



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. 92988		2. Name of Corporation COLA PLUMBING & HEATING, INC.			
3. Street Address, Principal Business Office 90 Lafayette Drive		City No. Kingstown		State RI	Zip 02852
4. Business Phone No. 401-294-0029		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island SERVICE OF PLUMBING AND HEATING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert M. Cola			Vice President Name Jeanne Cola		
Street Address 90 Lafayette Drive			Street Address 90 Lafayette Drive		
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
Secretary Name Jeanne Cola			Treasurer Name Robert M. Cola		
Street Address 90 Lafayette Drive			Street Address 90 Lafayette Drive		
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert M. Cola			Director Name		
Street Address 90 Lafayette Drive			Street Address		
City No. Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200	Common	No Par Value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	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



File Date	2/16/05
Check No.	4598
By	W.
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.

Robert M. Cola  
Signature of Officer  
President  
Print or Type Name of Officer  
Robert M. Cola  
Title of Officer

Date



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. 92988		2. Name of Corporation COLA PLUMBING & HEATING, INC.			
3. Street Address Principal Business Office 90 Lafayette Drive			City No. Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-0029		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island SERVICE OF PLUMBING AND HEATING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert M. Cola			Vice President Name Jeanne Cola		
Street Address 90 Lafayette Drive			Street Address 90 Lafayette Drive		
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
Secretary Name Jeanne Cola			Treasurer Name Robert M. Cola		
Street Address 90 Lafayette Drive			Street Address 90 Lafayette Drive		
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert M. Cola			Director Name		
Street Address 90 Lafayette Drive			Street Address		
City No. Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200	Common	No Par Value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	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



\* 9 2 9 8 8 \*

File Date	3.2.04
Check No.	122 965 989-9
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 statements contained herein are true and correct.

Robert M Cola 1-15-04  
Signature of Officer Date  
Robert M COLA  
Print or Type Name of Officer  
RECEIVED  
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

92988

COLA PLUMBING & HEATING, INC.

3. Street Address Principal Business Office

90 Lafayette Drive

City

State

Zip

N. Kingstown

RI

02852

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-294-0029

RHODE ISLAND

232

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

To engage in the service of plumbing & heating and any other lawful purposes

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

President Name

Robert M. Cola

Vice President Name

Jeanne Cola

Street Address

Street Address

90 Lafayette Drive

90 Lafayette Drive

City

State

Zip

City

State

Zip

N. Kingstown

RI

02852

N. Kingstown

RI

02852

Secretary Name

Jeanne Cola

Treasurer Name

Robert M. Cola

Street Address

Street Address

90 Lafayette Drive

90 Lafayette Drive

City

State

Zip

City

State

Zip

N. Kingstown

RI

02852

N. Kingstown

RI

02852

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

Director Name

Robert M. Cola

Director Name

Street Address

Street Address

90 Lafayette Drive

City

State

Zip

City

State

Zip

N. Kingstown

RI

02852

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

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No Par Value



\* 9 2 9 8 8 \*

File Date: 3-5-03

Check No.: 122950315

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

Date

Robert M. Cola

Print or Type Name of Officer

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 02903-1335  
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.

92988

2. Name of Corporation

COLA PLUMBING & HEATING, INC.

3. Street Address Principal Business Office

90 Lafayette Drive

City

N. Kingstown

State

RI

Zip

02852

4. Business Phone No.

401-294-0029

5. State of Incorporation

RHODE ISLAND

6. SIC Code

232

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

To engage in the service of plumbing & Heating and any other lawful purposes

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Robert M. Cola

Vice President Name

Jeanne Cola

Street Address

90 Lafayette Drive

Street Address

90 Lafayette Drive

City

N. Kingstown

State

RI

Zip

02852

City

N. Kingstown

State

RI

Zip

02852

Secretary Name

Jeanne Cola

Treasurer Name

Robert M. Cola

Street Address

90 Lafayette Drive

Street Address

90 Lafayette Drive

City

N. Kingstown

State

RI

Zip

02852

City

N. Kingstown

State

RI

Zip

02852

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Robert M. Cola

Director Name

Street Address

90 Lafayette Drive

Street Address

City

N. Kingstown

State

RI

Zip

02852

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

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

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 2 9 8 8 \*

File Date:

Check No.:

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.

