



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. 82390	2. Name of Corporation MELANIE K. DUFOUR-PILNY, D.M.D., INC.		
3. Street Address Principal Business Office 1097 MAIN STREET	City HOPE VALLEY	State RI	Zip 02832
4. Business Phone No. 4015391090	5. State of Incorporation RHODE ISLAND	6. SIC Code 9233	
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL SERVICE AS A DENTIST.			

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

President Name Melanie K. Dufour-Pilny	Vice President Name Melanie K. Dufour-Pilny
Street Address 1097 Main Street	Street Address 1097 Main Street
City Hope Valley	City Hope Valley
State RI	State RI
Zip 02832	Zip 02832
Secretary Name Melanie K. Dufour-Pilny	Treasurer Name Melanie K. Dufour-Pilny
Street Address 1097 Main Street	Street Address 104 Homewood Avenue
City Hope Valley	City Hope Valley
State RI	State RI
Zip 02832	Zip 02832

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

Director Name Melanie K. Dufour-Pilny	Director Name
Street Address 1097 Main Street	Street Address
City Hope Valley	City
State RI	State
Zip 02832	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	common	no par

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



8 2 3 9 0

82390 DBC 01/05/05 04:24:07 PM

File Date 1/28/05

Check No. 2396

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.

Melanie K. Dufour-Pilny 1-15-05
Signature of Officer
Melanie K. Dufour-Pilny
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 IN BLACK)

1. Corporate ID No. 82390		2. Name of Corporation MELANIE K. DUFOUR-PILNY, D.M.D., INC.	
3. Street Address Principal Business Office 1097 MAIN STREET		City HOPE VALLEY	State RI
4. Business Phone No. 4015391090		5. State of Incorporation RHODE ISLAND	6. SIC Code 9233

7. Brief Description of the Character of Business Conducted in Rhode Island
RENDERING PROFESSIONAL SERVICE AS A DENTIST.

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

President Name Melanie K. Dufour-Pilny			Vice President Name Melanie K. Dufour-Pilny		
Street Address 1097 Main Street			Street Address 1097 Main Street		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Melanie K. Dufour-Pilny			Treasurer Name Melanie K. Dufour-Pilny		
Street Address 1097 Main Street			Street Address 1097 Main Street		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832

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

Director Name Melanie K. Dufour-Pilny			Director Name		
Street Address 1097 Main Street			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Director Name			Director Name		
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
600	NO PAR VALUE		100	common	no par

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



8 2 3 9 0

82390 DBO 01/07/04 03:13:29 PM

FILED

File Date MAR 29 2004

Check No. M25969

By: M25969

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.

Melanie K. Dufour-Pilny 3/24/04
Signature of Officer Date
Melanie K. Dufour-Pilny
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *82390*		2. Name of Corporation MELANIE K. DUFOUR-PILNY, D.M.D., INC.	
3. Street Address Principal Business Office 1097 MAIN STREET		City HOPE VALLEY	State RI
4. Business Phone No. 4015391090		5. State of Incorporation RHODE ISLAND	6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL SERVICE AS A DENTIST.			

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

President Name Melanie K. Dufour-Pilny		Vice President Name Melanie K. Dufour-Pilny	
Street Address 1097 Main Street		Street Address 1097 Main Street	
City Hope Valley	State RI	Zip 02832	City Hope Valley
Secretary Name Melanie K. Dufour-Pilny		Treasurer Name Melanie K. Dufour-Pilny	
Street Address 1097 Main Street		Street Address 1097 Main Street	
City Hope Valley	State RI	Zip 02832	City Hope Valley

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

Director Name Melanie K. Dufour-Pilny		Director Name	
Street Address 1097 Main Street		Street Address	
City Hope Valley	State RI	Zip 02832	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City

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
600	NO PAR VALUE		100	Common	No Par

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



* 8 2 3 9 0 *

82390 DBC1/15/033:26:34 PM
File Date 3-20-03
Check No. 1018
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.

Melanie K. Dufour-Pilny 2-28-03
Signature of Officer Date
MELANIE K. DUFOUR-PILNY
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82390 2. Name of Corporation MELANIE K. DUFOUR-PILNY, D.M.D., INC. Zip 02832
3. Street Address Principal Business Office 1097 Main Street Hope Valley RI
4. Business Phone No. (401) 539-1090 5. State of Incorporation Rhode Island 6. SIC Code 9233
7. Brief Description of the Character of Business Conducted in Rhode Island Dentist

