



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

Matthew A. Brown, Secretary of State  
Corporations Division  
106 North Main Street Providence RI 02903-1335  
401 222 3640

**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 83689 2. Name of Corporation Formex, Inc.  
3. Street Address Principal Business Office 3305 SOUTH COUNTY TRAIL City EAST GREENWICH State RI Zip 02888-4018859800  
4. Business Phone No 4018859800 5. State of Incorporation RHODE ISLAND 6. SIC Code 1099  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE MANUFACTURE AND WHOLESALE/SALE OF MACHINES, TOOLS AND OTHER LIKE PRODUCTS.

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

President Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWICH State RI Zip 02818	Vice President Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWICH State RI Zip 02818
Secretary Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWICH State RI Zip 02818	Treasurer Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWICH State RI Zip 02818

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

Director Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWICH State RI Zip 02818	Director Name  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)

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

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

Number of Shares	Class/Series	Par Value
500	COMMON	NONE

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



\*83689 DBC 02/10/05 12:05:19 PM\*  
File Date 2-16-05  
Check No 8338  
By ES  
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.  
Edward P. Shea 2/15/05  
Signature of Officer Date  
EDWARD SHEA  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**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. 83689  
2. Name of Corporation Formex, Inc.  
3. Street Address Principal Business Office 3305 SOUTH COUNTY TRAIL  
City EAST GREENWICH State RI Zip 02888  
4. Business Phone No. 4012859800  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 1099  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE MANUFACTURE AND WHOLESALE/SALE OF MACHINES, TOOLS AND OTHER LIKE PRODUCTS.

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

President Name Edward Shea Street Address 3305 South County Trail City East Greenwich State RI Zip 02818	Vice President Name Edward Shea Street Address 3305 South County Trail City East Greenwich State RI Zip 02818
Secretary Name Edward Shea Street Address 3305 South County Trail City East Greenwich State RI Zip 02818	Treasurer Name Edward Shea Street Address 3305 South County Trail City East Greenwich State RI Zip 02818

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

Director Name Edward Shea Street Address 3305 South County Trail City East Greenwich State RI Zip 02818	Director Name  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  
1.000 NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
500 Common None

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



8 3 6 8 9

\*83689 DBC 01/19/04 12:22:48 PM\*  
File Date 1-26-04  
Check No. 007110  
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.

Edward P Shea 1/26/04  
Signature of Officer Date  
Edward Shea  
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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \*83689\* 2. Name of Corporation Formex, Inc.  
3. Street Address Principal Business Office 3305 SOUTH COUNTY TRAIL City EAST GREENWICH State RI Zip 02888-6109  
4. Business Phone No 4028859800 5. State of Incorporation RHODE ISLAND 6. SIC Code 1099  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE MANUFACTURE AND WHOLESALE/SALE OF MACHINES, TOOLS AND OTHER LIKE PRODUCTS.

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

President Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWHICH State RI Zip 02818	Vice President Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWHICH State RI Zip 02818
Secretary Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWHICH State RI Zip 02818	Treasurer Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWHICH State RI Zip 02818

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

Director Name EDWARD SHEA Street Address 3305 SOUTH COUNTY TRAIL City EAST GREENWHICH State RI Zip 02818	Director Name  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)

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

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

Number of Shares	Class/Series	Par Value
500	COMMON	NONE

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



\* 8 3 6 8 9 \*

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.

Edward P. Shea 2-11-03  
Signature of Officer Date

EDWARD SHEA

Print or Type Name of Officer

PRESIDENT

Title of Officer

\*\*83689\* 1/30/03 1:55:38 PM\*

File Date 2/12/03

Check No 006212

By [Signature]

FOR SECRETARY OF STATE USE ONLY

**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 **83689** 2. Name of Corporation **Formex, Inc.**  
3. Street Address Principal Business Office **3305 South County Trail** City **East Greenwich** State **RI** Zip **02888**  
4. Business Phone No **885-9800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To engage in the manufacture and sale of machine, tools and other like products**

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

President Name <b>Edward Shea</b>	Vice President Name <b>Edward Shea</b>
Street Address <b>3305 South County Trail</b>	Street Address <b>3305 South County Trail</b>
City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>	City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>
Secretary Name <b>Edward Shea</b>	Treasurer Name <b>Edward Shea</b>
Street Address <b>3305 South County Trail</b>	Street Address <b>3305 South County Trail</b>
City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>	City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>

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

Director Name <b>Edward Shea</b>	Director Name
Street Address <b>3305 South County Trail</b>	Street Address
City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>	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 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**500 Common None**

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



\* 8 3 6 8 9 \*

File Date 2-5-02  
Check No. 005013  
By: KMC

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.  
*Edward Shea* 2-4-2002  
Signature of Officer Date  
**Edward Shea**

