

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Matthew A. Brown, Secretary of State

1-12-05

40164

FOR SECRETARY OF STATE USE ONLY

File Date

Corporations Division 100 North Maid Street Pr

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	401	222	30 0

	2 Name of Corps	auton						
90978		ARKETPLACE OF AIRPOR	RT ROAD, WARWICK, INC.	T.,				
Mest Address Principal Business 18 Airport Roa			Warwick	RI	02889			
736-0531		5 State of Incorporates RHODE ISLAN	***					
Brief Description of the Character TO OWN, MAINTAIN, C		ed in Rhede Island PERATE A FOOD MARKET						
. names and addresses resident Name David A. Cesar		CERS: ("X" BOX FOR AT	TACHMENT)	N SPACES BEFORE USING	ATTACHMENTS			
troct Address 1361 Stony Lan	e	· · · · · · · · · · · · · · · · · · ·	Street Address		1 1			
orth Kingstown	R I	^{Zip} 02852	Cus	State	Zφ			
Secretary Name A. Harry Cesario			Treasurer Name None	:				
24 Salt Pond Road, Suite C-3			Street Address		i			
wakefield	R I	^{Zip} 02879	City	State	Zφ			
. names and addresse: Proctor Name None	S OF THE DIRE	CTORS: ("X" BOX FOR A	ATTACHMENT) TILL Director Name	IN SPACES BEFORE USING	G ATTACHMENTS			
treet Address			Street Address					
īm:	State	Zψ	Cuy	State	Zip			
Streeter Name		J	Director Name					
treet Address			Street Address					
ar.	Sure	Zip	Cuy	State	Zip			
0. SHARES AUTHORIZED	("X" BOX FOR	ATTACHMENT)	: 11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACH	AENT) []			
Sumber of Shares	Class Series	Far Value	Number of Shares	Class/Series	Par Value			
600 \$1.00 PAR VALUE		100	Common	\$1.00				
This report must be	signed in ink b	y either the President, Vic	e President, Secretary, Assis	stant Secretary, Treasurer, R	ecciver or Trustee			
1488	IN O 18161 20 11 6 1841	1988 186 198)			1.10			

David A. Cesario Print or Type Name of Officer President

contained herein are true and correct.

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

Title of Officer

Form 630 Revi 12/03



FOR SECRETARY OF STATE USE ONLY

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

Form 630 Rev. 12/03

L Corporate ID No	2. Name of Corpor	ration			
90978			RT ROAD, WARWICK, INC.		
3. Street Address Principal Busi	ness Office	MILLI DI DI PINI DI	City	State R I	2φ 02889
18 Airport I	koad	5 State of Incorporation	Warwick		6. SIG Gode
736-0531		PHODE ISLAN			3210
Brief Description of the Chare TO OWN, MAINTAI	-	ed in Rhode Bland PERATE A FOOD MARKE			
		ERS: ("X" BOX FOR AT		SPACES BEFORE USING	ATTACHMENTS !
resident Name			Vice President Name	•	1
David A. Ces	sario		None		
iner Address 1361 Stony I	Lane		Street Address		
orth Kingstov	√n RI	<i>zφ</i> 02852	City	State	Zip
ecretary Name	••••••••••		Treasurer Name		1
A. Harry Ces	sario		None Street Address		
ing Addres 24 Salt Pond	d Road, Suit	ce C-3	SIRTY AUGUSS		
Wakefield	State R I	2ip 02879	Ctty	State	Zip
		TORS: ("X" BOX FOR	: ATTACHMENT) FILL	IN SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name		
None			Street Address		
ин маалх			Sinte Maries		
Tuy .	State	Zíp	City	State	Zip
Director Name		J	Director Name]
ireet Address			Struct Address		
	State	Zip	City	State	Zip
0. SHARES AUTHORIZ UTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT) [11. SHARES ISSUED	("X" BOX FOR ATTACH!	MENT)
Sumber of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
·				_	
600 \$1.00 PAR VALUE			100	Common	\$1.001
This report must	be signed in ink by	either the President, Vic	ce President, Secretary, Assis	stant Secretary, Treasurer, F	Receiver or Trustee
i /					
			Under penalty of	perjury, I declare and affirm the	at I have examined this r
		(B)) BBL		ompanying schedules and state	
		} •]		re true and correct.	2.1
File Date		}	contained herein/	true and correct.	p/3//5
250			contained herein/signature of Officer	true and correct.	13)/15 Date
File Date		— —	contained herein/signature of Officer	Cesario	p/3//5