Robert M Cola

Signature of Officer

Date

Robert M COLA

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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. **92988** 2. Name of Corporation **COLA PLUMBING & HEATING, INC.**

3. Street Address Principal Business Office

**90 Lafayette Drive**

City

**N. Kingstown**

State

**RI**

Zip

**02852**

4. Business Phone No.

**401-294-0029**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**232**

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

To engage in the service of plumbing & heating and any other lawful purposes

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

President Name

**Robert M. Cola**

Vice President Name

**Jeanne Cola**

Street Address

**90 Lafayette Drive**

Street Address

**90 Lafayette Drive**

City

**N. Kingstown**

State

**RI**

Zip

**02852**

City

**N. Kingstown**

State

**RI**

Zip

**02852**

Secretary Name

**Jeanne Cola**

Treasurer Name

**Robert M. Cola**

Street Address

**90 Lafayette Drive**

Street Address

**90 Lafayette Drive**

City

**N. Kingstown**

State

**RI**

Zip

**02852**

City

**N. Kingstown**

State

**RI**

Zip

**02852**

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

Director Name

**Robert M. Cola**

Director Name

Street Address

**90 Lafayette Drive**

Street Address

City

**N. Kingstown**

State

**RI**

Zip

**02852**

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

**600 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**200**

**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 2 9 8 8 \*

**FILED**

File Date: **MAR 02 2001**

Check No.: **By 02040**

By: **cc**

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.

**Robert M. Cola**

Signature of Officer

Date

**Robert M. COLA**

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92988** 2. Name of Corporation **COLA PLUMBING & HEATING, INC.**

3. Street Address Principal Business Office **155 OAK DALE DRIVE** City **NORTH KINGSTOWN** State **RI** Zip **02852**  
4. Business Phone No. **401-294-0029** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

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

**TO ENGAGE IN THE SERVICE OF PLUMBING & HEATING AND ANY OTHER LAWFUL PURPOSES.**

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

President Name

**ROBERT M. COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Secretary Name

**JEANNE COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Vice President Name

**JEANNE COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Treasurer Name

**ROBERT M. COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

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

Director Name

**ROBERT M. COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Director Name

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

**600 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**200 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 2 9 8 8 \*

File Date: APR 07 2000

Check No.: 2313

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.

Robert M. Cola  
Signature of Officer Date

**ROBERT M. COLA**

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. **92988** 2. Name of Corporation **COLA PLUMBING & HEATING, INC.**

3. Street Address Principal Business Office  
**155 OAK DALE DRIVE** City **NORTH KINGSTOWN** State **RI** Zip **02852**  
4. Business Phone No. **401-294-0029** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island **TO ENGAGE IN THE SERVICE OF PLUMBING AND HEATING AND ANY OTHER LAWFUL PURPOSES.**

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

President Name

**ROBERT M. COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Secretary Name

**JEANNE COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Vice President Name

**JEANNE COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Treasurer Name

**ROBERT M. COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

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

Director Name

**ROBERT M. COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Director Name

**ROBERT M. COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Director Name

**ROBERT M. COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

Director Name

**ROBERT M. COLA**

Street Address

**155 OAK DALE DRIVE**

City **NORTH KINGSTOWN** State **RI** Zip **02852**

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**600 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) 1

ISSUED SHARES

Number of Shares Class/Series Par Value

**200**

**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 2 9 8 8 \*

File Date: **FILED**

Check No.: **JAN 26 1999**

By: **By [Signature] 2921**

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.

**Robert M. Cola** **1-26-99**  
Signature of Officer Date

**ROBERT M. COLA**  
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. **92988** 2. Name of Corporation **COLA PLUMBING & HEATING, INC.**  
3. Street Address Principal Business Office  
**155 OAK DALE DRIVE** City **NORTH KINGSTOWN** State **RI** Zip **02852**  
4. Business Phone No. **401-294-0029** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO ENGAGE IN THE SERVICE OF PLUMBING AND HEATING AND ANY OTHER LAWFUL PURPOSES.**

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

President Name <b>ROBERT M. COLA</b>	Vice President Name <b>JEANNE COLA</b>
Street Address <b>155 OAK DALE DRIVE</b>	Street Address <b>155 OAK DALE DRIVE</b>
City <b>NORTH KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>	City <b>NORTH KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>
Secretary Name <b>JEANNE COLA</b>	Treasurer Name <b>ROBERT M. COLA</b>
Street Address <b>155 OAK DALE DRIVE</b>	Street Address <b>155 OAK DALE DRIVE</b>
City <b>NORTH KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>	City <b>NORTH KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>ROBERT M. COLA</b>	Director Name
Street Address <b>SAME AS ABOVE</b>	Street Address
City <b>NORTH KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>	City <b>NORTH KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>
Director Name	Director Name
Street Address	Street Address
City <b>NORTH KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>	City <b>NORTH KINGSTOWN</b> State <b>RI</b> Zip <b>02852</b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>600 NO PAR VALUE</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



\* 9 2 9 8 8 \*

File Date: 2/24/98

Check No.: 2555

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.

Robert M. Cola 1-25-98  
Signature of Officer Date

**ROBERT M. COLA**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer