

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

#### 2005

Th accordance with R.I.G.L. 7-1.2-1301(e), e T. Corparate ID No 84878	och corporation falling or refusi 2. Name of Corporation Precision Line, It		hirty (30) days after the time prescribed i	by law (R.I. <u>G.L.</u> 7-1,2-1501(c&d)) is	subject to a penalty fee of \$75.00.
3. Street Address Principal Busines			City	State	7in
118 Berkeley Stree			EAST PROVIDENCE	RI	<i>Zip</i> 02914 -
Business Phone No.	•	5. State of Incorporation			02914-
4015730561		RHODE ISLAND			
5. Brief Description of the Charact GENERAL BUSINESS OF F	er of Business Conducted	in Rhode Island	NT. DEVELOPMENT. C	ONSTRUCTION AND	
7. NAMES AND ADDRESSE					
Kimberly A. Flowers	•		Kimberly A. Flor	wers	
Street Address	•		Street Address		•
118 Berkeley Street	•		118 Berkeley St	reet	
City	State	Zip	City	State	Zip
East Providence	RI	02914	East Providence	RI	02914
ecretary Name		•	Treasurer Name		
Kimberly A. Flowers			Kimberly A. Flow	vers	
Street Address	••• • · · · · ·		Street Address	<del></del>	<del></del>
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City	State	Zip	City	State	. 7 <sub>in</sub>
East Providence	RI	02914	East Providence	RI	<i>Zip</i> 02914
8. NAMES AND ADDRESSE Director Name	S OF THE DIRECT				
Kimberly A. Flowers					
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City	State	Zip	City	State	Zip
East Providence	RI	02914			1
Director Name		•	Director Name		• • •
Street Address			Street Address		
City	State .	Zip	City	State	Zip
9. SHARES AUTHORIZED	("X" BOX FOR ATTAC	THMENT)	10. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 \$1.00 PAR VALUE			100	A	1.00
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his report must be executed an hebalf of the c	urporation by an authorized repi	esentative. If the corporation is in	the hands of a receiver or trustee, this ri	rport must be executed on behalf of it	he corporation by the receiver ar trust
<b>0</b>	0 E   10				
8 4 8 7			Under penalty of perj	ury. I declare and affirm t	hat I have examined
*84878 DBC 0324/45/	09:16 PM*		this report, including	any accompanying sched s contained herein are true	ules and statements,
File Date APR 272	<del>006</del> 1	3 6: 52	المعطوبات المتعالم ال	24 d. 410	mes 3.31.
Check No.	- C97Xl2			A. FLOWERS	aic
<u>y</u>		317.	Print or Type Name of C	Officer	<del></del>
В <u>у·</u>	<del></del>	AL	以 PRESIDENT	•	
FOR SECRETARY OF STATE U	SE ONI,Y		- \!-fijke of Officer		Form 630 12



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

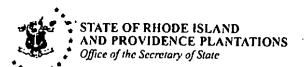
Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

