

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

Matthew A. Brown, Secretary of State

Corporations Divise 100 North Main Str. Providence, RI 02003-13 401 222 30

Form 630 Rev. 12/03

KOFTI CORPO) iling Period: January 1 - M FORM MUST BE TYPED OR PRIS	larch I 🔸 Fil	INUAL REPOI ing Fee: \$50.00	RT FOR THE YEAR	R200	05
Corp. rate (1) No. 91986	2 Name of Corporate	ortica Describe Inc.			_
Street Address Principal terspiess	East Avenu	estics Recycling Inc.	Harrisville	State D.T.	7/0 0000
Business Phane No		5 State of Incorpration		state RI	^{7:/>} 02830
465-		RHODE ISLANI			6 SIC Gode
Bruef Description of the Character RECOVERY AND RECY(of Business Conducted v CLING OF PLASTIC	tel to a constant			0
NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT) □ FILL IN SE	PACES BEFORE USIN	C ATTACINEDATO
www.William			Vice President Name Michael J. M	ulligan	G ATTACHMENTS
et address 160 Eas	t Avenue			st Avenue	-
Harrisville	State RI	^{Zφ} 02830	CH) Harrisville	State RI	Zφ 02830
retary Name Michael	J. Mulliga	<u>1</u> an	Treasurg Yariam Mull	igan	
vt Address 169 East	Avenue	 -	Street Address	st Avenue	
Harrisville	State RI	Zφ 02830	Cuv Harrisville		<i>Zφ</i> 02830
NAMES AND ADDRESSES	 OF THE DIRECTO	RS. ("Y" BOY EOD A	:		02030
	Mulligan	NO. (A BOX FOR A)	Director Name	SPACES BEFORE USI	NG ATTACHMENTS
160 East	Avenue		Street Address		
Harrisville	State RI	^{Zip} 02830	Cuy	State	Zip
Michael	J. Mulliga	in	Director Name		
et Address 169 East	Avenue		Street Address		
Harrisville	State RI	^{λφ} 02830	City	State	Zφ
SHARES AUTHORIZED ("X" BOX FOR ATT	 ACHMENT) []	11. SHARES ISSUED ("X"	 " BOX FOR ATTACH	 MENT) [
duer of Shares (Hass Series	Par Value	Number of Shares	Class/Series	Par Value
000 NO PAR VALUE			151	Common	No Par
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This report must be sign	ned in ink by sith	or the Drawdone Month		<u> </u>	
		er the President, Vice P	Under penalty of perjury, including any accompany contained herein are true	. I declare and affirm the ying schedules and state and correct.	it I have examined i
r Date	<u> </u>		Signature of Officer		Date
	- — — :—:		in lligin J Print or Type Name of Offi	11/0/1/5/12	<u>/</u>
FOR SECRETARY OF STATE	USE ONLY		Prosictes	T	
		ı	Title of 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 Stre Providence, RI 02903-13:

PROFIT CORPOR	RATION ANN	UAL REPORT	Γ FOR THE YEAR	2004	401.222.30	
Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	arch I • Filing	g Fee: \$50.00				
1. Corporate ID No	2. Name of Corporation					
91986	Enterprise Plas	tics Recycling Inc.				
3. Street Address Principal Business C	East Avenue		Harrisville	State RI	Zip 02830	
4 Business Phone No. 465 -		5. State of Incorporation			6. SIC Code	
7. Bnef Description of the Character of RECOVERY AND RECY	Husiness Conducted in R	hode Island				
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" ROX FOR ATTA	CHMENT) Fire the one			
President Name William	Mulligan	(II DON TOR NITA	Vice Prisident Name Michael J. Mi	ces before using a ulligan	TTACHMENTS	
	t Avenue		Street Address 169 Eas	st Avenue		
Harrisvill	State RI	<i>zi</i> ρ 02830		State RI	^{Zip} 02830	
Secretary Name Michael J. Mulligan			Treasurge Name. William Mulligan			
	t Avenue		: Street Address	st Avenue		
Harrisville		z _{ιρ} 02830		State RI	Zip 02830	
	of the directors Mulligan	. ("X" BOX FOR ATT	ACHMENT) FILL IN SP Director Name	ACES BEFORE USING	ATTACHMENTS	
Sireci Address 160 East	Avenue		Sircei Address			
Harrisville	State RI	Zip 02830	City	State	Zip	
	J. Mulligan	1	Director Name		l	
169 East	Avenue		Street Address			
Harrisville	State RI	02830	City	State	Zip	
0. SHARES AUTHORIZED (* UTHORIZED SHARES	X" BOX FOR ATTAC	: : '∏' (ЭНМЕNT) :	11. SHARES ISSUED ("X"	 BOX FOR ATTACHME!	ν <i>τ</i>) [
lumber of Shares C	iass/Series p	ar Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			151	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 114 Check No. 358	3
Ву:	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.