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

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

401-222-3040

1. Corporate ID No.	2. Name of Corpora	ition			
90978	DAVE'S MA	RKETPLACE OF AIRPO	RT ROAD, WARWICK, INC.		
3 Street Address Principal Bu	uness Office		City	State	Zip
18 Airport 4. Business Phone No.	Road	5 State of Incorporati	Warwick	RI	02889 6 SIC Code
401-736-053 7 Brief Description of the Chi	1 aracter of Business Conducted	RHODE ISLA in Rhode Island	ND		3210
President Name	RESSES OF THE OFF	ICERS ("X" BOX FOR ATT	Vice President Name	S BEFORE USING ATTACE	IMENTS
David A. Ce	sario		None Street Address		
1361 Stony	Lane State	Zip	City	State	Zip
North Kingst	own RI	02852	Treasurer Name		
A. Harry Ce	esario		None Street Address		
24 Salt Por	nd Road, Suit	e C-3			
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
9. NAMES AND ADD Director Name	PRESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
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 AUTHOR AUTHORIZED SHARES	RIZED ("X" BOX FOR AT	(ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT.)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 \$4.00 DAD \/A1.1	15		100	Common	\$1.00

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

100

	* 9 0 9 7 8 *
File Date:	1.16.03
Check No	31758
By. FOR SECRETARY OF	STATE USE ONLY

600 \$1.00 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.

Common

David A. Cesario

Print or Type Name of Officer

President Title of Officer a∰as S

Form 639 12/02

(FORM MUST BE TYPED IN BLACK)

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

STOP PLEASE READ

1. Curporate ID No. 2 Name of Corporation 90978 DAVE'S MARKETPLACE OF AIRPORT ROAD, WARWICK, INC. 3. Street Address Principal Business Office State 02889 RI Warwick 18 Airport Road 6 SIC Code 4. Business Phone No. 5. State of Incorporation 3210 401-736-0531 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island retail grocer 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name None David A. Cesario Street Address Street Address 1361 Stony Lane 02852 RINorth Kingstown Secretary Name Treasurer Name A. Harry Cesario None Street Address Street Address 24 Salt Pond Road, Suite C-3 City State Zip 02879 Wakefield RT 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address City Z_{ip} Director Name Director Name Street Address Street Address Car State State Zip 10. SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Common \$1.00 600 \$1.00 PAR VALUE 100

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



By: _____ FOR SECRETARY OF STATE USE ONLY

Under penalty of perjuty, 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.

that all statements contained herein are true and correc

David A. Cesario

Print or Type Name of Officer

President

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



and statements, and

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No	2 Name of Corporat			- 44 - 144	
90978	DAVE'S MA	ARKETPLACE OF A	IRPORT ROAD, WARW	ICK, INC.	
3. Street Address Principal Busines	s Office		City	State	Zip
18 Airport R	oad		Warwick	RI	02889
4 Business Phone No.		5 State of Incorporation	n		6. SIC Code
401-736-0531		RHODE ISLA	ND		3210
7 Brief Description of the Charact	er of Business Conducted ii	n Rhode Island			
retail groce	r				
8. NAMES AND ADDRE		CERS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACE	S BEFORE USING ATTACH	IMENTS
President Name			Vice President Name		
David A. Ces	ario		None		
Street Address			Street Address		
1361 Stony L	ane				
City	State	Zip	City	State	Zip
North Kingstow	ın RI	02852			
Secretary Name	•••	•	Treasurer Name		
A. Harry Ces	eario		None		
Street Address	ario		Street Address		
24 Salt Pond	Road, Suit	te C-3			
City	State	Zip	City	State	Zıp
Wakefield	RI	02879	• /		
9. NAMES AND ADDRE		FCTO RS (*X* ROX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
Director Name	33L3 OF THE DIRE	ECTORS (A DAM (SALA)	Director Name		
None					
Street Address			Street Address		
THE MANE II					
City	State	Zip	City	State	Zip
City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••	- <i>,</i>		•
Director Name			Director Name		
Interior Name					
Street Address			Street Address		
Stitte Mauress					
City	State	Zip	City	State	Zip
City	Jun	••••			•
10. SHARES AUTHORIZ	EII /ava pav ran em	TACTIBLE NUT)	11 SHARES ISSUED) ("X" BOX FOR ATTACHMENT)	
	ELD CAT BOX FOR ALL	AUIMENT)	ISSUED SHARES		
ACTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Glass/Series	Par Value
Number of Shares	Ciass/series	i ar varue	·		
600 SHS \$1.00	PAR VALUE		100	Common	\$1.00

the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee T

his report must be signed in link by either the Preside	nt, vice President, Secretary, Assistant Secretary, measurer, Receiver of Ital
* 9 0 9 7 8 *	Under penalty of perfury, declare and affirm that I have examined this report, including any accompanying schedules and statements, a
File Date	that all statements confained herein are true and correct.
21929	Signature of Ogice Date
Check No.:	David A. Cesario
EOR SECRETARY OF STATE USE ONLY	President

