

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

PROFIT CORPORATION ANNUAL	REPORT FOR THE YEAR	2005
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99676 treet Address Principal Business	i				
woot Address Principal Rusiness		T FINISHING INC.		10	Zih
40 WINTER	Office		WOON SOCKET	State R. I.	02895
Business Phone No.		5. State of Incorporation			6. SIC Code
401-766-8	534	RHODE ISLAND	<u> </u>		0
VARIOUS INDUSTRIAI NAMES AND ADDRESSI	OĂTING OF METAL	L AND PLASTIC PARTS AS L MANUFACTURERS. ERS: ("X" BOX FOR ATT	•	SPACES BEFORE USING A	
STEPHEN	PIRIE		Vice President Name RiCHARD	PETRIN	
ret Address 17 · OV A	KER ST	- -	Street Address 557 BLACK City	PLAIN RD.	
ORTHBRIDGE	State MA -	^{Zip} 01534	NO. SMITHFIELD	State R. I.	02896
retary Name SLOPhom 5	PíRie		Treasurer Name	Petrix	
eet Address 12 Quaki	er 5the	σ	Street Address 557 Black	Plain Road	/
NORTHBUILGE NAMES AND ADDRESS	State 2 M U ES OF THE DIRECT	2ip 01534 TORS: ("X" BOX FOR A	NOS MUHTULO ITTACHMENT) FILL IN	A State N SPACES BEFORE USING	02896 CATTACHMENTS
recigi Name Ruhard F	Petrer		Director Name Stephen Pi	RIE	
eet Address 557 Black	Pain &	sal	Street Address 18 Quaker	57	Zin
OSMUHLFIELG	State RI	02896	MORH BRADES Director Name	e Ma	01534
reet Address		,	Street Address		
() ¹	State	Zip	City	State	Zip
D. SHARES AUTHORIZES	 D <i>("X" BOX FOR</i>	ATTACHMENT)	: 11. SHARES ISSUED (("X" BOX FOR ATTACHM	IENT) [
imber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	NO Par
This report must t	oe signed in ink by	y either the President, Vic	e President, Secretary, Assista	ant Secretary, Treasurer, R	eceiver or Trustee
		 	Under penalty of pe including any accon contained herein are	erjury, I declare and affirm that npanying schedules and state to true and correct.	at I have examined this ments, and that all stat
iile Date	FILED		Signature of Officer	ul Cetun	1.6.0 Date
Check NoMA	.R 0 8 2005		BICHAR	D PETRIN	· · · · · · · · · · · · · · · · · · ·
		•	Print or Type Name o	f (1ff o au	

Title of Officer



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2004

Filing Period: January 1 - Mai (FORM MUST BE TYPED OR PRINTE		Fee: \$50.00					
	2. Name of Corporation						
99676	NORTHEAST FINISHING INC.						
3. Street Address Principal Business Off		orinio ino,	City	State	Zip		
One Tupperware			North Smithfield	l RI <u> </u>	2896		
4. Business Phone No.		5. State of Incorporation			6. SIC Code		
401-766-8534		RHODE ISLAND					
7. Brief Description of the Character of THE PAINTING AND COA YARIOUS INDUSTRIAL 8. NAMES AND ADDRESSES OF	TING OF METAL AND	ode Island PLASTIC PARTS AS A	SUB-CONTRACTED STEP IN T HMENT) FILL IN SPACE Vice President Name	HE FABRICATION PROC ES BEFORE USING AT	ESS OF		
President Name				4			
Stephen Pirie			Richard L. Pet	rin			
Street Address			Street Address	Dood			
18 Quaker Stre			557 Black Plai	n ROAG	Zip		
u.,	· · · · · ·	Zip	City		02896		
Northbridge Secretary Name	MA	01534	North Smithfie Treasurer Name	ld RI			
Stephen Pirie			Richard L. Pet	rin			
Street Address			Street Address				
18 Quaker Stre	et		557 Black Pla:	n Road			
City		Zip	City	State	Zip		
Northbridge 9. NAMES AND ADDRESSES	MA 0	1534 . C"X" BOX FOR ATTA	North Smithfie		02896 TTACHMENTS		
Director Name			Director Name				
Richard L. Pet	min		Stephen Pirie				
Street Address	-111	-	Street Address				
557 Black Plai	n Boad		18 Ouaker Street				
City	State	Zip	City	State	Zip		
North Smithfie	la pr	02896	Northbridge	ма	0.1.5.3.4		
Director Name	144X4	N&XXV	Director Name				
Street Address			Street Address				
City	State	Ζip	City	State	Zip		