January/2, 2004

Print or Type Name of Officer

Presiden T

Edward S. Inman, III. Secretary of Sta Corporations Divisio 160 North Main Street, Providence, RI 02903-133 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

91986

Enterprise Plastics Recycling Inc.

3. Street Address Principal Busines Allienue

Harrisville

RI

zip02830

0

4 Business Phone No. 1986

5. State of Incorporation

RHODE ISLAND

6 SIC Code

7 Brief Description of the Character of Business Conducted in Rhode Island Plastic Recycling

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

President Name William Mulligan

Street Address 160 East Avenue

Harrisville State

RΙ

02830

Nonedent Name MiCHAel J. Mullis AN

W1114am Mulligan

160 de East Avenue

HArrisville State

Secretary Nar Michael J. Mulligan

Street Addres 169 East Avenue

City Harrisville State

ŔΙ

02830

Marrisville

State RT Zip 02830

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

Street Address 160 East Avenue

Harrisville State

RT

02830

State

Zip

Director Nam Michael J. Mulligan

Director Name Street Address

Street Address

Street Address 169 East Avenue

Harrisville State

RI

City 02830

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

151

Common

1,000 NO PAR VALUE

No Par

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



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 hereines bring and correct

Fana 630 12/02



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

Edward S. Inman, III, Secretary of Sta. Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

DOCET CORP.						
PROFIT CORPORATION	ANNIIAI	DEDODT	EOD	THE	VEAD	2002
illes Pariade Language & March	HINIOAL	KELOKI	ruk	IHE	YŁAK	2002

STOP
PLEASE READ
INSTRUCTIONS

Filing Period: January (FORM MUST BE TYPED IN BLA 1. Corporate ID No. 91986 3. Street Address Principal Business	CK) 2. Name of Cor Enterpri		Enterprise Plastics Recycling, Inc. 160 East Avenue Harrisville, RI 02830	State	Zip
4. Business Phone No.	onsdale A	Avenue	Lincoln	RI	02865
7. Brief Description of the Character	401465- of Rusiness Conduc	1986 RHODE ISLAN	D		6. \$IC Cade 0
Plastic Re 8. NAMES AND ADDRESS President Name	ECYCLING SES OF THE O		ICHMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTAC	CHMENTS
Street Address William Mu	ılligan	160 East Avenue Harrisville, RI 02830	None Street Address		
City 1398-11 LC	fisdale A	venue	City	State	Zip
Lincoln Secretary Name	RI	02865	Treasurer Name	,	
Michael J.	Mulliga	n	William Mullig	gan	
169 East A	State	Zip	1398-11 Lonsda	ale Avenue	Zip
Harrisvill 9. NAMES AND ADDRESS Director Name	ES OF THE DI	02830 RECTORS ("X" BOX FOR AT	Lincoln TACHMENT) FILLIN SPACES	RI BEFORE USING ATTA	02865
Street Address William Mu	lligan	160 East Avenue Harrisville, RI 02830	Director Name Street Address		
City 1398-11 LO	nsdale A	venue	City	State	21-
Director Name	RI .	02865	Director Name	-	ZIp
Street Address Michael J.	Mulliga	n	Street Address		
169 East A	venue	Zip	City	•	
Harrisvill 10. Shares authorized authorized shares	e RI ("X" BOX FOR AT	02830	11. SHARES ISSUED (*x*	State BOX FOR ATTACHMENT)	Zip
Number of Shares 1,000 NO PAR VALUE	Closs/Series	Par Value	ISSUED SHARES 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