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

iling	Period:	January	1-March	1	•	Filing	Fee:	\$50.00
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(FORM MUST BE TYPED IN BLACK)

1. Corporate 1D No.

2. Name of Corporation

90978	DAVE'S M	ARKETPLACE OF AI	RPORT ROAD, WARWIC	K, INC.	
3. Street Address Principal Business O	office		City	State	Zip
18 Airport Road 4. Business Phone No.		S. State of Incorporation	Warwick	RI	02889 6. SIC Code
401-736-0531 7. Brief Description of the Character of	of Business Conducted	RHODE ISLA	ND		3210
retail grocer					
B. NAMES AND ADDRESS President Name	ES OF THE OF	FICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING AT	TACHMENTS
David A. Cesari Street Address	0		none Street Address		
1361 Stony Lane	<u>:</u>				
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Secretary Name			Treasurer Name		
A. Harry Cesari	.0		none		
Street Address			Street Address		
24 Salt Pond Ro	oad, Suite	e C-3			
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
9. NAMES AND ADDRESS Director Name	ES OF THE DI	RECTORS (*X* BOX FOR A	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING A	TTACHMENTS
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 AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUITED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



600 SHS \$1.00 PAR VALUE

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

David A. Cesario

Print or Type Name of Officer

President





(FORM MUST BE TYPED IN BLACK)

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 1999

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

1. Corporate ID No. 90978	2. Name of Corpor DAVE'S M	ation ARKETPLACE OF A	AIRPORT ROAD, WARW	/ICK, INC.		
3. Street Address Principal Business O	ffice		Gity	State	Zip	-
18 Airport Road			Warwick	RI	02889	
4. Business Phone No.		S. State of Incorporat			6. SIC Code	
401-736-0531		RHODE ISL	AND		3210	
7. Brief Description of the Character of	of Business Conducted	in Rhode Island				
retail grocer						
8. NAMES AND ADDRESS	ES OF THE OFF	FICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	S BEFORE USING ATTAC	CHMENTS	<u>-</u>
President Name			Vice President Name			7
David A. Cesario			none			
Street Address			Street Address			•
1361 Stone Lane						
City	State	Zip	City	State	Zlp	•
North Kingstown	RI	02852				4
Secretary Name			Treasurer Name			
A. Harry Cesario			None			
Street Address			Street Address			
24 Salt Pond Road						.,
City	State	Zip	City	State	Zip	
Wakefield	RI	02879				1
9. NAMES AND ADDRESS	ES OF THE DIR	ECTORS ("X" BOX FOR		CES BEFORE USING ATT	ACHMENTS	•
Director Name			Director Name			-
None			£44 4.44			i
Street Address			Street Address			•
City	State	7.ip	City	State	Zip	+
c.i.y	31012	<i></i> γ	G.1.)	State	••••	:
Director Name			Director Name			• • •
The state of the s			process from			
Street Address			Street Address			•
						•
City	State	Zip	City	State	Zip	1
10. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED) (*X* BOX FOR ATTACHMEN	T)	•
AUTHORIZED SHARES			ISSUED SHARES			1
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value	
600 SHS \$1.00 PAR V	/Δ1 UE		100	Common	\$1.00	٢
SUS ONO PLOVI ANT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100	Common	\$1.00	•

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 begein are true and correct.

David A. Cesario

Print or Type Name of Officer President



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 (FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 90978	2. Name of Corporation DAVE'S MARKI	ETPLACE OF AIRP	ORT ROAD, WARWICK, I	NC.	
3. Street Address Principal Business Of	fice		City	State	Zip
18 Airport Road	i		Warwick	RI	02889
4. Business Phone No 401-736-0531		5 State of Incorporation RHODE ISLAND			6. SIC Code 3210
7. Buef Description of the Character of retail grocer	f Business Conducted in Rhoi	de Island			
8. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTACHS	MENT)		
President Name			Vice President Name		
David A. Cesari	io		None		
Street Address	_ ,		Street Address		
137 Hines Farm	Road				
City	State	Zip	City	State	Zip
Cranston	RI	02910			
Secretary Name			Treasurer Name		
A. Harry Cesari	10		None		
24 Salt Pond Ro	oad, Suite C	-3	Street Address		
City	State	Zip	Či r y	State	Zip
Wakefield	RI	02879			
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)		
None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip .
Director Name			Director Name		1
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHM	IENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
Number of Shates	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS \$1.00 PAR V	ALUE		100	Common	\$1.00

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

	* 9 0 9 7 8 *
Eile Date:	1.1.98
Check No.:	6666
Ву:	
FOR SECRETAR	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.

