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 IN BLACK)

1 Corporate ID No 84988

2 Name of Corporation RGN SALES, INC.

3 Street Address Principal Business Office 6 CHESTNUT STREET

City COVENTRY *State* RI *Zip* 02816

4 Business Phone No 4018262460

5 State of Incorporation RHODE ISLAND

6 SIC Code 2634

7 Brief Description of the Character of Business Conducted in Rhode Island
ENGAGE IN THE BUSINESS OF WHOLESALE SALES.

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

President Name Richard Gabriel Nasseney
Street Address 6 Chestnut Street
City Coventry *State* RI *Zip* 02816

Vice President Name None
Street Address
City *State* *Zip*

Secretary Name Pamela M. Smith
Street Address 6 Chestnut Street
City Coventry *State* RI *Zip* 02816

Treasurer Name Richard Gabriel Nasseney
Street Address 6 Chestnut Street
City Coventry *State* RI *Zip* 02816

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

Director Name Richard Gabriel Nasseney
Street Address 6 Chestnut Street
City Coventry *State* RI *Zip* 02816

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
500 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
11	Common	No Par

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

[redacted] 84988

84988 DBC 02/14/05 11:39:24 AM
File Date FILED
Check No FEB 28 2005 4319
By By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Pamela M. Smith 2/24/05
Signature of Officer *Date*

Pamela M. Smith
Print or Type Name of Officer

[redacted] Secretary
Title of Officer

Form 630 12/01

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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation
84988	RGN Sales, Inc.

3. Street Address Principal Business Office	City	State	Zip
6 Chestnut Street	Coventry	RI	02816

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-826-2460	Rhode Island	2634

7. *Brief Description of the Character of Business Conducted in Rhode Island*
ENGAGE IN THE BUSINESS OF WHOLESALE SALES

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

President Name	Vice President Name
Richard Gabriel Nasseney	None
Street Address	*Street Address*
6 Chestnut Street	
City / State / Zip	*City / State / Zip*
Coventry / RI / 02816	
Secretary Name	*Treasurer Name*
~~Patricia~~ Pamela M. Smith	Richard Gabriel Nasseney
Street Address	*Street Address*
6 Chestnut Street	6 Chestnut Street
City / State / Zip	*City / State / Zip*
Coventry / RI / 02816	Coventry / RI / 02816

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

Director Name	Director Name
Richard Gabriel Nasseney	None
Street Address	*Street Address*
6 Chestnut Street	
City / State / Zip	*City / State / Zip*
Coventry / RI / 02816	
Director Name	*Director Name*
None	None
Street Address	*Street Address*
City / State / Zip	*City / State / Zip*

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
500 COMM NO PAR VALUE			11	Common	No Par

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

[redacted] 84988 [redacted]

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.

Pamela M. Smith 2/18/04
Signature of Officer *Date*

Pamela M. Smith
Print or Type Name of Officer

[redacted] Secretary
Title of Officer

Form 630 12/01

File Date 2/20/04
Check No 3915
By: LB
FOR SECRETARY OF STATE USE ONLY

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

STOP
PLEASE READ INSTRUCTIONS

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. 84988

2. Name of Corporation RGN SALES, INC.

3. Street Address Principal Business Office 6 Chestnut Street

City Coventry *State* RI *Zip* 02816

4. Business Phone No. 401-826-2460

5. State of Incorporation RHODE ISLAND

6. SIC Code 2634

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

to engage in the business of wholesale sales and any lawful business

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

President Name Richard Gabriel Nasseney
Street Address 6 Chestnut St.
City Coventry *State* RI *Zip* 02816

Vice President Name None
Street Address
City *State* *Zip*

Secretary Name Patricia M. Smith
Street Address 6 Chestnut St.
City Coventry *State* RI *Zip* 02816

Treasurer Name Richard Gabriel Nassaney
Street Address 6 Chestnut St.
City Coventry *State* RI *Zip* 02816

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

Director Name Richard Gabriel Nassaney
Street Address 6 Chestnut St.
City Coventry *State* RI *Zip* 01816

Director Name One Director
Street Address
City *State* *Zip*

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*
500 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
11	Common	No Par

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

[redacted]

* 8 4 9 8 8 *

File Date. 2.11.03

Check No.: 3534

By: JP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Pamela M. Smith *Date* 2/10/03

Pamela M. Smith
Print or Type Name of Officer

Secretary
Title of Officer

Form 630 12/02

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

STOP
PLEASE READ INSTRUCTIONS

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.*: 84988
2. *Name of Corporation*: RGN SALES, INC.
3. *Street Address Principal Business Office*: 6 Chestnut Street — *City*: Coventry — *State*: RI — *Zip*: 02816
4. *Business Phone No.*: 401-826-2400
5. *State of Incorporation*: RHODE ISLAND
6. *Fiscal Year End*: 2634
7. *Character of Business Conducted in Rhode Island*: To engage in the business of wholesale sales and any lawful business