FORM MUST BE TYPED IN					
1. Corporate ID No. 84878	2. Name of Corporati			<del></del>	<del></del>
	Precision Line,	inc.			
3. Street Address Principal Busi 17 CITY VIEW AVEN			City	State	Zip
4. Business Phone No.	10E	14.0	EAST PROVIDENCE	RI	02914-
4015730561		5. State of Incorporation			6. SIC Code
7. Brief Description of the Char	rates of Business Co. II	RHODE ISLANI	U		2881
LASER REPAIR	S. SALES COMME	SEDUTOR			
8 NAMES AND ADDRES	SES OF THE OPERA	CHO COLDANDADA	The Villetter of Brond Assessed		
		EKSHI A BUX FUR AI	Vice President Name	ES BEFORE USING	TTACHMENTS
KIMBERLY A. FLOWE	RS		KIMBERLY A. FLOWE	RS	
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17 CITY VIEW AVEN			. 17 CITY VIEW AVEN	UE	
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914	. EAST PROVIDENCE	RI	02914
KIMBERLY A. FLOWE	n e		Treasurer Name		
Street Address	N.J.	<del></del>	KIMBERLY A. FLOWE	KS	
17 CITY VIEW AVEN	Œ		Street Address	_	
City	State	Zip	'City VIEW AVEN		
EAST PROVIDENCE	RI	02914	.EAST PROVIDENCE	State	Zip
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Director Name		2 VICTI DE PORTOR	Director Name	CES BEFORE USING	ALIACHMENIS
KIMBERLY A. FLOWE	RS		•	,	
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City	State	Zip	·Ciry	State	Zip
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City	State	Zip	City		
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8,000 \$1.00 PAR VALU	E		100	A	1.00
			<del></del>	<del></del>	
This report must be signe	d in ink by either t	he President, Vice P	President, Secretary, Assistan	t Secretary Treas	urer Receiver or True
	-	·	, , , , , , , , , , , , , , , , , , ,		mici, receiver or fras
87 1217 27861 1211					
<b>5 7 8</b>	, ,		Under penalty of perjury	, I declare and affirm	that I have examined
104070 000 004404	20.44.45.544	٦	this report, including any and that all statements or	accompanying scho	dules and statements,
*84878 DBC 02/14/04	02:11:40 PM*		and that an statements of	manco nerem are u	ue and correct.
File Daie 5 11 DY			Want carl.	14/2011	3-10-04
	t		Signature of Officer	XI TIBLE	Date 3-10 07
a 91 70					
Check No. 2628	<u> </u>		KIMBERLY A	<b>FLOWERS</b>	
- 10	<del></del>		KIMBERLY A.	FLOWERS	<u> </u>
Check No. 2628  By: Secretary Of State					

Title of Officer



FOR SECRETARY OF STATE USE ONLY

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 2003

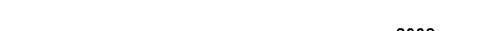
Filing Period: January	I - March I 🏓 👚	Filing Fee: \$50.00		-	<del></del>
FORM MUST BE TYPED I		_			
1. Corporate ID No.	2. Name of Corp		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
*84878*	Precision L	ine, Inc.			
3. Street Address Principal B	usiness Office	<del></del>	City	State	Zip
17 CITY VIEW AV	ENUE		EAST PROVIDENCE	RI	02914-
4. Business Phone No.		5. State of Incorpor	ation		6. SIC Code
4015730561		RHODE ISLA			2881
7. Brief Description of the Ch	aracter of Business C	1		<del></del>	
LASER REPAIRS, SA	LES & SERVICE	ondate in thouse intend			
D VAMES AND ARREST	CEÉTIC OF THE O	CULONISC			
President Name	TOSES OF THE OF	FIJCERS ("X" BQX FOR	ATTACHMENT)   FILL IN SPACE	S BEFORE USING	TTACHMENTS
KIMBERLY A. FLOW	IERS		. Vice President Name  • KIMBERLY A. FLOWE	D.C.	
Street Address		<del>-</del>	Street Address	K5	
17 CITY VIEW AVE	NIF		. 17 CITY VIEW AVEN	TID.	
	<del></del>	12:-			
City E. PROVIDENCE	State	Zip	City	State	Zip
Secretary Name	ļķī	02914	E. PROVIDENCE	RI	02914
	rne		Treasurer Name		
KIMBERLY A. FLOW	EKS		KIMBERLY A. FLOWE	KS	
Street Address			Street Address		<del></del>
17 CITY VIEW AVE			.17 CITY VIEW AVEN	UE	
City	State	Zip	City	State	Zip
E. PROVIDENCE	RI	02914	.E. PROVIDENCE	RI	02914
9. NAMES AND ADDRI	SSES OF THE DI	RECTORS ("N" BOX FO	OR ATTACHMENTO   FILE IN SPACE	CES BEFORE USING	PATTACHMENTS 2
Director Name KIMBERLY A FLOW	ERS	TO THE REAL PROPERTY.	_ de Director Rame 1 see	LANG CHIE	<b>多种的基础</b>
Street Address		<del></del>	Street Address		
17 CITY VIEW AVE	NUE		•		
City	State	Zip	· City	State	ia.
E. PROVIDENCE	RI	02914	·	Sittle	Zip
Director Name	J				
Director Nume			* Director Name		
Street Address		·	6		<del></del>
Sireer Augress			Street Address		
City	State	17:0	- City	Ic.	<del></del>
C.,y	) Sidit	Zip	City	State	Zip
10 011 : 0110 : 110110 ::		)	•		
10. SHARES AUTHORI	ZED ("X" BOX FO	RATTACHMENT) 📗 🔭	11. SHARES ISSUED ("ג" BC	OX FOR ATTACHME:	٧ <i>٦</i> 🗆
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0,000 \$1.00 FAR VAL	OE .		100	A	1.00
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and the second s	The control of con-		resident, occretary, Assistant	Secretary, Treasu	rer, Receiver or Trusiee
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	(0 DI		11-4		
* 8 4	8 7 8 *		Under penalty of perjury		
		<del></del>	this report, including any		
*84878 DBC1/17/034	:44:39 PM*	i	and that all statements co	ontained herein are tr	ue and correct.
File Date 3-10-6	<i>95</i>		× 1 1	~141	,
r ne Duit		<b>—</b> [	Lifemperle	1 4. TIGH	<del>IUN 1-30-0</del>
Check No. 2	192,		Signature of Officer		Date
CHECK NO.	<u>~</u>	<b>—</b> [	KIMBERLY A.`	<b>FLOWERS</b>	•

