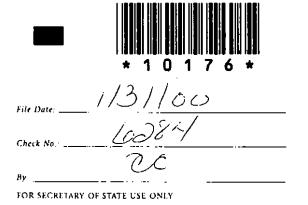
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Par Value

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

OGO UNO NO TAR TAL

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.

Signature of Officer

Julia Madonna

Print or Type Name of Officer President

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

401-222-3040

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1. Corporate ID No.	2. Name of Corpora				
10176		MOVING & STOR	RAGE, INC.		
3. Street Address Principal Busii 50 Maria Avenu			City Johnston	State RI	Zip
4. Business Phone No.	_	S. State of Incorpor			6. SIC Code
273-9440		RHODE IS			6650
7. Brief Description of the Chard Moving and Sto		n Rhode Island			·
B. NAMES AND ADDR President Name Julia Madonna	ESSES OF THE OFF	CERS ("X" BOX FOR A	ITTACHMENT) FILL IN SPACE Vice President Name Julia Madonna	S BEFORE USING ATTAC	HMENTS
Street Address 115 Hazelton S	treet		Street Address 115 Hazelton	Street	
City	State	Zip	City	State	Zip
Cranston	RI	•	Cranston	ΚI	
Secretory Name Julia Madonna			Treasurer Name Julia Madonna	•	•• • • • • • • • • • • • • • • • • • •
Street Address			Street Address		 .
115 Hazelton S	treet		115 Hazelton	Street	
City	State	Zip	City	State	Zip
Cranston	RI		Cranston	RI	•
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FO.	RATTACHMENT) FILL IN SPAC	CES BEFORE USING ATTA	CHMENTS
Director Name					
Sirector Nume			Director Name	•	~
	NONE			•	
	NONE			•	· · · · · ·
itreet Address	NONE	Zip	Director Name	State	zip
Street Address			Director Name Street Address		· · · · · · · · · · · · · · · · · · ·
Street Address City Director Name			Director Name Street Address City		· · · · · · · · · · · · · · · · · · ·
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Street Address City Director Name Street Address	State State	21p Z1p	Director Name Street Address City Director Name Street Address City	. State	21p
Street Address City Director Name Street Address City 10. SHARES AUTHORI	State State	21p Z1p	Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED	State State State	21p
City Director Name Street Address City 10. SHARES AUTHORI	State State ZED ("X" BOX FOR ATT. Class/Series	ZIP ZIP ACHMENT) .	Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED ISSUED SHARES	State State State (*X* BOX FOR ATTACHMENT	Zip Zip

File Date:	Jan 27,99
Check No.:	<u> </u>
By:	OL
	Y 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. Date

Signifiure of Officer

Ƴulia Madonna

Print or Type Name of Officer

Sccretary

Title of Officer



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

1998

STOP PLEASE READ INSTRUCTIONS

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1. Carporate ID No. 10176	2. Name of Corpora MURRAY'S	MOVING & STORAG	E, INC.		
3. Street Address Principal Busi	iness Office		City	State	Zip
50 Maria Aven	ue		Johnston	RI	
4. Business Phone No.		5. State of Incorporation	·D		6 SIC Code
273-9440		RHODE ISLAN	טו		6650
7. Brief Description of the Chai	racter of Business Conducted i	n Rhode Island			
Moving and St	orage				
8. NAMES AND ADDI	RESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT)		
President Name			Vice President Name		
Julia Madonna			Julia Madonna		
Street Address			Street Address		
115 Hazelton	Street		115 Hazelton St	.1001	
City	State	Zip	City	State	Zip
Cranston	RI		Cranston	RI	
Secretary Name			Treasurer Name		
Julia Madonna			Julia Madonna		
Street Address			Street Address		
115 Hazelton	Street		115 Hazelton St		
City	State	Zip	City	State	Zıp
Cranston	RI		Cranston	RI	
	RESSES OF THE DIR	ECTORS ("X" BOX FOR AT			
Director Name			Director Name		
	NONE				
Street Address			Street Address	,	
City	State	Zıp	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	7 ip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES	01 10	No. It has
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

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File Date:	4/6/94
Check No	5255
Bv:	Y OF STATE USE ONLY