8. **OFFICERS (DO NOT LEAVE BLANKS — USE "NONE" IF NECESSARY) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	*Vice President Name*
Richard Gabriel Nassaney	NONE
Street Address	*Street Address*
6 Chestnut Street	
City — *State* — *Zip*	*City* — *State* — *Zip*
Coventry — RI — 02816	
Secretary Name	*Treasurer Name*
Pamela M. Smith	Richard Gabriel Nassaney
Street Address	*Street Address*
6 Chestnut Street	6 Chestnut Street
City — *State* — *Zip*	*City* — *State* — *Zip*
Coventry — RI — 02816	Coventry — RI — 02816

9. **NAMES AND ADDRESSES OF THE DIRECTORS (DO NOT LEAVE BLANKS — USE "NONE" IF NECESSARY) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	*Director Name*
Richard Gabriel Nassaney	One Director
Street Address	*Street Address*
6 Chestnut Street	
City — *State* — *Zip*	*City* — *State* — *Zip*
Coventry — RI — 02816	
Director Name	*Director Name*
One Director	One Director
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*
500 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
11	common	No Par Value

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

* 8 4 9 8 8 *

File Date: 2-5-02

Check No.: 3145

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: Pamela M. Smith — *Date*: 2/4/02

Print or Type Name of Officer: Pamela M. Smith

Title of Officer: Secretary

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84988

2. Name of Corporation RGN SALES, INC.

3. Street Address Principal Business Office 6 Chestnut Street

City Coventry *State* RI *Zip* 02816

4. Business Phone No 401-826-2460

5. State of Incorporation RHODE ISLAND

6. SIC Code 2634

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

to engage in the business of wholesale sales and any lawful business

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

President Name Richard Gabriel Nassaney
Street Address 6 Chestnut Street
City Coventry *State* RI *Zip* 02816

Vice President Name NONE
Street Address
City *State* *Zip*

Secretary Name Pamela M. Smith
Street Address 6 Chestnut Street
City Coventry *State* RI *Zip* 02816

Treasurer Name Richard Gabriel Nassaney
Street Address 6 Chestnut Street
City Coventry *State* RI *Zip* 02816

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

Director Name Richard Gabriel Nassaney
Street Address 6 Chestnut Street
City Coventry *State* RI *Zip* 02816

Director Name One Director
Street Address
City *State* *Zip*

Director Name One Director
Street Address
City *State* *Zip*

Director Name One Director
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
500 SHS	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
11	common	No Par Value

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

* 8 4 9 8 8 *

FILED

File Date:

Check No. FEB 07 2001

By 002740

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.

Pamela M Smith 2/5/01
Signature of Officer *Date*

Pamela M. Smith
Print or Type Name of Officer

Secretary
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

STOP
PLEASE READ INSTRUCTIONS

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.: 84988
2. Name of Corporation: RGN SALES, INC.

3. Street Address Principal Business Office: 6 Chestnut Street — City: Coventry — State: RI — Zip: 02816
4. Business Phone No.: 401-826-2460
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 2634

7. Brief Description of the Character of Business Conducted in Rhode Island
to engage in the business of wholesale sales and any lawful business

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

President Name: Richard Gabriel Nassaney
Street Address: 6 Chestnut Street
City: Coventry — State: RI — Zip: 02816

Vice President Name: NONE
Street Address:
City: — State: — Zip:

Secretary Name: Pamela M. Smith
Street Address: 6 Chestnut Street
City: Coventry — State: RI — Zip: 02816

Treasurer Name: Richard Gabriel Nassaney
Street Address: 6 Chestnut Street
City: Coventry — State: RI — Zip: 02816

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

Director Name: Richard Gabriel Nassaney
Street Address: 6 Chestnut Street
City: Coventry — State: RI — Zip: 02816

Director Name: One Director
Street Address:
City: — State: — Zip:

Director Name: One Director
Street Address:
City: — State: — Zip:

Director Name: One Director
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 SHS COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
11	common	No Par Value

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

[redacted] * 8 4 9 8 8 * [redacted]

File Date: 2/22/00
Check No.: 2324
By: 2c

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.

Pamela M. Smith — 2/18/2000
Signature of Officer — *Date*

Pamela M. Smith
Print or Type Name of Officer

[redacted] Secretary
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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 84988
2. Name of Corporation: RGN SALES, INC.

3. Street Address Principal Business Office: 6 Chestnut Street
City: Coventry
State: RI
Zip: 02816

4. Telephone No.: 401-826-2460
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 2834

7. Brief Description of the Character of Business Conducted in Rhode Island:
to engage in the business of wholesale sales and any lawful business

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

President Name: Richard Gabriel Nassaney
Street Address: 6 Chestnut Street
City: Coventry
State: RI
Zip: 02816

Vice President Name: NONE
Street Address:
City:
State:
Zip:

Secretary Name: Pamela M. Smith
Street Address: 6 Chestnut Street
City: Coventry
State: RI
Zip: 02816

Treasurer Name: Richard Gabriel Nassaney
Street Address: 6 Chestnut Street
City: Coventry
State: RI
Zip: 02816

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

Director Name: Richard Gabriel Nassaney
Street Address: 6 Chestnut Street
City: Coventry
State: RI
Zip: 02816

Director Name: One Director
Street Address:
City:
State:
Zip:

Director Name: One Director
Street Address:
City:
State:
Zip:

Director Name: One Director
Street Address:
City:
State:
Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 SHS COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
21	common	No Par Value

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

[redacted] * 8 4 9 8 8 * [redacted]

File Date: Mar 4 99
Check No.: 1906
By: $50

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.