Print or Type Name of Officer **PRESIDENT** 

Form 630 12/01

Title of Officer

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



PROFIT CORP	ORATION	ANNUAL REF	ORT FOR TH	HE YEAR	02 SI
(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpore	ntion	•		
84878	Precision L	ine, Inc.			
3. Street Address Principal Rusiness	Office		City	State	Zip
17 City View	) Avenus	5. State of Incorporation	Ensy Prov	RI	6. SIC Code 2881
573-0561 7. Brief Description of the Character LASER REPAIRS 8. NAMES AND ADDRESS	SALES S	RHODE ISLAND  In Rhode Island  SERUICE  ICERS ("X" BOX FOR ATTACH	iment) FILL IN SPACE	ES BEFORE USING ATTA	
President Name	,		Vice President Name	1	
Kimberly A. Street Address	Flowers		Kimberly Street Address	A. Flowers	
City View	Au L. State	Zip	City 17 City	VIEW AUE	Zip
E Pro.	RP	029/4	Ensy P	W. PI	<sup>૽ૻ</sup> ૦૨૬૧૪
Secretary Name  Kinnbenly A  Street Address	7. Flowers		Treasurer Name  Kimben  Street Address	ly A. FlowER	.5
CHY VIEW	AUE	7:0	<b>A</b> •		-1.
E. Pau.	LI	<sup>zip</sup> 2914	EASY Aw.	State	<sup>7.ip</sup> 02914
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS
Street Address			Street Address		
City Viza	State	19 210 11	Clip	State	72p - 1
E. Prw.	RI	02714	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZET AUTHORIZED SHARES	) (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			100	A	\$ 1.00

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



3.11-62	
File Date:	·- =
Check No.: 1949	
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.	
Constante & Home	x 3-5	ر د
Signature of Officer	Date	(1.
Kimberly A. Flowers		٠

Print or Type Name of Officer

2. Name of Corporation

Precision Line, Inc.

(FORM MUST BE TYPED IN BLACK)

84878

3. Street Address Principal Business Office

1. Corporate ID No.

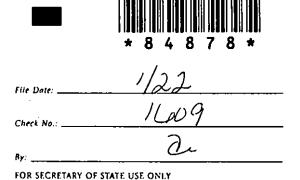
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

4. Business Phone No. 5. State of incorporation RHODE ISLAND 3-0561 7. Brief Description of the Character of Business Conducted in Rhode Island Sales \ Service Merais + 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Vice President Name A. Flowers Mimberly Kimberly VIEW AUE. Vicu EASTFlowers Kimbaly Moberly (D) 414 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name Kimberly Street Address Director Name Director Name Street Address Street Address City City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 8,000 \$1.00 PAR VALUE 100 A