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600 SHS NO PAR VAL

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

Common

No Par

JULIA MADONNA 4/3/98
Print or Type Name of Officer

PRESIDENT

Title of Officer



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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 10176 **MURRAY'S MOVING & STORAGE, INC.** 3. Street Address Principal Business Office State Zip 50 Maria Avenue Johnston' RI 02919 4. Business Phone No. S. State of Incorporation 6. SIC Code RHODE ISLAND 6650 (401) 273-9440 7. Brief Description of the Character of Business Conducted in Rhode Island moving and storage 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) President Name Vice President Name Julia Madonna Julia Madonna Street Address Street Address 115 Hazelton Street 115 Hazelton Street State ZIp City Zip Cranston RI Cranston RI Secretary Name Treasurer Name Julia Madonna Julia Madonna Street Address Street Address 115 Hazelton Street 115 Hazelton Street City State Zip City State Zip Cranston RI Cranston RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name None Street Address Street Address City State Zip 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 PARTE CELES 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

300

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File Date:	3.13.97	
Check No.:	7091	
Ву:	NP	
FOR SECRETARY	OF STATE USE ONLY	

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600 SHS NO PAR VAL

COM

NO PAR

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



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

Filing Period: January 1-March 1

SO Maria Avenue Solitor Commission Co	Filing Fee: \$50.00	an and Company of the analysis of the second	PLEASE TYPE OR P	RINT IN BLACK INK.		party magazinia communicati fina i del se de desderi de de de
3 SIRET RODRESS PROVINCE STATE OF THE OFFICERS (401) 273-9440 RHODE ISLAND 6650 Moving and storage Moving and storage Moving and storage NAMES AND ADDRESSES OF THE OFFICERS VARIABLES AND ADDRESSE		2. NAME OF CORPORATION			•	·
SO Maria Avenue Salito Momento Piccolo		:	Y'S MOVING & STO		STATE	7m (Y)Th
(401) 273-9440 RHODE ISLAND 6650 RHODE ISLAND 6650 RHODE ISLAND 6650 RHODE ISLAND 6650 Moving and storage Moving and storage RESIDENCE NAME SAME ADDRESSES OF THE DIFFICERS WAS RESSON HAVE Julia Madonna Julia Madonna SHER MORES 115 Hazelton Street O'Cranston SHER DIFFORM Julia Madonna Julia M						i
Moving and storage Market		nue	S STATE OF INCORPORATION	Johnston	RI	
Moving and storage Mames and aboresses of the officers Julia Madonna	(401) 273-94	40	RHODE IS	LAND		6650
This report must be SIGNED IN INK by either the President, Vice President, Vice President, Secretary, Assistant Secretary, Assistant Secretary, Treasurer, Receiver or Trustee This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	7. BRIEF DESCRIPTION OF THE CHARACTER O	A BUSINESS CONDUCTED IN RHOD	E ISLAND			
This report must be SIGNED IN INK by either the President, Vice President, Vice President, Secretary, Assistant Secretary, Assistant Secretary, Treasurer, Receiver or Trustee This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	Moving and s	torage				
Julia Madonna Julia		8 · H.A	MES AND ADDR	ESSES OF THE O	FFICERS	
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Cranston RI 02910 Cranston RI 02910 SOPERATION STATE JULIA Madomna JULIA Madomn				_ <i>J</i>		
Julia Madonna Julia Madonna SINET ADDRESS 115 Hazelton Street TO SINE DECOR Cranston RI 02910 Cranston RI 02910 PRECIDENT NONE. SINET ADDRESS TO S						02910
STREET ADDRESS OTHER STATE OP CODE OFFICIAL PROPERS OTHER STATE OP CODE OFFICIAL PROPERS OTHER STATE OP CODE OTHER STATE OTHER STAT	SECRETARY NAME			TREASURER NAME	·	
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under the process of the process		a			nna	
Cranston RI : 02910 Cranston RI 02916 PRI	·	Chunch			Ch	
DRECTOR NAME NOTE: STREET ADDRESS STREET ADDR			ZIP COOE			ZIP CODE
STREET ADDRESS GITY STATE DE CODE DIRECTION NAME DIRECTION NAME STREET ADDRESS OTY STATE DE CODE TO SHARES AUTHORIZED AND ISSUED SHARES MIMBER OF SHARES QUASS/SERES PARVALUE MUMBER OF SHARES QUASS/SERES PARVALUE AUTHORIZED SHARES FOOD SHS NO PAR VAL 300 COntition No Participal President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and state report.	Cranston	RI		Cranston	. RI	02910
DIRECTOR NAME STREET ADDRESS STREET ADDRESS OTY STATE 1.0. S.H.A.R.E.S. A.U.T.H.O.R.I.Z.E.D. A.H.D. I.S.S.U.E.D. AUTHORIZED SHARES MUMBER OF SWARES CLASS/SERES PARVALUE MUMBER OF SWARES CLASS/SERES MUMBER OF SWARES CLASS/SERES 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 report, including any accompanying schedules and state report.				STREET ADDRESS		
STREET ADDRESS OTY STATE TO SHARES AUTHORIZED AND ISSUED AUTHORIZED SHARES NUMBER OF SWARS OLASS / SERES 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 report, including any accompanying schedules and state	aif	STATE	ZIP COOT	ary	STATE	ZP C00E
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 report, including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules and state of the president including any accompanying schedules.	DIRECTOR NAME			DIRECTOR NAME		
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 report, including any accompanying schedules and state and	STREET ADORESS			STREET ADDRESS		
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 report, including any accompanying schedules and state and	~~		The Address			1 50 000
AUTHORIZED SHARES NUMBER OF SHARES OLASS / SERTES PARVALUE NUMBER OF SHARES OLASS / SERTES PARVALUE OLASS / SERTES NO PAR VAL 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 report, including any accompanying schedules and state	, ,	PIRIE	ZIF COUR	uit	SIRIE	J. W.
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 report, including any accompanying schedules and state		10.	HARES AUTHOR	IZED AND ISSUE	D	
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 report, including any accompanying schedules and state		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		100000000000000000000000000000000000000		
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 report, including any accompanying schedules and state	HUMBER OF SKAPES	CLASS / SERES	PAN VALUE	<u> </u>		PAR VALUE
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and state	600 SHS NO	PAR VAL		i 300	Common	No Par Value
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and state						
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and state						
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and state						<u> </u>
report, including any accompanying schedules and state	Pre					ee EE
File Date: 3/1/96 Signature of Officer	_		A)	Under penalt report, includ all statements	ty of perjury, I declare and ling any accompanying sold scontained herein are true	affirm that I have examined the hedules and statements, and the and correct.

