



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 73887	2. Name of Corporation DOCKO, INC.		
3. Street Address Principal Business Office 14 HOLMES STREET		City MYSTIC	State CT
4. Business Phone No. 8605728939		5. State of Incorporation CONNECTICUT	6. SIC Code 8888

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OFFER AND OBTAIN CONTRACTS FROM FIRMS AND INDIVIDUALS RELATED TO PROFESSIONAL SERVICES IN MARINE ENGINEERING.

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

President Name Keith B. Neilson			Vice President Name Thomas C. Law		
Street Address 5 Village Drive			Street Address 159 W. Broad St.		
City East Lyme	State CT	Zip 06333	City Pawcatuck	State CT	Zip 06379
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ~~10.1~~ **10.2 SHARES 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	COMM NO PAR VALUE		1,000	Common	no par

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



7 3 8 8 7

73887 FBC 03/30/05 02:55:27 PM

File Date 6/16/05

Check No. 9913

By: DA

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.

Keith B. Neilson
Signature of Officer

Date

Keith B. Neilson
Print or Type Name of Officer

President
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 Street, Providence, RI 02903-1335
401 222 3940

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 73887
2. Name of Corporation DOCKO, INC.
3. Street Address Principal Business Office 14 HOLMES STREET
City MYSTIC State CT Zip 06355
4. Business Phone No 8605728939
5. State of Incorporation CONNECTICUT
6. SIC Code 8888

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OFFER AND OBTAIN CONTRACTS FROM FIRMS AND INDIVIDUALS RELATED TO PROFESSIONAL SERVICES IN MARINE ENGINEERING.

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

President Name Keith B. Neilson Street Address 5 Village Drive City East Lyme State CT Zip 06333 Secretary Name	Vice President Name Thomas C. Law Street Address 159 W. Brood St. City Pawcatuck State RI Zip 06379 Treasurer Name
--	---

Street Address	Street Address
City	City
State	State
Zip	Zip

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
1,000	common	no par

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



7 3 8 8 7

73887 FBC 12/31/03 10:54:15 AM

File Date 2/10/04
Check No. 9328
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] 2/10/04
Signature of Officer Date
Keith B. Neilson
Print or Type Name of Officer
President
Title of Officer



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. 2. Name of Corporation

73887

DOCKO, INC.

3. Street Address Principal Business Office

14 Holmes Street

City

Mystic

State

CT

Zip

06355

4. Business Phone No.

860-572-8939

5. State of Incorporation

CONNECTICUT

6. SIC Code

8888

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

Marine engineering and permitting.

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

President Name

Keith B. Neilson

Vice President Name

Street Address

5 Village Drive

Street Address

City

East Lyme

State

CT

Zip

06383

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

common

no par value

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



* 7 3 8 8 7 *

File Date: 2/7/03

Check No.: 8805

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] Feb. 3, 2003

Signature of Officer Date

Keith B. Neilson

Print or Type Name of Officer

President

Title of Officer



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. **73887** 2. Name of Corporation **DOCKO, INC.**
3. Street Address Principal Business Office **14 Holmes Street** City **Mystic** State **CT** Zip **06355**
4. Business Phone No. **(860) 572-8939** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **8888**

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

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

President Name Thomas C. Law	Vice President Name
Street Address 159 West Broad Street	Street Address
City Pawcatuck State Ct Zip 06379	City State Zip

Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	Common	No Par Val

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



* 7 3 8 8 7 *

File Date: 2-8-02
Check No.: 9117
By: [Signature]

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: 2/6/02
Thomas C. Law
Print or Type Name of Officer
President
Title of Officer



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. **73887** 2. Name of Corporation **DOCKO, INC.**
3. Street Address Principal Business Office City State Zip
RD 2, Box 420A, Stafford Street Mystic CT 06355
4. Business Phone No. (860) 572-8939 5. State of Incorporation **CONNECTICUT** 6. SIC Code **8888**
7. Brief Description of the Character of Business Conducted in Rhode Island

Marine Engineering

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

President Name Thomas C. Law	Vice President Name
Street Address 159 West Broad Street	Street Address
City State Zip Pawcatuck CT 06379	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	Common	No Par Val

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



File Date: 2/8/01
Check No.: 7567
By: GAN

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.
Thomas C. Law 2/6/01
Signature of Officer Date
Thomas C. Law
Print or Type Name of Officer
President
Title of Officer



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. **73887** 2. Name of Corporation **DOCKO, INC.**
3. Street Address Principal Business Office City State Zip
Rd 2 Box 420A Stafford Street Mystic CT 06355
4. Business Phone No. (860) 572-8939 5. State of Incorporation **CONNECTICUT**
6. SIC Code **06355**
7. Brief Description of the Character of Business Conducted in Rhode Island

Marine Engineering

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

President Name	Vice President Name
Thomas C. Law	none
Street Address	Street Address
159 West Broad Street	
City State Zip	City State Zip
Pawcatuck CT 06379	
Secretary Name	Treasurer Name
none	none
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
none	none
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
none	none
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	No Par Value

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	No Par Val

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



* 7 3 8 8 7 *

File Date: 9-21-00
Check No.: 6970
By: AMF

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.