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

Par Value

11. SHARES ISSUED

ISSUED SHARES

Number of Shares

100

File Date Check No.	2815
Ву:	FOR SECRETARY OF STATE USE ONLY

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT

Class/Series

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

Under penalty of perjury, I declare and affirm that I is including any accompanying schedules and statement	nave examined this report, nts, and that all statements
conflained berein are true and correct)	1.23.04
Signature of Officer	Date
Print or Type Name of Officer	
Vice-President Title of Officer	- 1000

Class/Series

Common

Par Value

<u>No par</u>

Form 630 Rev. 12/03

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

GORM MIIST I	RE TYPED OR PR	INTED IN BLAC	'K)

1	Corporate	m	No	

2. Name of Corporation

99676

President Name

NORTHEAST FINISHING INC.

3. Street Address Principal Business Office

Zip

One Tupper Drive

North Smithfield

RI

RΙ

02896

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-766-8584

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

RHODE ISLAND

Painting and coating of metal and plastic parts

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

Vice President Name

Stephen Pirie

Street Address

18 Quaker Street

State

557 Black Plain Road

Richard L. Petrin

Zip

Northbridge

MA

01534

North Smithfield

Richard L. Petrin

02896

Treasurer Name

Street Address

Director Name

Street Address

Stephen Pirie Street Address

Secretary Name

18 Quaker Street

State

01534

557 Black Plain Road

City

02896

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

Director Name

Richard L. Petrin

North Smithfield

Street Address

557 Black Plain Road

Director Name

RΙ

02896

Stephen Pirie Street Address 18 Quaker Street

Zip

Northbridge

MA

01534

Street Address

Street Address

City

State

- City

Zip

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

AUTHORIZED SHARES

Number of Shares

1,000 NO PAR VALUE

Class/Series

Par Value

Zip

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) Class/Series

Par Value

100

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

ISSUED SHARES

Number of Shares

Common

No par

File Date:

Check No .:

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.

Richard L. Petrin Print or Type Name of Officer

Vice President Title of Officer

4 5 €

Farm 630 12/02



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. 2. Name of Corporation 99676 NORTHEAST FINISHING INC. 3. Street Address Principal Business Office State 02896 One Tupperware Drive North Smithfield 4. Business Phone No. 5. State of incorporation 6. SIC Code **RHODE ISLAND** 401-766-8534 7. Brief Description of the Character of Business Conducted in Rhode Island Painting and coating of metal and plastic parts 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Stephen Pirie Richard L. Petrin Street Address Street Address 18 Quaker Street 557 Black Plain Raod State ZipNorthbridge MA North Smithfield RI 02896 Secretary Name Treasurer Name Stephen Pirie Richard L. Petrin Street Address Street Address 18 Quaker Street 557 Black Plain Road City State Zip Northbridge 01534 02896 North Smithfield RT 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Richard L. Petrin Stephen Pirie Street Address Street Address 557 Black Plain Road 🤌 18 Quaker Street . State Zip State North Smithfield Northbridge MA 01534 Director Name Street Address Street Address City Zip Zip State City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 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:	FILED
Check No.:	MAR 2 1 2002
Ву:	BROWN 2836#
FOR SECRETARY OF S	TATE 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. Liker <u>Richard L. Petrin</u> Print or Type Name of Officer

Vice-President Title of Officer

Carry 420 12/01

(FORM MUST BE TYPED IN BLACK)