Ву:

Check No:

For Secretary of State Use Only

<u>Julia Madonna</u> Print or Type Name of Officer

2/29/96 President Title of Officer

Date

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

0010176

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

1995

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate 115.		All	muai Report for the	year.	
Name of Corporation:	MURRAY'S MOVING	& STORAG	BE, INC.		
Business entity organized under For foreign entity, address and N/A	e Island	•	check one): oration (See RIGL Chapter 7-1.1) ervice Corporation (See RIGL Chapt	er 7-5.1)	
Phone: () Address and telephone of the plant (Provide street address	orincipal office of business entity in Ri - Not P.O. Box):	hode	Brief statement of the Moving and	he character of business conducted in Storage	Rhode Island:
50 Maria Avenue Johnston, RI 02	919				
Phone: (401.) 273-9	440				
	THE NA	MES OF THE	OFFICERS ARE:		
PRESIDENT		STREET ADDRESS		CHYSTATE	ZIP CODE
Julia Madonna vice president		_ 115 Hazelt STREET ADDRES	ton Street	Cranston, RI	ZIP CODE
Julia Madonna SECRETARY		115 Hazelt	ton Street s	Cranston, RI	ZIP CODE
Julia Madonna		115 Hazelt STREET ADDRESS		Cranston, RI	7IP CODE
Julia Madonna	THE NAM	115 Hazelt	ton Street	<u>Cranston, RI</u>	 .
None.		STREET ADDRES		CITY/STATE	ZIP CODE
NAME		STREET ADDRES	s	CITY/STATE	ZIP CODE
VAME		STREET ADDRES	· · ·	CITY/STATE	70° CODE
NUMBER OF SHARES AUTH	ORIZED (Rider may be attached)		UMBER OF SHARES	ISSUED AND OUTSTANDING (Rider	may be attached)
Number of Shares	Class / Series	N	Sumber of Shares	Class / Scries	
600	Common Without Par Value		300	Common Without Par Value	
Date January	23 , 19 95	By:	Madonna Lenc ^{os officer signiso}	lonna	
	DESIGNATED REGIS			OF PROCESS:	
PLEASE NOTE: If the regist	tered office and/or registered agent in				