David A. Cesario Print or Type Name of Officer

President



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)

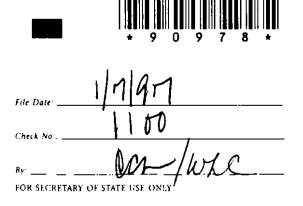
1 Co 90978 No.

² DAVE'S'MARKETPLACE OF AIRPORT ROAD, WARWICK, INC.



18 Airport R			Warwick	RI	02889
4. Business Phone No. 401-736-0531		* Rhodetsla	ND		6. SIC Code 3210
7. Brief Description of the Charact	er of Business Conducted	in Rhode Island			
retail groce	r				
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT)		
President Name	• _		Vice President Name		
David A. Ces	ario				
Street Address	n 1		Street Address		
137 Hines Fa	rm Koad				
Cranston	State R I	02920	City	State	Ζιρ
Secretary Name			Treasurer Name		
A. Harry Ces	sario				
Street Address			Street Address		
24 Salt Pond	l Road, Sui	te C-3			
City	State	Zιρ	City	State	Zip
Wakefield	RI	02879			
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TTACHMENT)		
Director Name			Director Name		
Channe A I do an			Charact & Liferen		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		·			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZ	ED AND ISSUED	(*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares Class/Series		Par Value	Number of Shares	Class/Series	Par Value
600 SHS \$1.00 PAR	VALUE		100	Common	¢1 ∩∩ .

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

David A. Cesario

President

Title of Officer

Date

PROFIT CORPORATION ANNUAL REPORT

2 HAME OF CORPORATION

1996

PLEASE TYPE OR PRINT IN BLACK INK.



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 Filing Fee: \$50.00

1. CORPORATE ID NO.

76376 , DAVE	5 MARKETPLACE OF	NURTH KINGSTUWN, INC		The same of the sa
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	§ 5 STATE OF INCORPORATION	N. KINGSTOWN	STATE	12 6 SC 0006
885-9100	RHODE ISL	AND		3210
7. BREF DESCRIPTION OF THE CHARACTER OF BUSINESS COHOUCTED IN RIND A A A A A A A A A A A A A A A A A A A	LIDUCE CIRS	CORY MEAT	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
PRESIDENT NAME	AMES AND ADDRI	ESSES OF THE OFFI	CERS	
STREET ANDRESS	· ·	STREET ADDRESS		
	1 RD 0294	any	STATE	ZIP COOR
SECRETARY NAME STREET ADDRESS		TREASURER NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
COTY STATE	29 0000€	arr	STATE	ZIP COOE
DIRECTOR NAME	AMESANDADORI	ESSES OF THE DIRE	CTORS	
STREET ADDRESS		STREET ADDRESS		
CITY STATE	2P 0000E	αιν	STATE	ZIP COOE
DIRECTOR NAME		ORECTOR NAME		
STREET ADDRESS	<u></u>	STREET ADORESS		
STATE	ZP 000E	ατί	STATE	ZP CGO£
a marine a marine of the constant	للمنف ميا معجسي دا	- Annie series.		
AUTHORIZED SHARES		ZED AND ISSUED	ISSUED SHARES	PARVAIS
• • • •	PARVALLE	Z E D A N D I S S U E D MARGER OF SHARES	ISSUED SHARES OLASS / SERIES	PAR VALUE
AUTHORIZED SHARES NUMBER OF SHARES CLASS / SERVES	PARVALLE			PAR VALLE
AUTHORIZED SHARES NUMBER OF SHARES CLASS/SERES 600 SHS \$ 1.00 PAR VALUE	PARVALLE AUTO GOO	MUNABER OF SHAPES		PARVALIE
AUTHORIZED SHARES NUMBER OF SHARES CLASS / SERRS 600 SHS \$ 1.00 PAR VALUE	PARVALUE AUTO COLO This report must be SIG		CLASS / SERVES	
AUTHORIZED SHARES NUMBER OF SHARES CLASS / SERRS 600 SHS \$ 1.00 PAR VALUE	PARVALUE AUTO COLO This report must be SIG	NED IN INK by either the ant Secretary, Treasurer, Re	cuss/servis eceiver or Trustee	ffirm that I have examined this
AUTHORIZED SHARES AUTHORIZED SHARES CLASS / SERES 600 SHS \$ 1.00 PAR VALUE President, Vice Pres	PARVALUE AUTO COLO This report must be SIG	NED IN INK by either the ant Secretary, Treasurer, Reservort, including any all statements contains and statements and statements contains and statements are statements and statements are statements and statements and statements and s	eceiver or Trustee rjury, I declare and all accompanying sche- ined berein are true a	ffirm that I have examined this dules and statements, and that do not correct.