



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Str.
Providence, RI 02903-13
401 222 30

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. 91986		2. Name of Corporation Enterprise Plastics Recycling Inc.		
3. Street Address Principal Business Office 160 East Avenue		Harrisville	State RI	Zip 02830
4. Business Phone No. 465-1986		5. State of Incorporation RHODE ISLAND		
6. SIC Code 0				
7. Brief Description of the Character of Business Conducted in Rhode Island RECOVERY AND RECYCLING OF PLASTICS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name William Mulligan		Vice President Name Michael J. Mulligan		
Street Address 160 East Avenue		Street Address 169 East Avenue		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI
Secretary Name Michael J. Mulligan		Treasurer Name William Mulligan		
Street Address 169 East Avenue		Street Address 160 East Avenue		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name William Mulligan		Director Name		
Street Address 160 East Avenue		Street Address		
City Harrisville	State RI	Zip 02830	City	State
Director Name Michael J. Mulligan		Director Name		
Street Address 169 East Avenue		Street Address		
City Harrisville	State RI	Zip 02830	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE			151	Common
				No Par
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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



File Date	2.2.05
Check No.	3722
By:	2
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 statement contained herein are true and correct.

Signature of Officer **William J. Mulligan** Date **January 10, 2005**
Print or Type Name of Officer **William J. Mulligan**
Title of Officer **President**



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 02903-1311
401.222.3041

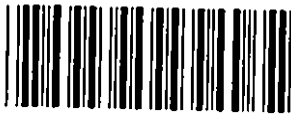
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91986		2. Name of Corporation Enterprise Plastics Recycling Inc.			
3. Street Address Principal Business Office 160 East Avenue		City Harrisville		State RI	Zip 02830
4. Business Phone No. 465-1986		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island RECOVERY AND RECYCLING OF PLASTICS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William Mulligan			Vice President Name Michael J. Mulligan		
Street Address 160 East Avenue			Street Address 169 East Avenue		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Michael J. Mulligan			Treasurer Name William Mulligan		
Street Address 169 East Avenue			Street Address 160 East Avenue		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William Mulligan			Director Name		
Street Address 160 East Avenue			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Director Name Michael J. Mulligan			Director Name		
Street Address 169 East Avenue			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	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	1/14/04
Check No.	3583
By:	912
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.

January 2, 2004
Signature of Officer
William J. Mulligan
Date
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 02903-1333
401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

91986

2. Name of Corporation

Enterprise Plastics Recycling Inc.

3. Street Address (Principal Business Office)

160 East Avenue

Harrisville

State RI

Zip 02830

4. Business Phone No.

465-1986

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

President Name

None

Street Address

160 East Avenue

Street Address

MICHAEL J. MULLIGAN

City

Harrisville

State

RI

Zip

02830

City

169 EAST AVE

City

Harrisville

State

RI

Zip

02830

Secretary Name

Michael J. Mulligan

William Mulligan

Street Address

169 East Avenue

Street Address

160 East Avenue

City

Harrisville

State

RI

Zip

02830

City

Harrisville

State

RI

Zip

02830

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

William Mulligan

Director Name

Street Address

160 East Avenue

Street Address

City

Harrisville

State

RI

Zip

02830

City

State

Zip

Director Name

Michael J. Mulligan

Director Name

Street Address

169 East Avenue

Street Address

City

Harrisville

State

RI

Zip

02830

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 9 1 9 8 6 *

File Date

2/17/03

Check No

02392

By

Wm

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.

February 2003

Signature of Officer

Date

William J. Mulligan

Title of Officer

President

Form 630 12/92



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 02903-133
401-222-304

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. **91986**
2. Name of Corporation **Enterprise Plastics Recycling Inc.**
3. Street Address Principal Business Office
1398-11 Lonsdale Avenue
4. Business Phone No. **727-2946 401-465-1986** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

**Enterprise Plastics
Recycling, Inc.
160 East Avenue
Harrisville, RI 02830**

State **RI** Zip **02865**
6. SIC Code **0**



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**
City **Harrisville, RI 02830**
State **RI** Zip **02830**
Secretary Name **Michael J. Mulligan**
Street Address **169 East Avenue**
City **Harrisville RI** State **RI** Zip **02830**

