



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. 90788		2. Name of Corporation Bella Real Estate, Inc.			
3. Street Address Principal Business Office 2 TIMBER ST.		City NO. PROVIDENCE		State RI	Zip 02904
4. Business Phone No. 354-6026		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, HOLD AND MANAGEM REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH D. ALMEIDA			Vice President Name NONE		
Street Address 2 TIMBER ST.			Street Address		
City N. PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
100 NO PAR VALUE			NONE		

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



File Date	2.23.05
Check No.	1260
By	<i>[Signature]</i>
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.

*Kenneth D. Almeida* 2-22-05  
Signature of Officer Date  
KENNETH D. ALMEIDA  
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  
401.222.3040

# 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. 90788		2. Name of Corporation Bella Real Estate, Inc.			
3. Street Address Principal Business Office 2 TIMBER ST.			City N. PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 354-6026		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, HOLD AND MANAGEM REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH D. ALMEIDA			Vice President Name NONE		
Street Address 2 TIMBER ST.			Street Address		
City N. PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
100 NO PAR VALUE			NONE		

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



\* 9 0 7 8 8 \*

File Date 2.9.04  
Check No. 1227  
By: ICP

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 Kenneth D. Almeida Date 2-5-04

Print or Type Name of Officer KENNETH D. ALMEIDA

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 02903-1335  
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 OR PRINTED IN BLACK)

1. Corporate ID No. 90788 2. Name of Corporation BELLA REAL ESTATE, INC.  
3. Street Address Principal Business Office 2 Timber St. City N. Providence State RI Zip 02904  
4. Business Phone No. 354-6026 5. State of Incorporation RAHDE ISLAND 6. SIC Code 5538

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

RESIDENTIAL RENTAL PROPERTY

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

President Name <u>KENNETH D. ALMEIDA</u>	Vice President Name <u>NONE</u>
Street Address <u>2 Timber St.</u>	Street Address
City <u>N. Providence</u> State <u>RI</u> Zip <u>02904</u>	City State Zip
Secretary Name <u>NONE</u>	Treasurer Name <u>NONE</u>
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 <u>NONE</u>	Director Name <u>NONE</u>
Street Address	Street Address
City State Zip	City State Zip
Director Name <u>NONE</u>	Director Name <u>NONE</u>
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
------------------	--------------	-----------

100 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

NONE

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

File Date FEB 27 2003

Check No. 313987

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 Kenneth D. Almeida Date 2/24/03

Print or Type Name of Officer Kenneth D. Almeida

Title of Officer 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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

90788

2. Name of Corporation

Bella Real Estate, Inc.

3. Street Address Principal Business Office

10 DORRANCE ST.

City

PROVIDENCE

State

RI

Zip

02903

4. Business Phone No

421-1400

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

RESIDENTIAL RENTAL PROPERTY

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

KENNETH D. ALMEIDA

Vice President Name

NONE

Street Address

2 TIMBER ST.

Street Address

City

N. PROVIDENCE

State

RI

Zip

02904

City

State

Zip

Secretary Name

NONE

Treasurer Name

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

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

NONE

Director Name

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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



\* 9 0 7 8 8 \*

File Date: 3-4-02

Check No: 1105

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.

Kenneth D. Almeida 2/28/02  
Signature of Officer Date

KENNETH D. ALMEIDA  
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 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>90788</b>		2. Name of Corporation <b>BELLA REAL ESTATE, INC.</b>			
3. Street Address Principal Business Office <b>10 DORRANCE ST.</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
4. Business Phone No. <b>421-1400</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5538</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RESIDENTIAL RENTAL PROPERTY</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>KENNETH D. ALMEIDA</b>			Vice President Name <b>NONE</b>		
Street Address <b>2 TIMBER ST.</b>			Street Address		
City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 SHS NO PAR VALUE</b>			<b>NONE</b>		

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

90788

File Date: 3/6

Check No.: 1134

By: 2

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: Kenneth D. Almeida Date: 3/2/01

Print or Type Name of Officer: KENNETH D. ALMEIDA

DO NOT SIGN HERE



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. **90788** 2. Name of Corporation **Belle Real Estate, Inc.**  
3. Street Address Principal Business Office **10 DORRANCE ST.** City **PROVIDENCE** State **RI** Zip **02903**  
4. Business Phone No. **421-1400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESIDENTIAL RENTAL PROPERTY**