Pamela M. Smith 2/26/99
Signature of Officer *Date*

Pamela M. Smith
Print or Type Name of Officer

[redacted] Secretary
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

STOP
PLEASE READ INSTRUCTIONS

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
84988

2. Name of Corporation
RGN SALES, INC.

3. Street Address Principal Business Office
6 Chestnut Street

City
Coventry

State
RI

Zip
02816

4. Business Phone No.
401-826-2460

5. State of Incorporation
RHODE ISLAND

6. SIC Code
2634

7. Brief Description of the Character of Business Conducted in Rhode Island
Engage in the business of wholesale sales and any other lawful business

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

President Name
Richard Gabriel Nassaney

Street Address
6 Chestnut Street

City Coventry *State* RI *Zip* 02816

Secretary Name
Pamela M. Smith

Street Address
6 Chestnut Street

City Coventry *State* RI *Zip* 02816

Vice President Name
NONE

Street Address

City *State* *Zip*

Treasurer Name
Richard Gabriel Nassaney

Street Address
6 Chestnut Street

City Coventry *State* RI *Zip* 02816

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

Director Name
Richard Gabriel Nassaney

Street Address
6 Chestnut Street

City Coventry *State* RI *Zip* 02816

Director Name
One Director Only--Named Above

Street Address

City *State* *Zip*

Director Name
One Director Only

Street Address

City *State* *Zip*

Director Name
One Director Only--Named Above

Street Address

City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
500 SHS	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
21	Common	No Par Value

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

[redacted]

File Date: 5-18-98

Check No.: 1559

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Richard Nassaney — *Signature of Officer* — 5-15-98 — *Date*

RICHARD NASSANEY — *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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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.: **84988**
2. Name of Corporation: **RGN SALES, INC.**
3. Street Address Principal Business Office: 60 Chestnut Street — City: Coventry — State: R.I. — Zip: 02816
4. Business Phone No.: 401-826-2460
5. State of Incorporation: **RHODE ISLAND**
6. SIC Code: **2634**
7. Brief Description of the Character of Business Conducted in Rhode Island: Manufacturers Representatives

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

President Name: Richard G. Nassaney
Street Address: 67 Island Drive
City: Coventry — State: R.I. — Zip: 02816

Vice President Name: Richard G. Nassaney
Street Address: 67 Island Drive
City: Coventry — State: RI — Zip: 02816

Secretary Name: Pamela M. Smith
Street Address: 47 East Shore Drive
City: Coventry — State: RI — Zip: 02816

Treasurer Name: Richard G. Nassaney
Street Address: 67 Island Drive
City: Coventry — State: R.I. — Zip: 02816

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

Director Name: N/A
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES
Number of Shares: 100 — Class/Series — Par Value
500 SHS COMM NO PAR VALUE

ISSUED SHARES: 100
Number of Shares — Class/Series — Par Value
Richard G. Nassaney 85
Pamela M. Smith 5

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

[redacted] * 8 4 9 8 8 * [redacted]

File Date: 3.12.97
Check No.: 1000
By: VP / Sec
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.

Pamela M. Smith 3/10/97
Signature of Officer — *Date*

Pamela M. Smith
Print or Type Name of Officer

Secretary
Title of Officer

1997 annual report

10. Shares Authorized and Issued

	Number of Shares
Paula J. Hartmann	5
Richard Nassaney	5

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.: 84988
2. NAME OF CORPORATION: RGN SALES, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 6 Chestnut Street
CITY: Coventry
STATE: R.I.
ZIP CODE: 02816
4. BUSINESS PHONE NO.: 401-826-2460
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 2634
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: HVAC/R Wholesale

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Richard G. Nassaney
STREET ADDRESS: 3 Peninsula Court
CITY: Coventry
STATE: R.I.
ZIP CODE: 02816

VICE PRESIDENT NAME: N/A
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

SECRETARY NAME: Pamela M. Smith
STREET ADDRESS: 47 East Shore Drive
CITY: Coventry
STATE: R.I.
ZIP CODE: 02816

TREASURER NAME: Richard G. Nassaney
STREET ADDRESS: 3 Peninsula Court
CITY: Coventry
STATE: R.I.
ZIP CODE: 02816

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: N/A
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
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
500 SHS	COMM NO PAR VALUE		100		NPV

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

PAMELA M. SMITH
Print or Type Name of Officer

SECRETARY — Title of Officer
2/28/96 — Date

File Date: 3/1/96
Check No: 443
By: CP
For Secretary of State Use Only