Vice President Name **None**
Street Address
City State Zip
Treasurer Name **William Mulligan**
Street Address **1398-11 Lonsdale Avenue**
City **Lincoln** State **RI** Zip **02865**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **William Mulligan**
Street Address **160 East Avenue**
City **Harrisville, RI 02830**
State **RI** Zip **02830**
Director Name **Michael J. Mulligan**
Street Address **169 East Avenue**
City **Harrisville RI** State **RI** Zip **02830**

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES

Number of Shares **1,000 NO PAR VALUE** Class/Series Par Value

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

ISSUED SHARES

Number of Shares **151** 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



* 9 1 9 8 6 *

File Date: **3-6-02**
Check No.: **3399**

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 of Officer **[Signature]** Date **February 09, 2002**

Print or Type Name of Officer **William J. Mulligan**

Title of Officer **President**



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

Corporations Division
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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91986** 2. Name of Corporation **Enterprise Plastics Recycling Inc.**

3. Street Address Principal Business Office

1398-11 LONSDALE AVE.

City

LINCOLN

State

RI

Zip

02865

4. Business Phone No.

727-2946

5. State of Incorporation
RHODE ISLAND

6. SIC Code

1883

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

Vice President Name

MICHAEL MULLIGAN

Street Address

1398-11 LONSDALE AVE.

Street Address

169 EAST AVE.

City

LINCOLN

State

RI

Zip

02865

City

HARRISVILLE

State

RI

Zip

02830

Secretary Name

MICHAEL J. MULLIGAN

Treasurer Name

WILLIAM MULLIGAN

Street Address

169 EAST AVE.

Street Address

1398-11 LONSDALE AVE.

City

HARRISVILLE

State

RI

Zip

02830

City

LINCOLN

State

RI

Zip

02865

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

Director Name

WILLIAM MULLIGAN

Director Name

Street Address

1398-11 LONSDALE AVE.

Street Address

City

LINCOLN

State

RI

Zip

02865

City

State

Zip

Director Name

MICHAEL J. MULLIGAN

Director Name

Street Address

169 EAST AVE.

Street Address

City

HARRISVILLE

State

RI

Zip

02830

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

151

COMMON

NO PAR VALUE

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



* 9 1 9 8 6 *

File Date: 3/26

Check No.: 3231

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] JANUARY 28, 2001.
Signature of Officer Date

WILLIAM MULLIGAN

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 02903-1100
401-222-3100



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. **91986** 2. Name of Corporation **Enterprise Plastics Recycling Inc.**
3. Street Address Principal Business Office **1398-11 LONSDALE AVE.** City **LINCOLN** State **RI** Zip **02865**
4. Business Phone No. **727-2946** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

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

PLASTICS RECYCLING

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

President Name WILLIAM MULLIGAN Street Address 1398-11 LONSDALE AVE. City LINCOLN State RI Zip 02865 Secretary Name MICHAEL J. MULLIGAN Street Address 169 EAST AVE. City HARRISVILLE State RI Zip 02830	Vice President Name Street Address City State Zip Treasurer Name WILLIAM MULLIGAN Street Address 1398-11 LONSDALE AVE. City LINCOLN State RI Zip 02865
---	--

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

Director Name WILLIAM MULLIGAN Street Address 1398-11 LONSDALE AVE. City LINCOLN State RI Zip 02865 Director Name MICHAEL J. MULLIGAN Street Address 169 EAST AVE. City HARRISVILLE State RI Zip 02830	Director Name Street Address City State Zip Director Name Street Address City State Zip
---	--

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
151	COMMON	NO PAR VALUE

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



* 9 1 9 8 6 *

File Date: _____

FILED

Check No.: _____

FEB 07 2000

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 **William Mulligan** Date **JANUARY 28, 2000**

WILLIAM MULLIGAN

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 02903-13
401-222-30

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. **91986** 2. Name of Corporation **Enterprise Plastics Recycling Inc.**

3. Street Address Principal Business Office **1398-11 LONSDALE AVE** City **LINCOLN** State **RI** Zip **02865**
4. Business Phone No. **(401) 727-2946** 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 1398-11 LONSDALE AVE City LINCOLN State RI Zip 02865	Vice President Name MICHAEL J. MULLIGAN Street Address 169 EAST AVE City HARRISVILLE State RI Zip 02830
Secretary Name BRIAN E. MULLIGAN Street Address 169 EAST AVE City HARRISVILLE State RI Zip 02830	Treasurer Name WILLIAM J. MULLIGAN Street Address 1398-11 LONSDALE AVE City LINCOLN State RI Zip 02865