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

President Name	<b>KENNETH D. ALMEIDA</b>	Vice President Name	<b>NONE</b>
Street Address	<b>2 TIMBER ST.</b>	Street Address	
City	<b>N. PROVIDENCE</b>	City	
State	<b>RI</b>	State	
Zip	<b>02904</b>	Zip	
Secretary Name	<b>NONE</b>	Treasurer Name	<b>NONE</b>
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	<b>NONE</b>	Director Name	<b>NONE</b>
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name	<b>NONE</b>	Director Name	<b>NONE</b>
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

**100 SHS NO PAR VALUE**

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

**NONE**

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



\* 9 0 7 8 8 \*

File Date: 2-28-00

Check No. 1101

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.

Kenneth D. Almeida 2/25/00  
Signature of Officer Date

KENNETH D. ALMEIDA  
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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90788** 2. Name of Corporation **Bella Real Estate, Inc.**  
3. Street Address Principal Business Office **10 DORRANCE ST.** City **PROVIDENCE** State **RI** Zip **02903**  
4. Business Phone No. **421-1400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESIDENTIAL RENTAL PROPERTY**

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

President Name <b>KENNETH D. ALMEIDA</b>	Vice President Name <b>NONE</b>
Street Address <b>2 TIMBER ST.</b>	Street Address
City <b>N. PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>	City State Zip
Secretary Name <b>NONE</b>	Treasurer Name <b>NONE</b>
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 <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>NONE</b>	Director Name <b>NONE</b>
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
------------------	--------------	-----------

**100 SHS NO PAR VALUE**

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

**NONE**

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



\* 9 0 7 8 8 \*

File Date: Feb 22, 1999

Check No.: 1071

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.

Kenneth D. Almeida 2/19/99  
Signature of Officer Date

KENNETH D. ALMEIDA  
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. **90788** 2. Name of Corporation **Bella Real Estate, Inc.**  
3. Street Address Principal Business Office **10 Dorrance St.** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **421-1460** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Residential Rental Property**

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

President Name <b>Kenneth D. Almeida</b>	Vice President Name <b>None</b>
Street Address <b>2 Timber St.</b>	Street Address <b>None</b>
City <b>N. Providence</b>	City <b>None</b>
State <b>RI</b>	State <b>None</b>
Zip <b>02904</b>	Zip <b>None</b>
Treasurer Name <b>None</b>	Treasurer Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b>	City <b>None</b>
State <b>None</b>	State <b>None</b>
Zip <b>None</b>	Zip <b>None</b>

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

Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b>	City <b>None</b>
State <b>None</b>	State <b>None</b>
Zip <b>None</b>	Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City <b>None</b>	City <b>None</b>
State <b>None</b>	State <b>None</b>
Zip <b>None</b>	Zip <b>None</b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

**100 SHS NO PAR VALUE**

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

**None**

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



\* 9 0 7 8 8 \*

File Date: **2-18-98**

Check No: **1040**

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.

**Kenneth D. Almeida** **2/17/98**  
Signature of Officer Date

**KENNETH D. ALMEIDA**  
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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90788

2. Name of Corporation

Bella Real Estate, Inc.

3. Street Address Principal Business Office

City

State

Zip

10 DORRANCE ST.

PROVIDENCE

RI

02903

4. Business Phone No.

421-1400

5. State of Incorporation

RHODE ISLAND

6. SIC Code  
5538

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

RESIDENTIAL RENTAL PROPERTY

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

President Name

Vice President Name

KENNETH D. ALMEIDA

NONE

Street Address

Street Address

2 TIMBER ST.

City

State

Zip

City

State

Zip

N. PROVIDENCE

RI

02904

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)

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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES ✓

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100 SHS NO PAR VALUE

NONE



\* 9 0 7 8 8 \*

File Date

2-13-97

Check No.

1010

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.

Kenneth D. Almeida 2/25/97  
Signature of Officer Date

KENNETH D. ALMEIDA  
Print or Type Name of Officer

PRESIDENT  
Title of Officer