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

President Name <u>Melanie K. Dufour-Pilny</u> Street Address <u>1097 Main Street</u> City State Zip <u>Hope Valley RI 02832</u>	Vice President Name <u>Melanie K. Dufour-Pilny</u> Street Address <u>1097 Main Street</u> City State Zip <u>Hope Valley RI 02832</u>
Secretary Name <u>Melanie K. Dufour-Pilny</u> Street Address <u>1097 Main Street</u> City State Zip <u>Hope Valley RI 02832</u>	Treasurer Name <u>Melanie K. Dufour-Pilny</u> Street Address <u>1097 Main Street</u> City State Zip <u>Hope Valley RI 02832</u>

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

Director Name <u>Melanie K. Dufour-Pilny</u> Street Address <u>1097 Main Street</u> City State Zip <u>Hope Valley RI 02832</u>	Director Name Street Address City State Zip
---	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>600 SHS common no par</u>	<u>100 common no par</u>

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

FILED
File Date: FEB 14 2002
Check No.: ce 3804
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.
Melanie K. Dufour-Pilny 2-1-02
Signature of Officer Date
Melanie K. Dufour-Pilny
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. **82390** 2. Name of Corporation **MELANIE K. DUFOUR-PILNY, D.M.D., INC.**
3. Street Address Principal Business Office **1097 Main Street** City **Hope Valley** State **RI** Zip **02832**
4. Business Phone No. **(401) 539-1090** 5. State of Incorporation **Rhode Island** 6. SIC Code **9233**
7. Brief Description of the Character of Business Conducted in Rhode Island **Dentist**

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

President Name Melanie K. Dufour-Pilny	Vice President Name Melanie K. Dufour-Pilny
Street Address 1097 Main Street	Street Address 1097 Main Street
City Hope Valley State RI Zip 02832	City Hope Valley State RI Zip 02832
Secretary Name Melanie K. Dufour-Pilny	Treasurer Name Melanie K. Dufour-Pilny
Street Address 1097 Main Street	Street Address 1097 Main Street
City Hope Valley State RI Zip 02832	City Hope Valley State RI Zip 02832

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

Director Name Melanie K. Dufour-Pilny	Director Name
Street Address 1097 Main Street	Street Address
City Hope Valley State RI Zip 02832	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
600 SHS	common	no par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no par

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

File Date:
Check No.: **FEB 09 2001**
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.
Melanie K. Dufour-Pilny 1-25-01
Signature of Officer Date
Melanie K. Dufour-Pilny
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. **82390** 2. Name of Corporation **MELANIE K. DUFOUR-PILNY, D.M.D., INC.**
3. Street Address Principal Business Office **1097 Main Street** City **Hope Valley** State **RI** Zip **02832**
4. Business Phone No **(401) 539-1090** 5. State of Incorporation **Rhode Island** 6. SIC Code **9233**
7. Brief Description of the Character of Business Conducted in Rhode Island
Dentist

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

President Name Melanie K. Dufour-Pilny	Vice President Name Melanie K. Dufour-Pilny
Street Address 1097 Main Street	Street Address 1097 Main Street
City State Zip Hope Valley RI 02832	City State Zip Hope Valley RI 02832
Secretary Name Melanie K. Dufour-Pilny	Treasurer Name Melanie K. Dufour-Pilny
Street Address 1097 Main Street	Street Address 1097 Main Street
City State Zip Hope Valley RI 02832	City State Zip Hope Valley RI 02832

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

Director Name Melanie K. Dufour-Pilny	Director Name
Street Address 1097 Main Street	Street Address
City State Zip Hope Valley RI 02832	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
600 SHS	common	no par

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

ISSUED SHARES	Class/Series	Par Value
100	common	no par

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

FILED

File Date: **FEB 01 2000**
Check No: **002850**
By: _____

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.

Melanie K. Dufour-Pilny 1-27-00
Signature of Officer Date

Melanie K. Dufour-Pilny
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. **82390** 2. Name of Corporation **MELANIE K. DUFOUR-PILNY, D.M.D., INC.**
3. Street Address Principal Business Office
1097 Main St City **Hope Valley** State **RI** Zip **02832**
4. Business Phone No. **(401) 539-1090** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9233**
7. Brief Description of the Character of Business Conducted in Rhode Island

DENTIST

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

President Name Melanie K. Dufour-Pilny Street Address 1097 Main St City Hope Valley State RI Zip 02832	Vice President Name Melanie K. Dufour-Pilny Street Address 1097 Main St City Hope Valley State RI Zip 02832
Secretary Name Melanie K. Dufour-Pilny Street Address 1097 Main St City Hope Valley State RI Zip 02832	Treasurer Name Melanie K. Dufour-Pilny Street Address 1097 Main St City Hope Valley State RI Zip 02832

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

Director Name Melanie K. Dufour-Pilny Street Address 1097 Main St City Hope Valley State RI Zip 02832	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
600 SHS	common	no par

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par

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

File Date: **FILED**
Check No.: **FEB 05 1999**
By: **By 42525 / [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.