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

Director Name WILLIAM J. MULLIGAN Street Address 1398-11 LONSDALE AVE City LINCOLN State RI Zip 02865	Director Name MICHAEL J. MULLIGAN Street Address 169 EAST AVE City HARRISVILLE State RI Zip 02830
Director Name BRIAN E. MULLIGAN Street Address 169 EAST AVE City HARRISVILLE State RI Zip 02830	

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	COMMON	NONE

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



* 9 1 9 8 6 *

File Date: Mar 1, 99
Check No.: 3011

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.

X [Signature] 2/25/99
Signature of Officer Date

X William J. Mulligan
Print or Type Name of Officer

X President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Divs
100 North Main Street, Providence, RI 02903-1101
401-277-3100

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. **91986** 2. Name of Corporation **Enterprise Plastics Recycling Inc.**

3. Street Address Principal Business Office

1398-11 LONSDALE AVENUE

City

LINCOLN

State

RI

Zip

02865

4. Business Phone No.

(401) 727-2946

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)

President Name

WILLIAM MULLIGAN

Street Address

1398-11 LONSDALE AVE

City

LINCOLN

State

RI

Zip

02865

Secretary Name

BRIAN E MULLIGN

Street Address

169 EAST AVE

City

HARRISVILLE

State

RI

Zip

02830

Vice President Name

MICHAEL J MULLIGAN

Street Address

169 EAST AVENUE

City

HARRISVILLE

State

RI

Zip

02830

Treasurer Name

WILLIAM J MULLIGAN

Street Address

1398-11 LONSDLE AVENUE

City

LINCOLN

State

RI

Zip

02865

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

Director Name

WILLIAM J MULLIGAN

Street Address

1398-11 LONSDALE AVE

City

LINCOLN

State

RI

Zip

02865

Director Name

MICHAEL J MULLIGAN

Street Address

169 EAST AVE

City

HARRISVILLE

State

RI

Zip

02830

Director Name

BRIAN E MULLIGAN

Street Address

169 EAST AVE

City

HARRISVILLE

State

RI

Zip

02830

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON

NONE

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



* 9 1 9 8 6 *

File Date:

2-27-98

Check No.:

2220

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.

William J Mulligan 2/27/98
Signature of Officer Date

William J Mulligan
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 Divis
100 North Main Street, Providence, RI 02903-13
401-277-36

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.

91986

2. Name of Corporation

~~Recyclable Enterprise Plastics Inc.~~

Enterprise Plastics Recycling, Inc.

3. Street Address Principal Business Office

1398-11 LONSDALE AVENUE

City

LINCOLN

State

RI

Zip

02865

4. Business Phone No.

(401) 727-2946

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

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

President Name

WILLIAM J. MULLIGAN

Street Address

1398-11 LONSDALE AVENUE

City

LINCOLN

State

RI

Zip

02865

Vice President Name

MICHAEL J. MULLIGAN

Street Address

169 EAST AVENUE

City

HARRISVILLE

State

RI

Zip

02830

Secretary Name

BRIAN E. MULLIGAN

Street Address

169 EAST AVENUE

City

HARRISVILLE

State

RI

Zip

02830

Treasurer Name

WILLIAM MULLIGAN

Street Address

1398-11 LONSDALE AVENUE

City

LINCOLN

State

RI

Zip

02865

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

Director Name

William J. Mulligan

Street Address

1398-11 LONSDALE AVENUE

City

LINCOLN

State

RI

Zip

02865

Director Name

MICHAEL J. MULLIGAN

Street Address

169 EAST AVENUE

City

HARRISVILLE

State

RI

Zip

02830

Director Name

BRIAN E. MULLIGAN

Street Address

169 EAST AVENUE

City

HARRISVILLE

State

RI

Zip

02830

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON

NONE

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



* 9 1 9 8 6 *

File Date:

4-7-97

Check No.:

2036

By:

UP

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.

William J. Mulligan 2/25/97
Signature of Officer Date

William J. Mulligan
Print or Type Name of Officer

President
Title of Officer