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. **83689**      2. Name of Corporation **Formex, Inc.**  
3. Street Address Principal Business Office  
**3305 South County Trail**      City **East Greenwich**      State **RI**      Zip **02888**  
4. Business Phone No. **885-9800**      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island  
To engage in the manufacture and sale of machines, tools and other like products

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

President Name <b>Edward Shea</b>	Vice President Name <b>Edward Shea</b>
Street Address <b>3305 South County Trail</b>	Street Address <b>3305 South County Trail</b>
City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>	City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>
Secretary Name <b>Edward Shea</b>	Treasurer Name <b>Edward Shea</b>
Street Address <b>3305 South County Trail</b>	Street Address <b>3305 South County Trail</b>
City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>	City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>

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

Director Name <b>Edward Shea</b>	Director Name
Street Address <b>3305 South County Trail</b>	Street Address
City <b>East Greenwich</b> State <b>RI</b> Zip <b>02888</b>	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 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares      Class/Series      Par Value  
**500      Common      None**

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



\* 8 3 6 8 9 \*

File Date: 2/26  
3888  
Check No.:  
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.

Edward Shea      2-22-2001  
Signature of Officer      Date

Edward Shea  
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. **83689** 2. Name of Corporation **Formex, Inc.**  
3. Street Address Principal Business Office **3305 SOUTH COUNTY TRAIL** City **EAST GREENWICH** State **RI** Zip **02818**  
4. Business Phone No. **885-9800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO ENGAGE IN THE MANUFACTURE AND SALE OF MACHINES, TOOLS AND OTHER LIKE PRODUCTS**

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

President Name <b>EDWARD SHEA</b>	Vice President Name <b>EDWARD SHEA</b>
Street Address <b>3305 SOUTH COUNTY TRAIL</b>	Street Address <b>3305 SOUTH COUNTY TRAIL</b>
City State Zip <b>EAST GREENWICH RI 02818</b>	City State Zip <b>EAST GREENWICH RI 02818</b>
Secretary Name <b>EDWARD SHEA</b>	Treasurer Name <b>EDWARD SHEA</b>
Street Address <b>3305 SOUTH COUNTY TRAIL</b>	Street Address <b>3305 SOUTH COUNTY TRAIL</b>
City State Zip <b>EAST GREENWICH RI 02818</b>	City State Zip <b>EAST GREENWICH RI 02818</b>

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

Director Name <b>EDWARD SHEA</b>	Director Name
Street Address <b>3305 SOUTH COUNTY TRAIL</b>	Street Address
City State Zip <b>EAST GREENWICH RI 02818</b>	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	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>500</b>	<b>COMMON</b>	<b>NONE</b>

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



\* 8 3 6 8 9 \*

File Date: 3/2/00  
Check No.: 2366  
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] Date 2/28/00  
Signature of Officer Date

EDWARD SHEA  
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. **83689** 2. Name of Corporation **Formex, Inc.**  
3. Street Address Principal Business Office **197 CHESTNUT STREET** City **WARWICK** State **RI** Zip **02888**  
4. Business Phone No. **467-4477** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO ENGAGE IN THE MANUFACTURE AND SALE OF MACHINES, TOOLS AND OTHER LIKE PRODUCTS**

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

President Name <b>EDWARD SHEA</b>	Vice President Name <b>EDWARD SHEA</b>
Street Address <b>197 CHESTNUT STREET</b>	Street Address <b>197 CHESTNUT STREET</b>
City State Zip <b>WARWICK RI 02888</b>	City State Zip <b>WARWICK RI 02888</b>
Secretary Name <b>EDWARD SHEA</b>	Treasurer Name <b>EDWARD SHEA</b>
Street Address <b>197 CHESTNUT STREET</b>	Street Address <b>197 CHESTNUT STREET</b>
City State Zip <b>WARWICK RI 02888</b>	City State Zip <b>WARWICK RI 02888</b>

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

Director Name <b>EDWARD SHEA</b>	Director Name
Street Address <b>197 CHESTNUT STREET</b>	Street Address
City State Zip <b>WARWICK RI 02888</b>	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	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>500</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



File Date: May 16, 1999  
Check No.: 7939  
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: Edward P. Shea Date: 2-23-99  
Print or Type Name of Officer: EDWARD P. SHEA  
Title of Officer: PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83689  
 2. Name of Corporation Formex, Inc.  
 3. Street Address Principal Business Office 103 Ricci Lane  
 City North Kingstown State RI Zip 02852  
 4. Business Phone No. 885-9800  
 5. State of Incorporation Rhode Island  
 6. SIC Code 1099

7. Brief Description of the Character of Business Conducted in Rhode Island  
 Manufacture and wholesale of machines, tools and other like products.