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 of Flowers

Place S

Print or Type Name of Officer

PAesicleNT

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 FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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FORM MUST BE TYPED IN BLACE					
84878	2 Name of Corporation PREC 15	ion Line,	Inc	State	710
3 Street Address Principal Business Of	1.00		•		Zip
4. Business Phone No	W Avenue	5. State of Incorporation	EAST Providence	Rhude Johnd	6. SIC Code
573-0561		Rhode I	SLAND		7880
7. Brief Description of the Character of LASER REPAIR, S		hode Island			
8. NAMES AND ADDRESSI			IMENT)		
President Name		.ns ( x box rox x mon	Vice President Name		
Kimberly A.			Kimberly A.	Flowers	
17 City VI	ew Avenu	E Zip	17 City Uku	AVENUE	Zip
EAST Raidence	RI	02914	EAST Providence	BI	02914
Secretary Name	<b>-</b> \		Treasurer Name	<del>-</del> -\	
Kimberly A. T	rlowers		Kimborly A. Street Address		
17 City View		7.5	17 CHy View EAST Rovidance	Avenue	Zip
EAST ROVIDENCE	State	02914		<del></del>	02914
9. NAMES AND ADDRESS	es of the direc	TORS ("X" BOX FOR ATTA	CHMENT)		<b>原籍设置。</b> 第二章
Director Name	<b>'</b>		t - Director Name		•
Street Address A.	Flowers	·	Street Address		
17 City View	AVENUE	_	Specie Samicas		
City	State		City	State	Zip
EAST Hovidence	RI	02914			
Director Name	•		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("x" I	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
$\mathbf{o} \otimes \mathbf{\beta}$	A	\$ 1.00	1,00 ,	A	*/00
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This report must be signe	d in ink by eithe	r the President, Vice I	President, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Trus

tee (Chrch # 1425)

File Date:	6/5	
Check No.: _	1425	
Cherk Mo	<u></u>	

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined

· Kin	ملىد	lyd. Ha	Argu	0/1/20
Signature of Officer			Date	<del>//</del>
Kimberly	A	Flouers		<u> </u>

Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY



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



(FORM MUST BE TYPED IN					INSTRUCTION
	(LACK)				
1. Corporate ID No.	2. Name of Corpora				
** * <b>84878</b> *	Precision I	Line, inc.	والمعلق يعسب مستميد منا		· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Busin	ess Office	•	City	State	1 Zip
4 Constitu 4. Business Phone No.	tion Street	5. State of Incorporate RHODE ISL		R.I.	02809 6. SIC Code 2881
7. Brief Description of the Chara	cter of Business Conducted		· ··· · -		2001
Service An 8. NAMES AND ADDR President Name	d Sell Lase ESSES OF THE OFF	C Equipment ICER\$ (*x* BOX FOR AT	TACHMENT)   FILL IN SPACE	S BEFORE USING ATTA	CHMENTS -
Kimberly An Street Address	n Flowers		Kimberly An	nn Flowers	
4 Constitu	tion Street	Zip	4 Constitu	tion Street	Zip
Bristol Secretary Name	RI	02809	Bristol Treasurer Name	. RI	02809
Street Address			Street Address		
Street Address City	State	Zip	Street Address City	State	i zip
city 9. NAMES AND ADDRI	·	•	•		•
City	ESSES OF THE DIR	•	ciiy attachment) <sup>‡</sup> Fill in Spac		•
City  9. NAMES AND ADDR!  Director Name	ESSES OF THE DIRI	•	City ATTACHMENT) <sup>P. *</sup> FILU IN SPAC Director Name		•
9. NAMES AND ADDRI Director Name Kimberly Ann Street Address	ESSES OF THE DIRI	•	City ATTACHMENT) <sup>P. *</sup> FILU IN SPAC Director Name		•
9. NAMES AND ADDRI Director Name Kimberly Ann Street Address 4 Constitutio	ESSES OF THE DIRI	ECTORS (*x* Box for .	City ATTACHMENT) ** FILU IN SPAC Director Name Street Address	CES BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDRI Director Name Kimberly Ann Street Address 4 Constitution	Flowers on Street	ECTORS (*x* box for .	City  ATTACHMENT) ** FILL IN SPAC  Director Name  Street Address  City	CES BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDRI Director Name Kimberly Ann Street Address 4 Constitution City Director Name to 1	Flowers on Street	ECTORS (*x* box for .	City ATTACHMENT) F FILL IN SPAC Director Name Street Address City Director Name	CES BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDRI Director Name Kimberly Ann Street Address 4 Constitution	Flowers On Street State RI	zip O2809	City  ATTACHMENT) F FILL IN SPACE  Director Name  Street Address  City  Director Name  Street Address  City	CES BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDRI Director Name  Kimberly Ann Street Address  4 Constitution City  Director Name  Street Address  City  10. SHARES AUTHORIZ	Flowers On Street State RI	zip O2809	City  ATTACHMENT) F FILL IN SPACE  Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED	CES BEFORE USING ATT	ACHMENTS

+ 8 4 8 7	
File Date: 5-27-99	
Check No.:	
By: AME	
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.