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	
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1. Corporate ID No. 99676	2. Name of Corpora NORTHEAST	FINISHING INC.		
3. Street Address Principal Busines. 1 TUPPERWARE			N. SMITHFIELD State RI	^{zip} 02896
4. Business Phone No. (401) 766-85	34	5. State of Incorporation RHODE ISLAN	D	6. SIC Code 0
7. Brief Description of the Characto PAINTING AND	er of Business Conducted i	n Rhode Island NETAL AND PLASTIC	PARTS	
8. NAMES AND ADDRES President Name STEPHEN PIRI		ICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BEFORE USING Vice President Name RICHARD L. PETRIN	ATTACHMENTS
Street Address 18 QUAKER ST	· .	•	Street Address 557 BLACK PLAIN RD.	•
City NORTHBRIDGE	State MA	^{2lp} 01534	N. SMITHFIELD State RI	^{z(p} 02896
Secretary Name STEPHEN PIRI	I E	•	Treasurer Name	·
Street Address	_		Street Address .	
18 QUAKER ST			557 BLACK PLAIN RD.	Zip
ONTHBRIDGE	State MA	zip 01534	N. SMITHFIELD RI	²¹ 02896
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES BEFORE USIN Director Name STEPHEN PIRIE	G ATTACHMENTS
Street Address 557 BLACK P	LAIN RD.		Street Address QUAKER ST.	
N. SMITHFIE	LD RI	^{Zip} 02896	City NORTHBRIDGE State MA	7 01534
Director Name		-	Director Name	·
Street Address			Street Address	
City	State	Zip	City State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR AT	FACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTA ISSUED SHARES	CHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares Class/Series	Par Value
1,000 NO PAR V	NLUE	•	100 COM	MMON NPV
				•

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

	* 9 9 6 7 6 *
File Date:	3/8
Check No.:	1390
Ву:	Zu
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

Date

Trint or Type Name of Officer

Valuation
The of Officer



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

(F	ORM	MUST	ΒE	TYPED	ΙN	BLACK)
1.	Corpo	rate ID	No			

2. Name of Corporation

99676

NORTHEAST FINISHING INC.

J.	Street	Adaress	Principal	Business	Office	
	٦.	CHITT		77 0 0	DD 3	- 17

City

1 TUPPERWARE DRIVE

N. SMITHFIELD

RI

02896

6. SIC Code

4. Business Phone No.

(401) 766-8534

STEPHEN PIRIE 10 1

5. State of Incorporation RHODE ISLAND

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

PAINTING AND COATING OF METAL AND PLASTIC PARTS

FILL IN SPACES BEFORE USING ATTACHMENTS

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

Vice President Name

RICHARD L. PETRIN

Street Address

Treasurer Name

557 BLACK PLAIN RD.

RICHARD L. PETRIN

SMITHFIELD

N. SMITHFIELD

RI

02896

Secretary Name

Street Address

City

City

City

City

STEPHEN PIRIE

18 QUAKER ST.

NORTHBRIDGE

18 QUAKER ST.

NORTHBRIDGE

RICHARD L. PETRIN

557 BLACK PLAIN RD.

MA

MA

01534

Street-Address

557 BLACK PLAIN RD.

RI

FILL IN SPACES BEFORE USING ATTACHMENTS

State

02896

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

Director Name

STEPHEN PIRIE Street Address

18 QUAKER ST.

N. SMITHFIELD Director Name

Street Address

RI

02896

NORTHBRIDGE

MA

01534

Director Name

Street Address

Street Address

State

Zip

City

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

100

COMMON

NPV

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



Check No .:

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 all statements contained herein are true and correct.