DOMENIC TUDINO, ESO 915 SMITH STREET PROVIDENCE RI 02908

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

File Annually LLC Sept 1 Nov. I CORP Jan 1 March I

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0010176	Annual Re	port for the year:	1	1994
Name of Business Er	ntity:	MUF	RPAY'S MOVI	NG & STORAG	SE, INC.
Business entity organize	d under the laws of the State of:Rhode_	Island Busine	ess Entity is (check on	a).	
Federal Taxpayer Ident:	ficution Number		 [x] Business Corpor [] Professional Ser [] Limited Liability 	vice Corporation (Se	e RIGL Chapter 7-5.1)
/A .		Name.	title and mailing addr unications may be dire	ess of contact perso	
-			ia Madonna. Pr		
		<u>50 l</u>	Maria_Avenue		
Phone. ()		LODI	nston, RI 029	19	
Island (Provide street ad				ter of business cond	ucted in Rhode Island
50 Maria Ave		—— i Movi	ing and storag	je	
Johnston, F	RI U2919	j			
		Date of	f Organization:	12-28-	·8.7
Phone (401) 2	73-9440	Date o	·	ousiness in Rhode Is	and (if foreign entity).
	THE NAM	IES OF THE OFFIC	ERS ARE:		
	BROS 🛣 MESDESS (Osel Osel) Julia Madonna	115 Hazelto	ຕ	Cranston, R	Z.P.C00)
CROSS OPERATING OFFICE	eror Z vice presidenticha o∞: Julia Madonna	STREET ADDRESS	on Street, Cra	TYSTATE	ZIP CODE
CUSTODIAN OF RECORDS	FOR TEST SECRETARY (CHARLES)	STRUET ADDRESS		TYSTATE	ZIP CODE
P cinc man and a comme	Julia Madonna	M	11		K:054K
CHEFFINANCIA, OPAR	Julia Madonna	STRUET ADDRESS		TYATATE	дисо.я
	THE NAM	ES OF THE DIREC			
NOEN.		STREET ADDRESS	ÇI	TY-5 I ATE	V(5.0)X
SAME		STREET ADDRESS		TYNTATE	Z:P CCDi
NAMP		STREET ADDRESS	<u> </u>	TYNIATE	. — 7.1F CODI
NUMBER OF SHARE		NUMBE		 ED AND OUTSTAN	DING (If Applicable)
NUMBER	600	NUMBE	R 300		filed
CLASS	Common	CLASS	Comm	on j	IAR 0 2 1984
SERIES		SERIES		Pa/	53/2 mnc
PAR VALUE OR WITHOUT PAR	Without par value	PAR VA WITHOU		out par valu	
		 MURRAY'S MOVINO	C STORAGE T		
Date	2-21-		Madon		
	·//	Fullo	Macio.	una_	·
		The of officer skining	lent.	·	
Form 31 - 194					
	DESIGNATED REGISTERED O	R RESIDENT AGE	NT 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.

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 0010176	Annual Report for the year 1993			
First: The name of the corporation is	MURRAY'S MOVING & STORAGE, INC.			
SECOND: It is incorporated under the laws of	RHODE ISLAND			
THIRD: Character of business, briefly stated, is	S MOVING & STORAGE			
FOURTH: If foreign corporation, address of its	principal office	N/A		
FIFTH: Business address in Rhode Island	50 MARIA AVENUE, JOH	HNSTON, RI 02919		
SIXTH: Names and addresses of its directors at Name Office		(Attach rider if necessary)		
NONE Director Director	· .			
Director				
JULIA MADONNA President	115 HAZELTON STREET	, CRANSTON, RI		
JULIA MADONNA Vice Presi	ident	ti		
JULIA MADONNA Secretary		OF		
JULIA MADONNA Treasurer		n		
SEVENTH: Number of Shares authorized:	PAID	Par Value		
No. of Shares Class	FED 2 2 1993	or statement that shares are without par value		
600 Common	•	Without par value		
EIGHTH: Number of Shares issued:		Par Value or statement that		
No. of Shares Class	Series	shares are without par value		
300 Common		Without par value		
Dated Feb. 17 1993	MURRAY'S MOVING & S	1		
(Report must be signed by an officer)	Title Preside	intorena		