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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE RIAD INSTRUCTIONS

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1. Corporate ID No.	2. Name of Corpora	tion			_
84878	Precision L	ine, inc.			
3. Street Address Principal Busin	ess Office		City	State	Zip
4 Constitution 4. Business Phone No.	Street	5. State of Incorporation	Bristol	RI	02809 6. SIC Code
401-253-7229		RHODE ISLAND			2881
7. Brief Description of the Chard Repair and sale		n Rhode Island g equipment and re	lated.		
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS (*X* BOX FOR ATTACHE			
			Vice President Name		•
Kimberly A. Flo			Kimberly A. Street Address	Flowers	
4 Constitution	Street State	Zip	4 Constitution	on Street	Zip
. Bristol Secretary Name	RI	02809	Bristol Treasurer Name	RI	. 02809
Kimberly A. Flo	owers		Kimberly A. I	Flowers	
4 Constitution	Street	•	4 Constitution	on Street	
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X* BOX FOR ATTAC			02003
Director Name			Director Name		
Kimberly A. Flo	owers			N/A	
Street Address			Street Address	•	
4 Constitution	Street				
City	State	Zip	City	State	Zip
Bristol	RI	02809			
Director Name			Director Name		
Street Address	N/A		Street Address	N/A	
Cup	State	Zip +	City	State	ZIp _
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$1.00 P	AR VALUE	•	200	Common	\$1.00

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

President

	9.22.98
File Date: Check No.:	1717
By:	UP
FOR SECRETA	ARY OF STATE USE ONLY

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

/2/98
Date



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					188
Corporate ID No.	2. Name of Corpor				
84878	Precision I	_ine, Inc.			`
. Street Address Principal Busi			City	State	Zip
4 Consti <b>t</b> ution	Street		Bristol	RI	02900
. Business Phone No.		5. State of Incorpora	tion	L/ T	02809 6. SIC Code
401-253-7229		RHODE ISL	AND		2881
. Brief Description of the Char					
Repair and sale	s of precision	instruments u	sed in land surveyir	na.	
. NAMES AND ADDI	RESSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT)	· • · · · · · · · · · · · · · · · · · ·	
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. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*x* box for	ATTACHMENT)		
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D. SHARES AUTHORI	ZED AND ISSUED (	"X" BOX FOR ATTACHME	NT) ISSUED SHARES		
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8,000 SHS \$1.00 P.			C 1 11 1	DOA Class	\$1.00

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: 7/8/97	
Check No.:	
Ву:	

Under penalty of perjury 1 dec	lare and affirm that I have examined
	mpanying schedules and statements, and
that all statements contained h	erein are true and correct.
Kinemen al. 41	aners 1-7-17
Signature of Officer	Date
Print or Type Name of Office	h Flowers

#### **PROFIT CORPORATION ANNUAL REPORT**

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 HO	2. HAME OF CORPORATION	PLEASE TIPE UNI	PHINT IN BLACK INK.	· - •	
84878	' Precisi	on Line, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS O			= any	STATE	ZIP COOCE
4. BUSINESS PHONE NO." CONST	itotion STV	S STATE OF INCORPORATION	Bristol.	R.I.	6.5000E
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	This re	port must be SIGN	ED IN INK by either t	he	
Presi	dent, Vice President	, Secretary, Assista	nt Secretary, Treasure	r. Receiver or Trustee	
_ <del>_</del>					
			report, including	g any accompanying scre	from that I have examined this doils and statements, and that and correct.
	/ /		all statements o	contained fierein are true a	nd correct.
File Date: 4	10/96			·	
<b>,</b>	/		Signature of Off	ficer	
Check No:	1208		_Kinbe	rly A. Place	revs
_	4		Print or Type Na	ame of Officer	
By:	Le		Preside		11/10
For Secretary of Sta	ate Use Only		Title of Officer	·M-/	