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

President Name Edward P. Shea	Vice President Name Edward P. Shea
Street Address 103 Ricci Lane	Street Address 103 Ricci Lane
City North Kingstown State RI Zip 02852	City North Kingstown State RI Zip 02852
Secretary Name Edward P. Shea	Treasurer Name Edward P. Shea
Street Address 103 Ricci Lane	Street Address 103 Ricci Lane
City North Kingstown State RI Zip 02852	City North Kingstown State RI Zip 02852

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

Director Name Edward P. Shea	Director Name
Street Address 103 Ricci Lane	Street Address
City North 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)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 Shares	No Par Value	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	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.

File Date: 4-9-98  
 Check No.: 6722  
 By: AME

Signature of Officer: Edward P. Shea  
 Date: 1-20-98  
 Print or Type Name of Officer: Edward P. Shea  
 Title of Officer: President

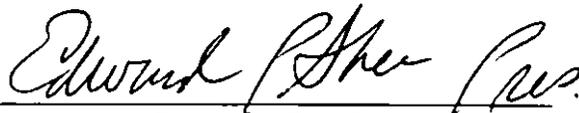
ACTION TAKEN JANUARY 20, 1998  
BY THE BOARD OF DIRECTORS OF  
FORMEX, INC.

The undersigned, being all of the Directors of FORMEX, INC., hereby adopt, approve and consent to the following resolutions:

VOTED: That the following person is hereby elected to the following offices of the Corporation to serve until the next annual meeting or until their successor(s) are duly elected and have qualified:

President	-	Edward P. Shea
Vice President	-	Edward P. Shea
Secretary	-	Edward P. Shea
Treasurer	-	Edward P. Shea

VOTED: To ratify all actions of the Officers and Directors for the fiscal year ended on December 31, 1997, including the payment of all salaries and compensation as appear on the books of the Corporation.

  
Edward P. Shea



**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. **83689** 2. Name of Corporation **Formex, Inc.**  
3. Street Address Principal Business Office **42 Phillips Avenue** City **Warwick** State **RI** Zip **02888**  
4. Business Phone No. **467-4477** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1099**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**manufacture and wholesale sale of machines, tools and other like products**

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

President Name <b>EDWARD P. SHEA</b>			Vice President Name <b>EDWARD P. SHEA</b>		
Street Address <b>42 Phillips Avenue</b>			Street Address <b>42 Phillips Avenue</b>		
City	State	Zip	City	State	Zip
<b>Warwick</b>	<b>RI</b>	<b>02888</b>	<b>Warwick</b>	<b>RI</b>	<b>02888</b>
Secretary Name <b>EDWARD P. SHEA</b>			Treasurer Name <b>EDWARD P. SHEA</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City	State	Zip	City	State	Zip

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

Director Name <b>EDWARD P. SHEA</b>			Director Name		
Street Address <b>42 Phillips Avenue</b>			Street Address		
City	State	Zip	City	State	Zip
<b>Warwick</b>	<b>RI</b>	<b>02888</b>			
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
<b>1,000 SHS NO PAR VALUE</b>			<b>500</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



File Date: 2/24/97

Check No.: 1414

By: ll

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.

Edward P. Shea 2-19-97  
Signature of Officer Date

Edward P. Shea  
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. 83689	2. NAME OF CORPORATION Formex, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 42 Phillips Avenue		CITY Warwick	STATE RI	ZIP CODE 02888
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 1099	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
manufacture and wholesale sale of machines, tools, and other like products.

8. NAMES AND ADDRESSES OF THE OFFICERS				
PRESIDENT NAME Edward P. Shea		VICE PRESIDENT NAME Edward P. Shea		
STREET ADDRESS 42 Phillips Avenue		STREET ADDRESS Same		
CITY Warwick	STATE RI	ZIP CODE 02888	CITY	STATE RI
SECRETARY NAME Edward P. Shea		TREASURER NAME Edward P. Shea		
STREET ADDRESS Same		STREET ADDRESS Same		
CITY	STATE	ZIP CODE	CITY	STATE

9. NAMES AND ADDRESSES OF THE DIRECTORS				
DIRECTOR NAME Edward P. Shea		DIRECTOR NAME		
STREET ADDRESS 42 Phillips Avenue		STREET ADDRESS		
CITY Warwick	STATE RI	ZIP CODE 02888	CITY	STATE
DIRECTOR NAME		DIRECTOR NAME		
STREET ADDRESS		STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VALUE		500	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.

*Edward P. Shea Pres*  
Signature of Officer

Edward P. Shea  
Print or Type Name of Officer

President  
Title of Officer

File Date: 2/20/96

Check No: 4383

By: *CS*  
For Secretary of State Use Only

2/20/96 (CS)