



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 OR PRINTED IN BLACK)

1. Corporate ID No. 89076		2. Name of Corporation CENTRAL AVENUE DONUTS, INC.			
3. Street Address Principal Business Office 1113 Central Avenue			City Pawtucket	State RI	Zip 02861-0000
4. Business Phone No. (508) 222-7990		5. State of Incorporation RI			6. SIC Code 612
7. Brief Description of the Character of Business Conducted in Rhode Island to operate a donut shop					
8. NAMES AND ADDRESSES OF THE OFFICERS: (X: BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Manuel P. Andrade			Vice President Name Steven Andrade		
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenue		
City East Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Secretary Name Edward Andrade			Treasurer Name Manuel P. Andrade		
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
City Attleboro	State MA	Zip 02703-	City E. Providence	State RI	Zip 02916-
9. NAMES AND ADDRESSES OF THE DIRECTORS: (X: BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Manuel P. Andrade			Director Name Steven Andrade		
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenue		
City East Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Director Name Edward Andrade			Director Name Christopher Andrade		
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
City Attleboro	State MA	Zip 02703-	City E. Providence	State RI	Zip 02916-
10. SHARES AUTHORIZED: (X: BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED: (X: BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	120	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.

Signature of Officer

1/03/05
Date

Manuel P. Andrade

Print or Type Name of Officer
President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. 89076		2. Name of Corporation CENTRAL AVENUE DONUTS, INC.	
3. Street Address Principal Business Office 1113 Central Avenue		City Pawtucket	State RI
4. Business Phone No. (508) 222-7990		5. State of Incorporation RI	6. SIC Code 02861-0000
7. Brief Description of the Character of Business Conducted in Rhode Island to operate a donut shop			

8. NAMES AND ADDRESSES OF THE OFFICERS (Use Box for Attachment) FILE IN SPACES BEFORE USING ATTACHMENTS

President Name Manuel P. Andrade			Vice President Name Steven Andrade		
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenue		
City East Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Secretary Name Edward Andrade			Treasurer Name Manuel P. Andrade		
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
City Attleboro	State MA	Zip 02703-	City E. Providence	State RI	Zip 02916-

9. NAMES AND ADDRESSES OF THE DIRECTORS (Use Box for Attachment) FILE IN SPACES BEFORE USING ATTACHMENTS

Director Name Manuel P. Andrade			Director Name Steven Andrade		
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenue		
City East Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Director Name Edward Andrade			Director Name Christopher Andrade		
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
City Attleboro	State MA	Zip 02703-	City E. Providence	State RI	Zip 02916-

10. SHARES AUTHORIZED (Use Box for Attachment) FILE IN SPACES BEFORE USING ATTACHMENTS

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	120	Common	No Par

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

File Date: **2-12-04**
Check No.: **001780**
By: **NMG**
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: **Manuel P. Andrade** Date: **1/05/04**
Print or Type Name of Officer
Manuel P. Andrade
President



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

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 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

89076

2. Name of Corporation

CENTRAL AVENUE DONUTS, INC.

3. Street Address Principal Business Office

1113 Central Avenue

City

Pawtucket

State

RI

Zip

02861-0000

4. Business Phone No.

(508) 222-7990

5. State of Incorporation

RI

6. SIC Code

612

7. Brief Description of the Character of Business Conducted in Rhode Island
to operate a donut shop

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

President Name

Manuel P. Andrade

Vice President Name

Steven Andrade

Street Address

40 Carrie Avenue

Street Address

71 Fairview Avenue

City

East Providence

State

RI

Zip

02916-

City

Rehoboth

State

MA

Zip

02769-

Secretary Name

Edward Andrade

Treasurer Name

Manuel P. Andrade

Street Address

141 Fairway Drive

Street Address

40 Carrie Avenue

City

Attleboro

State

MA

Zip

02703-

City

E.Providence

State

RI

Zip

02916-

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

Director Name

Manuel P. Andrade

Director Name

Steven Andrade

Street Address

40 Carrie Avenue

Street Address

71 Fairview Avenue

City

East Providence

State

RI

Zip

02916-

City

Rehoboth

State

MA

Zip

02769-

Director Name

Edward Andrade

Director Name

Christopher Andrade

Street Address

141 Fairway Drive

Street Address

40 Carrie Avenue

City

Attleboro

State

MA

Zip

02703-

City

E. Providence

State

RI

Zip

02916-

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

AUTHORIZED SHARES

Number of Shares

600

Class/Series

Common

Par Value

No Par

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

ISSUED SHARES

Number of Shares

120

Class/Series

Common

Par Value

No Par

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

File Date: 3/3/03

Check No.: 1256

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1/06/03
Signature of Officer Date

Manuel P. Andrade

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

89076

2. Name of Corporation

CENTRAL AVENUE DONUTS, INC.