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate 1D	NATA1.75	Annual Report fo	r the year
			VING & STORAGE, INC.
	rated under the laws of		
THIRD: Character of b	usiness, briefly stated, is	moving and storage	
FOURTH: If foreign co	rporation, address of its pri	incipal office N/A	
FIFTH: Business address	ss in Rhode Island 50	Maria Ave., Johnston,	R. I.
SIXTH: Names and add	dresses of its directors and		(Attach rider if necessary)
	Director	·····	
			••••
Julia Madonna		115 U2701+00 S+ 6	Panadas DI
Julia Madonna	President	115 Hazelton St., (
Julia Madonna	Vice Presider		
77 * Manufacture	Secretary	115 Hazelton St., (
	Treasurer	115 Hazelton St.; (ranston, RI
	Shares authorized: PA		Par Value or statement that shares are without
No. of Shares	Class MAR 2	7 1932 Series	par value
000	SEC'Y	7 1992 Series	Without par value
EIGHTH: Number of SI			Par Value or statement that
No. of Shares	Class	Series	shares are without par value
300	Common		without par value
Dated March 1,	()	MURRAY'S MOVING & STO	
(Report must be signe	By an officer)	y like of resident	adonna

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	00101	76	K	Annual Repor	t for the year	199 ar	1
	The name of the co						
Second:	It is incorporated	under the laws of	Rh	ode Island		•••••	•••••
THIRD:	Character of busin	ess, briefly stated, is	S	vingands.tora	ge	······	•••••••••••••••••••••••••••••••••••••••
Fourth:	If foreign corpora	ation, address of its					
Г ІГТН:	Business address in	Rhode Island 5.		a.Ave., Johnsto			
	Names and address	Office	nd office		ncluding number	(Attach ride , street, zip code)	r if necessary)
			*****		· • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	••••••••••••••••
		Director			· · · · · · · · · · · · · · · · · · ·	·····	•••••••••
			*****	***************************************	· · · · · · · · · · · · · · · · · · ·	••••••••••••••••••••••••	·········
	adonna			HazeltonSt,			
	adonna			Hazel.tonSt,	Cranstor	ı,R.I	•••••••
Julia Ma	idonna	Secretary	1.15	Hazelton.St.,	Cranstor	1,RI	••••••••••••
Julia Ma	idonna	Treasurer	1.15	Hazel.tonSt.,	Cranstor	1yRI	
Seventh	: Number of Shar	es authorized:				Par Value or statement th	ıat
No. of Sha	res	Class		Series		shares are with par value	out
600)	Common				without	
Еіснтн:	Number of Shares	s issued:		MAR 2.2 1991 CYOFSTATE	p	Par Value Or statement the	
No. of Sha	res	Class	SEC	2'v Sens 1991		shares are with par value	out
30	0	Common		OFSTATE	р	without ar value	
Dated March	1,	1991	MURRA!	Y'S MOVING & S Corporation) Gresiolent	TORAGE.,I		
(Re	port must be signed by	an officer)	Title	President	T.		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0010176		Annual Report for the year 1990		
FIRST: The name of the	corporation is	MURRAY'S MOVING &		
Second: It is incorpora	ted under the laws of	Rhode Island		
THIRD: Character of bu	siness, briefly stated, is	moving and storage		
Fourth: If foreign corp	ooration, address of its	principal office	•••••••••••••••••••••••••••••••••••••••	
Fifth: Business address	in Rhode Island 50	Maria Ave., Johnston, R.	I. Suite A	
SIXTH: Names and addi	resses of its directors ar		(Attach rider if necessary)	
	Director			
	Director			
	Director			
Julia Madonna	President	115 Hazelton St., Cran	ston, RI	
Julia Madonna	Vice Presi	den#15 Hazelton St., Cran	ston, RI	
Julia Madonna	Secretary	115 Hazelton St., Cran	ston, RI	
Julia Madonna	Treasurer	115 Hazelton St., Cran	ston, RI	
SEVENTH: Number of Si	hares authorized:	• • • • •	Par Value or statement that	
No. of Shares	Class	DAID JUL 21 1990	shares are without par value	
600	Common	705 51 HAO	without par value	
Eighth: Number of Sha	ares issued:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
300	Common		without	
February 28	90 19	MURRAY'S MOVING & STORAG	par value E, INC.	
		(Name of Corporation) By Julia 7/14	colonna	
(Report must be signed	by an officer)	The Gresident		