Thomas C. Law 9/19/00
Signature of Officer Date

Thomas C. Law
Print or Type Name of Officer

President
Title of Officer



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. **73887** 2. Name of Corporation **DOCKO, INC.**
3. Street Address Principal Business Office City State Zip
Rd 2 Box 420 A Stafford Street Mystic CT 06355
4. Business Phone No. (860) 572-8939 5. State of Incorporation **CONNECTICUT** 6. SIC Code **0000**

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

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

President Name Thomas C. Law	Vice President Name
Street Address 159 West Broad Street	Street Address
City State Zip Pawcatuck.. CT 06379	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	common	no par value

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	common	no par value

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



* 7 3 8 8 7 *

File Date: 3/25/99
Check No.: 9729
By: [Signature]

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: Thomas C. Law Date: 3/25/99

Thomas C. Law
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. **73887** 2. Name of Corporation **DOCKO, INC.**
3. Street Address Principal Business Office
Rd 2 Box 420A Stafford Street City **Mystic** State **CT** Zip **06355**
4. Business Phone No. **(860) 572-8939** 5. State of Incorporation **CONNECTICUT**
6. SIC Code

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

Marine Engineering

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

President Name **Thomas C. Law**
Street Address **159 West Broad Street**
City **Pawcatuck** State **CT** Zip **06379**

Vice President Name
Street Address
City State Zip

Secretary Name
Street Address
City State Zip

Treasurer Name
Street Address
City State Zip

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

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1000 Common No Par Val

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 Common No Par Val

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



* 7 3 8 8 7 *

File Date: 2.27.98
Check No.: SS42
By: [Signature]

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] 2/24/98
Signature of Officer Date
Thomas C. Law Keith B. Nelson
Print or Type Name of Officer
President
Title of Officer



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. **73887** 2. Name of Corporation **DOCKO, INC.**
3. Street Address Principal Business Office **Rd 2 Box 420A Stafford Street** City **Mystic** State **CT** Zip **06355**
4. Business Phone No. **(860) 572-8939** 5. State of Incorporation **CONNECTICUT** 6. SIC Code

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

Marine Engineering

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

XXXXXXXX Thomas C. Law, Vice President Street Address 159 West Broad Street City State Zip Pawcatuck CT 06379 Secretary Name	XXXXXXXXXX Keith B. Neilson, President Street Address 5 Village Drive City State Zip East Lyme CT 06333 Treasurer Name
---	---

Street Address	Street Address
City State Zip	City State Zip

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

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

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
1000	Common	No Par Value	1000	Common	No Par Val

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



File Date: 2-18-97
Check No.: 4873
By: UP / SC
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.
Keith B. Neilson 2/13/97
Signature of Officer Date
Thomas C. Law/ Keith B. Neilson
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 73887		2. NAME OF CORPORATION DOCKO, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE Rd 2 Box 420A Stafford Street		CITY Mystic	STATE CT	ZIP CODE 06355	
4. BUSINESS PHONE NO. (203) 572-8939		5. STATE OF INCORPORATION CONNECTICUT		6. SIC CODE 8888	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Marine Engineering					

8. NAMES AND ADDRESSES OF THE OFFICERS					
VICE PRESIDENT NAME Thomas C. Law			PRESIDENT NAME Keith B. Neilson		
STREET ADDRESS 159 West Broad Street			STREET ADDRESS 5 Village Drive		
CITY Pawcatuck	STATE CT	ZIP CODE 06379	CITY East Lyme	STATE CT	ZIP CODE 06333
SECRETARY NAME Keith B. Neilson			TREASURER NAME Thomas C. Law		
STREET ADDRESS 5 Village Drive			STREET ADDRESS 159 West Broad Street		
CITY East Lyme	STATE CT	ZIP CODE 06333	CITY Pawcatuck	STATE CT	ZIP CODE 06379

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Keith B. Neilson			DIRECTOR NAME Thomas C. Law		
STREET ADDRESS 5 Village Drive			STREET ADDRESS 159 West Broad Street		
CITY East Lyme	STATE CT	ZIP CODE 06333	CITY Pawcatuck	STATE CT	ZIP CODE 06379
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	Common	No Par V.	1000	Common	No 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.

Thomas C. Law
Signature of Officer

Thomas C. Law
Print or Type Name of Officer

Vice President
Title of Officer

2/5/96
Date

File Date: 2/7/96

Check No: 4245

By: *@/up*
For Secretary of State Use Only



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0073887 Annual Report for the year: 1995

Name of Corporation: DOCKO, INC.

Business entity organized under the laws of the State of: Connecticut
 For foreign entity, address and telephone number of principal office:
 Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
Rd 2 Box 420A P.O. Box 421
Stafford Street
Mystic CT 06355
 Phone: (203) 572-8939

Brief statement of the character of business conducted in Rhode Island:
Marine Engineering

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Thomas C. Law</u>	<u>159 West Broad Street</u>	<u>Pawcatuck CT</u>	<u>06379</u>
VICE PRESIDENT			
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>1000</u>	<u>Common</u>	<u>1000</u>	<u>Common</u>

Date Feb 7 1995
 By: Thomas C. Law
Thomas C. Law
 PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

VINCENT NACCARATO
 96 FRANKLIN STREET
 WESTERLY RI 02891

FILED

FEB 9 1995

By LC 3151