Melanie K. Dufour-Pilny 1-21-99
Signature of Officer Date
Melanie K. Dufour-Pilny
Print or Type Name of Officer
President
Title of Officer



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. **82390** 2. Name of Corporation **MELANIE K. DUFOUR-PILNY, D.M.D., INC.**
3. Street Address Principal Business Office **1097 Main Street** City **Hope Valley** State **RI** Zip **02832**
4. Business Phone No. **(401) 539-1090** 5. State of Incorporation **Rhode Island** 6. SIC Code **9233**
7. Brief Description of the Character of Business Conducted in Rhode Island **Dentist**

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

President Name Melanie K. Dufour-Pilny Street Address 1097 Main Street City Hope Valley State RI Zip 02832	Vice President Name Melanie K. Dufour-Pilny Street Address 1097 Main Street City Hope Valley State RI Zip 02832
Secretary Name Melanie K. Dufour-Pilny Street Address 1097 Main Street City Hope Valley State RI Zip 02832	Treasurer Name Melanie K. Dufour-Pilny Street Address 1097 Main Street City Hope Valley State RI Zip 02832

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

Director Name Melanie K. Dufour-Pilny Street Address 1097 Main Street City Hope Valley State RI Zip 02832	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
600 SHS	common	no par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no par

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

File Date: 3/10/98
Check No.: 2097
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.

Melanie K. Dufour-Pilny 3-1-98
Signature of Officer Date
Melanie K. Dufour-Pilny
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82390
2. Name of Corporation MELANIE K. DUFOUR-PILNY, D.M.D., INC.
3. Street Address Principal Business Office 1097 Main Street
4. Business Phone No. (401) 539-1090
5. State of Incorporation Hope Valley RI
6. SIC Code 02832
7. Brief Description of the Character of Business Conducted in Rhode Island
Dentist
9233

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

President Name Melanie K. Dufour-Pilny Street Address 1097 Main Street City State Zip Hope Valley RI 02832	Vice President Name Melani K. Dufour-Pilny Street Address 1097 Main Street City State Zip Hope Valley RI 02832
Secretary Name Melanie K. Dufour-Pilny Street Address same as above City State Zip	Treasurer Name Melanie K. Dufour-Pilny Street Address same as above City State Zip

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

Director Name Melanie K. Dufour-Pilny Street Address same as above 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)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	common	no par	100	common	no par

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

File Date: 1/16/97
Check No.: 1641
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.

Melanie K. Dufour-Pilny
Signature of Officer Date 1/10/97
Melanie K. Dufour-Pilny
Print or Type Name of Officer
President
Title of Officer

**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. 2. NAME OF CORPORATION

82390

MELANIE K. DUFOUR-PILNY, D.M.D., INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY STATE ZIP CODE

1097 Main Street

Hope Valley RI 02832

4. BUSINESS PHONE NO.

5. STATE OF INCORPORATION

(401) 539-1090

Rhode Island

6. SIC CODE

9233

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Dentist

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

VICE PRESIDENT NAME

Melanie K. Dufour-Pilny

Melanie K. Dufour-Pilny

STREET ADDRESS

STREET ADDRESS

1097 Main Street

1097 Main Street

CITY STATE ZIP CODE

CITY STATE ZIP CODE

Hope Valley RI 02832

Hope Valley RI 02832

SECRETARY NAME

TREASURER NAME

Melanie K. Dufour-Pilny

Melanie K. Dufour-Pilny

STREET ADDRESS

STREET ADDRESS

1097 Main Street

1097 Main Street

CITY STATE ZIP CODE

CITY STATE ZIP CODE

Hope Valley RI 02832

Hope Valley RI 02832

DIRECTOR NAME

DIRECTOR NAME

Melanie K. Dufour-Pilny

STREET ADDRESS

STREET ADDRESS

1097 Main Street

1097 Main Street

CITY STATE ZIP CODE

CITY STATE ZIP CODE

Hope Valley RI 02832

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP CODE

CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600	common	no par	100	common	no par

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.

Melanie K. Dufour-Pilny
Signature of Officer

Melanie K. Dufour-Pilny

Print or Type Name of Officer

President

Title of Officer

2/7/96
Date

File Date:

2/21/96

Check No:

1279

By:

JPB

For Secretary of State Use Only