3. Street Address Principal Business Office

1113 Central Avenue

City

Pawtucket

State

RI

Zip

02861-0000

4. Business Phone No.

(508) 222-7990

5. State of Incorporation

RI

6. SIC Code

612

7. Brief Description of the Character of Business Conducted in Rhode Island
to operate a donut shop

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

President Name

Manuel P. Andrade

Street Address

40 Carrie Avenue

City

East Providence

State

RI

Zip

02916-

Vice President Name

Steven Andrade

Street Address

71 Fairview Avenue

City

Rehoboth

State

MA

Zip

02769-

Secretary Name

Edward Andrade

Street Address

141 Fairway Drive

City

Attleboro

State

MA

Zip

02703-

Treasurer Name

Manuel P. Andrade

Street Address

40 Carrie Avenue

City

E.Providence

State

RI

Zip

02916-

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

Director Name

Manuel P. Andrade

Street Address

40 Carrie Avenue

City

East Providence

State

RI

Zip

02916-

Director Name

Steven Andrade

Street Address

71 Fairview Avenue

City

Rehoboth

State

MA

Zip

02769-

Director Name

Edward Andrade

Street Address

141 Fairway Drive

City

Attleboro

State

MA

Zip

02703-

Director Name

Christopher Andrade

Street Address

40 Carrie Avenue

City

E. Providence

State

RI

Zip

02916-

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

AUTHORIZED SHARES

Number of Shares

600

Class/Series

Common

Par Value

No Par

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

ISSUED SHARES

Number of Shares

120

Class/Series

Common

Par Value

No Par

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

File Date: 3.4.02

Check No.: 6661

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1/7/02
Signature of Officer Date

Manuel P. Andrade

Print or Type Name of Officer

President

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 89076
2. Name of Corporation CENTRAL AVENUE DONUTS, INC.
3. Street Address Principal Business Office 1113 Central Avenue
City Pawtucket State RI Zip 02861-0000
4. Business Phone No. (508) 222-7990
5. State of Incorporation RI
6. SIC Code 612
7. Brief Description of the Character of Business Conducted in Rhode Island to operate a donut shop

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

President Name Manuel P. Andrade Street Address 40 Carrie Avenue City E.Providence State RI Zip 02916- Secretary Name Edward Andrade Street Address 141 Fairway Drive City Attleboro State MA Zip 02703-	Vice President Name Steven Andrade Street Address 71 Fairview Avenue City Rehoboth State MA Zip 02769- Treasurer Name Manuel P. Andrade Street Address 40 Carrie Avenue City E.Providence State RI Zip 02916-
---	--

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

Director Name Manuel P. Andrade Street Address 40 Carrie Avenue City E. Providence State RI Zip 02916- Director Name Edward Andrade Street Address 141 Fairway Drive City Attleboro State MA Zip 02703-	Director Name Steven Andrade Street Address 71 Fairview Avenue City Rehoboth State MA Zip 02769- Director Name Christopher Andrade Street Address 40 Carrie Avenue City E. Providence State RI Zip 02916-
--	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	Common	No Par

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	120	Common	No Par

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

File Date: 3/2 248
Check No.:
By:

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: Manuel P. Andrade Date: 1/2/01

Manuel P. Andrade

Print or Type Name of Officer

President

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

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. 89076		2. Name of Corporation CENTRAL AVENUE DONUTS, INC.			
3. Street Address Principal Business Office 1113 Central Avenue		City Pawtucket	State RI	Zip 02861-0000	
4. Business Phone No. (508) 222-7990		5. State of Incorporation RI		6. SIC Code 612	
7. Brief Description of the Character of Business Conducted in Rhode Island to operate a donut shop					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Manuel P. Andrade		Vice President Name Steven Andrade			
Street Address 40 Carrie Avenue		Street Address 71 Fairview Avenue			
City E.Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Secretary Name Edward Andrade		Treasurer Name Manuel P. Andrade			
Street Address 141 Fairway Drive		Street Address 40 Carrie Avenue			
City Attleboro	State MA	Zip 02703-	City E.Providence	State RI	Zip 02916-
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Manuel P. Andrade		Director Name Steven Andrade			
Street Address 40 Carrie Avenue		Street Address 71 Fairview Avenue			
City E. Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Director Name Edward Andrade		Director Name Christopher Andrade			
Street Address 141 Fairway Drive		Street Address 40 Carrie Avenue			
City Attleboro	State MA	Zip 02703-	City E. Providence	State RI	Zip 02916-
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	Par Value
600	Common	No Par	120	Common	No Par

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

File Date: **PAID** **JAN 28 2000**
Check No.:
By: **SEC'Y OF STATE**
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.