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

February 7, 2002

Date

Print or Type Name of Officer

Title of Officer

-53≥ s

FOR SECRETARY OF STATE USE ONLY

Farm 630 12/01

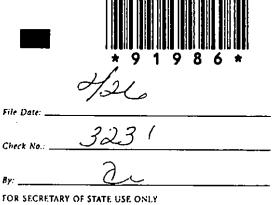
Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

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

7.4)P
PLEASE	READ 110Xs

(FORM MUST BE TYPED IN BLACK)

1. Corporate II) No 986	2. Name of Corpor Enterpri	ation Se Plastics Recycl	ing Inc.		
3. Street Address Principal Business	Office		City	State	ZIp
1398-11 LONSDALE 4. Business Phone No.	AVE.	5. State of incorporation RHODE ISLAND	LINCOLN	RI	02865 6. SIC Capp
727-2946 7. Brief Description of the Characte	r of Business Conducted				1883
PLASTIC RECYCLIN	IG .				
8. NAMES AND ADDRES President Name	SES OF THE OFF	TICERS ("X" BOX FOR ATTACHM	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACH!	MENTS
WILLIAM MULLIGAN	Ī		MICHAEL MULLI	GAN	
1398-11 LONSDALE	AVE.				
City	State	Zip	169 EAST AVE.	State	Zip
LINCOLN	RI	02865	HARRISVILLE	RI	02830
Secretary Name	CAN		Treasurer Name		
MICHAEL J. MULLI Street Address	GAN		WILLIAM MULLIGAN		
169 EAST AVE.			1398-11 LONSDALE	AVE.	
City	State	Zip	City	State	Zip
HARRISVILLE	RI	02830	LINCOLN	RI	02865
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES 1 Director Name	BEFORE USING ATTAC	HMENTS
WILLIAM MULLIGAN					-
	4		Street Address		
1398-11 LONSDALE	AVE. State	210	Cliv		•
•		Zip	City	State	Zip :
LINCOLN Director Name	RI	02865	Director Name		Í
MICHAEL J. MULLI	CAN		Director Nume		•
Street Address	GAU		Street Address	•	
169 EAST AVE.					
City	State	Zip	City	State	Zip
HARRISVILLE	RI	02830			,
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	FACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	INVED SHARES	Chara (Saulas	On Males
1,000 SHS NO PAI		7 a. Fulue	Number of Shares	Class/Series	Par Value
1,000 3H3 H0 FAI	· VALUE		151	COMMON	NO PAR VALUE
			LJL	COLLION	HO FAR VALUE
					
		her the President, Vice Pr	esident, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Trus
	1000 11010 10161 1000 1 017	188 (



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

that all statements concained herein a		
- : // 100 //	20	
will milly	january 28 ,	2001.
E		

WILLIAM MULLIGAN

Print or Type Name of Officer PRESIDENT

Title of Officer

Form 630 12/00

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-31

Zip

02865

6. SIC Code

1883

State

RI

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.

WILLIAM MULLIGAN Print or Type Name of Officer PRESIDENT Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

LINCOLN

Enterprise Plastics Recycling Inc.

5. State of Incorporation

RHODE ISLAND

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

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

* 9 1 9 8 6 *

File Date: _

2. Name of Corporation

1. Corporate ID No.

4. Ausiness Phone No.

727-2946

91986

3. Street Address Principal Business Office

PLASTICS RECYCLING

1398-11 LONSDALE AVE.