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 0010176) 	Annual Report for the	year1989 '
First: The name of t	he corporation isMUF	RRAY'S MOVING & STORA	GE, INC.
SECOND: It is incorpo	orated under the laws of	RHODE ISLAND	
THIRD: Character of	business, briefly stated, is	MOVING AND STORAGE	
FOURTH: If foreign co	orporation, address of its p	rincipal office	
Fifth: Business addre	ess in Rhode Island	50 MARIA AVENUE, JO	HNSTON RI SUITE A
SIXTH: Names and ac	Idresses of its directors and	Officers: Address (including nu	(Attach rider if necessary)
	Director		
	Director		
	Director		
JULIA MADONNA	President	115 HAZELTON ST.,	CRANSTON, RI
JULIA MADONNA	Vice Preside	ent 115 HAZELTON ST.,	CRANSTON, RI
JULIA MADONNA	Secretary	115 HAZELTON ST.,	CRANSTON, RI
JULIA MADONNA	Treasurer	115 HAZELTON ST.,	CRANSTON, RI
SEVENTH: Number of	Shares authorized:		Par Value
No of Shares	Class	Series PAID	or statement that shares are without par value
600	COMMON	JUL 1 1 1990	WITHOUT PAR VALUE
Eіднтн: Number of S	Shares issued:	SEC'Y OF STA	Par Value
No of Shares	Class	Series	shares are without par value
300	COMMON		WITHOUT PAR VALUE
Dated FEBRUARY 28		MURRAY'S MOVING & S Name of Corporation) By MURRAY'S MOVING & S Name of Corporation)	rorage, inc.
(Report must be sign		PRESIDENT	

Form 31 1/85

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

State of Rhode Island and Frovidence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	,	Annual Report for	the year 1988
FIRST: The name of th	e corporation is	MURRAY'S MOVING & STOR	RAGE, INC.
Second: It is incorpor	ated under the laws of	Rhode Island	
THIRD: Character of b	usiness, briefly stated, is		······································
Fourth: If foreign con	poration, address of its		
FIFTH: Business addres	s in Rhode Island50	Maria Ave., Johnston, R.	I.
Name	Iresses of its directors an		(Attach rider if necessary) g number, street, zip code)
	Director		
Julia Madonna	President	115 Hazelton St., Cran	ston, RI
Julia Madonna	Vice President	deni15 Hazelton St., Cran	ston, RI
Julia Madonna	Secretary	115 Hazelton St., Cran	ston, RI
Julia Madonna	Treasurer	115 Hazelton St., Cran	ston, RI
SEVENTH: Number of S	Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
600	Common	PAID	without par value
Еіднтн: Number of Sl	nares issued:	MAY 19 1988 SEC'Y OF STATE	Par Value or statement that
No. of Shares	Class	SEC'Y Series	shares are without par value
300	Common		without
April 20,	19	MURRAY'S MOVING & STOR	par value AGE, INC.
		(Name of Corporation) By Aulia /	Madonia
(Report must be signe	d by an officer)	Title Orcaide	ent

Form 31 1/2

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	PROVIDENCE, RHODE ISI	LAND 02903		7
Corporate ID 0010176	<u> </u>	Annual Report fo	or the year138#	<i>U</i>
	corporation is MUR	RAYLS MOVING	<u> </u>	NC
C Is is incomen	stad under the laws of	Rhode Isl	and	
	sted under the laws of	moving an	d storage	
FOURTH: If foreign corp	poration, address of its principal	office	N/A	
FIFTH: Business address	s in Rhode Island	0 Maria Ave., SUITE A	Johnston, R	. I.
SIXTH: Names and add	lresses of its directors and officer	TS: Address (inch	(Attach uding number, street, zip cod	rider if necessary)
	Director	•••••		,
	Director	• • • • • • • • • • • • • • • • • • • •		
	Director	115 Hazol	lton St., Cra	nston. RI
	President		lton St., Cra	
***************************************	Vice President		lton St., Cra	
	Secretary			
Julia Madonna	Treasurer	115 Haze	iton St., Cra	
SEVENTH: Number of	Shares authorized:		or state	Value ment that
No. of Shares	Class	Series	***	re without value
600	Common		A.O.K.	without par valu
EіGнтн: Number of S	hares issued:		- AC31	Value ement that tre without
No. of Shares	Class Common	Series	par par	value Without
300 March 7,	89	MURRAY'S	MOVING & ST	par vali ORAGE, INC.
Dated			. <u></u>	
	(Name o	of Corporation)	Hadous	
	By	pilea) Brixides	+	
(Report must be sign	ned by an officer) Title	I Nividen	e.C.	*********************