Manuel P. Andrade 1/3/00
Signature of Officer Date
Manuel P. Andrade
Print or Type Name of Officer
President
Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89076** 2. Name of Corporation **CENTRAL AVENUE DONUTS, INC.**

3. Street Address Principal Business Office **1113 Central Avenue** City **Pawtucket** State **RI** Zip **02861-0000**

4. Business Phone No. **(508) 222-7990** 5. State of Incorporation **RI** 6. SIC Code **612**

7. Brief Description of the Character of Business Conducted in Rhode Island
to operate a donut shop

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

President Name Manuel P. Andrade	Vice President Name Steven Andrade
Street Address 40 Carrie Avenue	Street Address 71 Fairview Avenue
City E.Providence State RI Zip 02916-	City Rehoboth State MA Zip 02769-
Secretary Name Edward Andrade	Treasurer Name Manuel P. Andrade
Street Address 141 Fairway Drive	Street Address 40 Carrie Avenue
City Attleboro State MA Zip 02703-	City E.Providence State RI Zip 02916-

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

Director Name Manuel P. Andrade	Director Name Steven Andrade
Street Address 40 Carrie Avenue	Street Address 71 Fairview Avenue
City E. Providence State RI Zip 02916-	City Rehoboth State MA Zip 02769-
Director Name Edward Andrade	Director Name Christopher Andrade
Street Address 141 Fairway Drive	Street Address 40 Carrie Avenue
City Attleboro State MA Zip 02703-	City E. Providence State RI Zip 02916-

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600	Common	No Par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
120	Common	No Par

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

File Date: Feb 11, 99

Check No.: 892

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.

Manuel P. Andrade 1/4/99
Signature of Officer Date

Manuel P. Andrade

Print or Type Name of Officer

President

Title of Officer



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

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



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89076** 2. Name of Corporation **CENTRAL AVENUE DONUTS, INC.**
3. Street Address Principal Business Office **1113 Central Avenue** City **Pawtucket** State **RI** Zip **02861-0000**
4. Business Phone No. **(508) 222-7990** 5. State of Incorporation **RI** 6. SIC Code **612**
7. Brief Description of the Character of Business Conducted in Rhode Island
to operate a donut shop

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

President Name Manuel P. Andrade	Vice President Name Steven Andrade
Street Address 40 Carrie Avenue	Street Address 71 Fairview Avenue
City E.Providence State RI Zip 02916-	City Rehoboth State MA Zip 02769-
Secretary Name Edward Andrade	Treasurer Name Manuel P. Andrade
Street Address 141 Fairway Drive	Street Address 40 Carrie Avenue
City Attleboro State MA Zip 02703-	City E.Providence State RI Zip 02916-

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

Director Name Manuel P. Andrade	Director Name Steven Andrade
Street Address 40 Carrie Avenue	Street Address 71 Fairview Avenue
City E. Providence State RI Zip 02916-	City Rehoboth State MA Zip 02769-
Director Name Edward Andrade	Director Name Christopher Andrade
Street Address 141 Fairway Drive	Street Address 40 Carrie Avenue
City Attleboro State MA Zip 02703-	City E. Providence State RI Zip 02916-

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600	Common	No Par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
120	Common	No Par

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

File Date: **3.3.98**
Check No.: **378**
By: **WP**

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 **Manuel P. Andrade** Date **1/5/98**
Print or Type Name of Officer
Manuel P. Andrade
Title of Officer
President



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89076** 2. Name of Corporation **CENTRAL AVENUE DONUTS, INC.**
3. Street Address Principal Business Office **1113 Central Avenue** City **Pawtucket** State **RI** Zip **02861-0000**
4. Business Phone No. **(508) 222-7990** 5. State of Incorporation **RI** 6. SIC Code **612**
7. Brief Description of the Character of Business Conducted in Rhode Island
to operate a donut shop

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

President Name Manuel P. Andrade			Vice President Name Steven Andrade		
Street Address 40 Carrie Avenue			Street Address 64 Frances Street		
City E. Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Secretary Name Edward Andrade			Treasurer Name Manuel P. Andrade		
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
City Attleboro	State MA	Zip 02703-	City E. Providence	State RI	Zip 02916-

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

Director Name Manuel P. Andrade			Director Name Steven Andrade		
Street Address 40 Carrie Avenue			Street Address 64 Frances Street		
City E. Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Director Name Edward Andrade			Director Name Christopher Andrade		
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
City Attleboro	State MA	Zip 02703-	City E. Providence	State RI	Zip 02916-

10. SHARES AUTHORIZED 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	Common	No Par	120	Common	No Par

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

File Date: 3.12.97

Check No.: 12

By: 10P

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 Manuel P. Andrade Date 1/6/97

Print or Type Name of Officer Manuel P. Andrade

Title of Officer President