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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED IN BLAC	. .				
1. Corporate ID No.	2. Name of Corporat				
99676		T FINISHING INC.		,	
3. Street Address Principal Business C			City	State	Zip
	lupper	ware Drive	NO SMITHFIELD	RI	02896
4. Business Phone No.	g v	5. State of Incorporation	_		6. SIC Code
7. Brief Description of the Character	of Business Conducted in	RHODE ISLAN 1 Rhode Island			•
_PAINTING AND CO	DATING OF N	METAL AND PLAS'	TIC PARTS		
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) (FILL IN SPACES BEF	ORE USING ATTAC	HMENTS .
President Name		,	Vice President Name		
RICHARD L. PETE	RIN		STEPHEN PIRIE	_•.	
Street Address			Street Address		
557 BLACK PLAIM	N RD		18 QUAKER ST		
City	State	Zip	City	State	' Zip
NO SMITHFIELD	RI	02896	NORTHBRIDGE	MA	01534
Secretary Name			Treasurer Name		
STEPHEN PIRIE		·	RICHARD L. PETR	IN	
Street Address			Street Address		
18_QUAKER ST			557 BLACK PLAIN		
City	State	Zip	City	State	Zip
NORTHBRIDGE	MA	01534	NO SMITHFIELD	; RI	02896
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	SES OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) TILL IN SPACES B	EFORE USING ATTA	ACHMENTS
Director Name	-	CTORS ("X" BOX FOR ATT.	Director Name	EFORE USING ATTA	ACHMENTS
Director Name RICHARD L. PETI	-	CTORS ("X" BOX FOR ATT	Director Name STEPHEN PIRIE	EFORE USING ATTA	ACHMENTS
Director Name RICHARD L. PETI Street Address	RIN	CTORS ("X" BOX FOR ATT	Director Name STEPHEN PIRIE Street Address	EFORE USING ATTA	ACHMENTS
RICHARD L. PETI Street Address 557 BLACK PLAIR	RIN . N RD		Director Name STEPHEN PIRIE Street Address 18 QUAKER ST		
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City	RIN N RD State	Zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City	Î State	T Zip
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD	RIN . N RD		Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE		
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City	RIN N RD State	Zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City	Î State	T Zip
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD Director Name	RIN N RD State	Zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name	Î State	T Zip
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD	RIN N RD State	Zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE	Î State	T Zip
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD Director Name Street Address	RIN N RD State RI	zip 02896	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address	i state MA	T zip 01534
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD Director Name	RIN N RD State	Zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name	Î State	T Zip
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD Director Name Street Address City	RIN N RD State RI , State	zip 02896 zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address	i State MA	T zip 01534
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIS City NO SMITHFIELD Director Name Street Address City	RIN N RD State RI , State	zip 02896 zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address City 11. SHARES ISSUED (*X*)	i State MA	T zip 01534
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD Director Name Street Address City 10. SHARES AUTHORIZED AUTHORIZED SHARES	RIN N RD State RI , State	Zip 02896 Zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address City 11 SHARES ISSUED (*X*) ISSUED SHARES	State MA State State BOX FOR ATTACHMENT	T zip 01534
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIS City NO SMITHFIELD Director Name Street Address City	RIN N RD State RI , State	zip 02896 zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address City 11. SHARES ISSUED (*X*)	i State MA	T zip 01534
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD Director Name Street Address City 10. SHARES AUTHORIZED	RIN N RD State RI , State Class/Series	Zip 02896 Zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address City 11. SHARES ISSUED (*X** ISSUED SHARES Number of Shares	State MA State BOX FOR ATTACHMENT	T Zip O1534 Zip Par Value
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD Director Name Street Address City 10. SHARES AUTHORIZED AUTHORIZED SHARES Number of Shares	RIN N RD State RI , State Class/Series	Zip 02896 Zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address City 11 SHARES ISSUED (*X*) ISSUED SHARES	State MA State State BOX FOR ATTACHMENT	T zip 01534
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIN City NO SMITHFIELD Director Name Street Address City 10. SHARES AUTHORIZED AUTHORIZED SHARES Number of Shares	RIN N RD State RI , State Class/Series	Zip 02896 Zip	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address City 11. SHARES ISSUED (*X** ISSUED SHARES Number of Shares	State MA State BOX FOR ATTACHMENT	T Zip O1534 Zip Par Value
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIS City NO SMITHFIELD Director Name Street Address City 10. SHARES AUTHORIZES AUTHORIZED SHARES Number of Shares 1,000 NO PAR VALU	RIN N RD State RI , State Class/Series	Zip 02896 Zip ACHMENT)	STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address City 11. SHARES ISSUED (*X*) ISSUED SHARES Number of Shares 100	State MA State BOX FOR ATTACHMENT Class/Series COMMON	Zip O1534 Zip Zip Par Value NPV
Director Name RICHARD L. PETI Street Address 557 BLACK PLAIS City NO SMITHFIELD Director Name Street Address City 10. SHARES AUTHORIZES AUTHORIZED SHARES Number of Shares 1,000 NO PAR VALU	RIN N RD State RI , State Class/Series	Zip 02896 Zip ACHMENT)	Director Name STEPHEN PIRIE Street Address 18 QUAKER ST City NORTHBRIDGE Director Name Street Address City 11. SHARES ISSUED (*X** ISSUED SHARES Number of Shares	State MA State BOX FOR ATTACHMENT Class/Series COMMON	Zip O1534 Zip Zip Par Value NPV

* 9 9 6 7 6 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
ile Date: 04-02-99 Check No.: 442	signature of Officer Plint or Type Name of Officer That all statements contained berein are true and correct. X 3.30.99 Signature of Officer Date Plint or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	Title of Officer