WILLIAM MULLIGAN Street Address 1398-11 LONSDALE AV City LINCOLN Secretary Name MICHAEL J. MULLIGAN Street Address 169 EAST AVE.	State RI	zip 02865	Street Address City	State	_
1398-11 LONSDALE AV City LINCOLN Secretary Name MICHAEL J. MULLIGAN Street Address	State RI	•		State	_
City LINCOLN Secretary Name MICHAEL J. MULLIGAN Street Address	State RI	•	City	State	
LINCOLN Secretary Name MICHAEL J. MULLIGAN Street Address	RI	•	City	State	_,
Secretary Name MICHAEL J. MULLIGAN Street Address		02865			Zip
MICHAEL J. MULLIGAN					
Street Address			Treasurer Name		
169 EAST AVE			WILLIAM MULLIG	AN	_
TOP BROT MIL.			1398-11 LONSDA	I.E. AVE.	
	itate	Zip	City	State	21p
HARRISVILLE	RI	02830	LINCOLN	RI	02865
9. NAMES AND ADDRESSES Director Name WILLIAM MULLIGAN	OF THE DIRE	CTORS (*x* box for	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	
Street Address 1398-11 LONSDALE AV	Ε.		Street Address		
City	tate	Zip	City	State	Zip
LINCOLN	RI	02865	- 7	51411	219
Director Name MICHAEL J. MULLIGAN			Director Name		
Street Address			Street Address		
169 EAST AVE.					
	tate	Zip	City	State	Zip
	RI .	02830			
10. SHARES AUTHORIZED (*) AUTHORIZED SHARES	C BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	r)
Number of Shares C	lass/Series	Par Value	Number of Shares	Class/Series	Sar Value
1,000 SHS NO PAR VA	LUE		151	COMMON	NO PAR VALUI



James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



- L Cour	1 MUST BE TYPED IN BL/ porute ID No.					
1. (.07)	91986	2. Nume of Corporate Enterprise F	ion Plastics Recycling Inc	•	·	
3 Stree	et Address Principal Business	Office		City	State	
	1398-11 LO	NSDALE AVE		LINCOLN	RI	<i>Ζφ</i>
	ness Phone No. (401) 727-2		5. State of Incorporation RHODE ISLAND		ΚI	02865 6. SIC Cuile
7. Brief	Description of the Character	of Business Conducted in	Rhode Island			
	PLASTIC REG	CYCLING				
8. NA	MES AND ADDRES	SES OF THE OFFIC	CE RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTACH	IMENTS
11611061	WILLIAM MUI	T T C D NI		Vice President Name		
Street A		LIGAN		MICHAEL J. MI	JLLIGAN	
	1398-11 LON	ISDALE AVE		Street Address		
City	110 11 10.	State	Zip	169 EAST AVE		
	LINCOLN	RI	02865	. City	State	Zip
Secretary			02005	HARRISVILLE Treasurer Name	RI	02830
	BRIAN E. MU	LLIGAN		WILLIAM J. MU	IT T T C A NI	
Street Au				Street Address	DLLIGAN	
	169 EAST AV	E		1398-11 LONSD	ALE AVE	
City	HARRISVILLE	State	Zip	City	State	Zip
			02830	LINCOLN	RI	02865
9. NA	MES AND ADDRESS	ES OF THE DIREC	CTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	
_	WILLIAM J.	MULLIGAN		•	T T T C D N	
Street Ad	dress			MICHAEL J. MU Street Address	LLIGAN	
	1398-11 LON	SDALE AVE		169 EAST AVE		
City	LINGOLN	State	Zip	City	State .	 Ζί ρ
	LINCOLN	RI	02865	HARRISVILLE	RΙ	02830
Director i	BRIAN E. MU	T T T C D AI		Director Name	• • • • • •	
Street Ado		LLIGAN				
	169 EAST AV	E		Street Address		•
City		State	7.5			
	HARRISVILLE	RI	21p 02830	City	State	Z)p ==
	ARES AUTHORIZED	("X" BOX FOR ATTAC		11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT) :	
Number o	CED SHARES			ISSUED SHARES		
	O SHS NO PAR V	Class/Series	Par Value	Number of Shares	Class/Series	l'ar Value
4	~ . ~ LIS BITS TO BE 1/	A I 1 1 E		200	COMMON	

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

	* 9 1 9 8 6 *
File Date:	May 199
Check No.:	
Ву:	
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

Print or Type Name of Officer

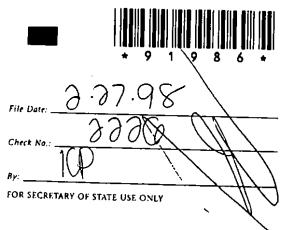
Print or Type Name of Officer

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1: 401-277-3(

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

(FORM MUST BE TYPED IN BL	ACK)	-			t
1. Curporate ID No. 91986	² Enterprise	⊭ี่เลือtics Recycling	Inc.		\
3. Street Address Principal Busines			City		
1398-11 I	ONSDALE AVI	enue °åhode"su	LINCOLN	State R I	zip 02865
(401) 727 7. Brief Description of the Character	–2946 er of Business Conducted I		AND		6. SIC Code
PLASTIC R 8. NAMES AND ADDRES President Name	ECYCLING SSES OF THE OFFI	CERS ("X" BOX FOR AT			
WILLIAM M Street Address	ULLIGAN		Vice President Name MICHAEL J N Street Address	MULLIGAN	
1398-11 L	ONSDALE AVE		169 EAST AV	ENUE	
LINCOLN Secretary Name	RI	^{Zip} 02865	City HARRISVILLE	State RI	^{zip} 02830
BRIAN E M	ULLIGN		Treasurer Name WILLIAM J MUL	.I.IGAN	
Street Address 169 EAST	AVE		5141.00SD		
CHY HARRISVILLE	State RI	zip 02830	City LINCOLN	State RI	zip 02865
9. NAMES AND ADDRES: Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT)		02805
WILLIAM J	MULLIGAN		MICHAEL J MUL	LIGAN	
1398-11 LC	ONSDALE AVE		Street Address 169 EAST AVE		
LINCOLN Director Name	RI	02865	HARRISVILLE	State RI	^{zip} 02830
BRIAN E MU	JLLIGAN		Director Name		
169 EAST A	VE		Street Address		
HARRISVILLE	State RI	^{Zip} 02830	City	State	Zip
O. SHARES AUTHORIZED UTHORIZZO SHARES	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)
umber of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Classic in	
1,000 SHS NO PAR V	ALUE		200	Class/Series COMMON	Par Value NONE

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.

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-13

PROFIT CORPORATION ANNUAL REPORT 1997

Filling Period: January 1-March 1 . Filling Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate II) No. 04006

2. Name of Carporation

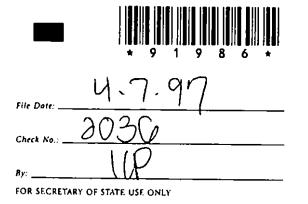
31300	recyclabic Enterprise-(400tice-inc	Enternrice	Plactice	Recycling, Inc.
3. Street Address Principal Business Office		City	State	Recycling, inc.
1398-11 LONSDALE A. Business Phone No.	AVENUE 5. State of Incorporation	LINCOLN	RI	02865
(401) 727-2946	RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Busi	iness Conducted in Rhode Island			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name WILLIAM J. MULLIGAN MICHAEL J. MULLIGAN Street Address Street Address 1398-11 LONSDALE AVENUE 169 EAST AVENUE State Zip State Zip LINCOLN 02865 HARRISVILLE RT RI 02830 Secretary Name Treasurer Name BRIAN E. MULLIGAN WILLIAM MULLIGHN Street Address Street Address 169 EAST AVENUE 1398-11 LONSDALE AVENUE State Zip City State ZIp HARRISVILLE RT 02830 LINCOLN RI 02865 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name William J. Mulliagan MICHAEL J. MULLIGAN Street Address Street Address 1398-11 LONSDALE AVENUE 169 EAST AVENUE State Zip City State Zip LINCOLN RI 02865 HARRISVILLE RΙ 02830 Director Name Director Name BRIAN E. MULLIGAN Street Address Street Address 169 EAST AVENUE State Zip City State HARRISVILLE RI 02830 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 1,000 SHS NO PAR VALUE

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

200

Title of Officer



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

NONE

X.C.C.	(idle -	1	2/25/97
Signature of Offic	er		Date	
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