

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

Matthew A. Brown, Secretary of State

Corporations Dirisa 100 North Main: Str. Providence, RI 02903-13 101 222 36

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ 2005 Filing Period: January 1 - March 1 •

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)	g ree: 330.00			
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4394	Cogen's, Inc.				i i
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i Business Prone No.	0	5 State of Incorporation	<u> </u>	THE STATE	6 SIC Code
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8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)	ACES BEFORE USING A	ATTACHMENTS
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Director Name	. *** * * * * * * * * * * * * * * * * *	.	Director Name		
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This report must be s	igned in ink by either	r the President, Vice Pro	esident, Secretary, Assistant S	ecretary, Treasurer, Rec	reiver or Trustee
			Under pensity of periods		



216-40 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have ex	camined t	his a e no
acluding any accompanying schedules and statements, and	l that aḟl	statemer
contained herein are true and correct.	2 :	'!

Print or Type Name of Officer

Title of Officer



100 North Main :

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Office of the Secretary of State Matthew A. Brown, Secretary of State Providence, RI 02903-401.222. PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: Jánuary 1 - March 1 Filing Fec: \$50.00 (FORM MEST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 4394 Cogen's, Inc. 3. Street Address Principal Business Office Providence Washington 5. State of Incorporation 421-4436 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL PRINTERS-RETAIL ANNOUNCEMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Uscon Street Address Street Addres 02864 Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 02888 Z.ip FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City 7.10 City State

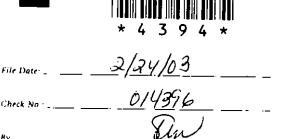
Street Address Street Address City Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares ISSUED SHARES Class/Series Par Value LOCAL Number of Shares \overline{sc} Class/Series 10,000 COMM NO PAR VALUE Par Value 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. ile Date 153 FOR SECRETARY OF STATE USE ONLY Form 630 Rev. 12/03

Edward S. Inman, 111. Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-13 401-222-36

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 4394 Cogen's, Inc. 3. Street Address Principal Business Office State Zip 135 Washington St. Providence RI 02906 4. Business Phone No. 5. State of Incorporation 421-4436 RHODE ISLAND 257 7. Brief Description of the Character of Business Conducted in Rhode Island printers 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jaime Ira Cohen Joseph H. Cohen Street Address Street Address 2 Cider Court 110 Overbrook Ave City 02864 Warwick Cumberland RI RI 02889 Treasurer Name Leo Cohen Suzanne Cohen Street Address Street Address 75 Minnesota Ave. #111 110 Overbrook Ave. State City Zip Warwick Warwick RI 02888 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) RI 02889 FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City Zip City State Zip Director Name Director Name Street Address Street Address City State Lip 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 Class/Series Par Value 10,000 COMM NO PAR VALUE 1000 Class A 0 1000 Class A 9000 Class B 0 9000 Class B 0. This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

Suranne (Thon	1/10/03
Suzanne Cohen	•
Print or Type Name of Officer	

Treasurer Title of Officer و جوالب

Form 630 12/02



(FORM MUST RE TYPED IN BLACK)

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

Edward S. Inman, III. Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-133

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

401-222-304
STOP PLEASE READ INSTRUCTIONS
INSTRUCTIONS

1. Corporate ID No. 2. Name of Corporation 4394 Cogen's, Inc. 3. Street Address Principal Business Office Zip 135 Washington Street Providence RI 02903 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 401-421-4436 257 7. Brief Description of the Character of Business Conducted in Rhode Island Commercial printers - retail announcements
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Joseph H. Cohen Leo Cohen Street Address 75 Minnesota Ave, #111 110 Overbrook Avenue Hoffman Avenue 210 Warwick Warwick ŖΙ 02889 Cran Treasurer Name anston. RISecretory Name Adele R. Cohen Suzanne Cohen Street Address 143 Hoffman Avenue⁷⁵ Minnesota Ave. #111 110 Overbrook Avenue City State ZIp City State Warwick 02889 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State 7.10 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 ISSURE) SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 10,000 COMM NO PAR VALUE 1000 Class A 0 1000 Class A 0 9000 Class B 9000 Class B 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.

Sysame Ohen Signature of Officer	1/11/02
Signature of Officer	Date
Suzanne Cohen	

Print or Type Name of Officer

Treasurer

Title of Officer **₹**> 5

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



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

(FORM MUST BE TYPED IN BLACK)

4394
3. Street Address Principal Business Office

135 Washington Street 4. Business Phone No.

401- 421-4436

FOR SECRETARY OF STATE USE ONLY

1. Corporate ID No.

Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

Zip

State

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

S. State of Incorporation RHODE ISLAND

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

City

Providence

STOP PLEASE READ INSTRUCTIONS

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

Commercial printers - retail announcements

2. Name of Corporation
Cogen's, Inc.

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AUTHORIZED SHARTS Number of Shares Class/Series Par Value 10,000 SHS CON NO PAR VAL 1000 Class A Class B Class B	City	State	Zip	City	State	Zip
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct. Signature of piecer Date Suzanne Cohen Print or Type Name of Officer	This report must be ef-					
this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct. Signature of Afficer Date Suzanne Cohen Filst of Type Name of Officer			ier the riesident, vi			:
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Check No.: Suzanne Cohen Frint or Type Name of Officer	File Date:	116	<u> </u>	Susan	ne Ohen	1.13-01
. Filal or Type Name of Officer	Check No.:	7/07/		\mathcal{O}		Date
	Ву:			. Suzanne Co Print or Type Name of	Officer	

Treasurer

Title of Officer



James R. Langevin, Secretary of Ste Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-36

STOP PI: M. R. M. INSECTION

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: Janua	ary 1-March 1 • F	iling Fee: \$50.00			ENTER CHOS
(FORM MUST BE TYPED IN					
1. Corporate ID No.	2. Name of Corporation				
4394 3. Street Address Principal Busn	Cogen's, In	ıc.	City	State	Zip
135 Washin	gton Street	5. State of Incorporation	Providence	R.I.	02903 6. SIC Code
(401) 421-4 7 Brief Description of the Chard	4436 acter of Business Conducted in R	RHODE ISLA hode Island	ND .		257
8. NAMES AND ADDR	usses of the offici	iks Announgem	ENTS ACHMENT) FILL IN SPAC Vice President Name	ES BEFORE USING ATTA	CHMENTS
Joseph H.	Cohen		Leo Cohen Street Address		
City 110 Overb	rook Avenue	Zip	143 Hoffman	Avenue State	Zip
Warwick	R.I.	02889	Cranston	R.I.	02920
Adele R. Street Address	Cohen		Treasurer Name Suzanne (Street Address	Cohen	
City	n Avenue State R.I. 02920	Zip	110 Over	rbrook Avenue	^{zip} 02889
	RESSES OF THE DIREC	TORS (*x* box for a	•	ACES BEFORE USING AT	TACHMENTS
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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10. SHARES AUTHORI	ZED (*x* box for attacl	HMENT)	11. SHARES ISSUE	D ("X" BOX FOR ATTACHME.	NT)
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This report must be si	i gned in ink by eithei	the President, Vio	ce President, Secretary, /	Assistant Secretary, Trea	surer, Receiver or Trust
			Under penalty o	f perjury, I declare and affi	rm that I have examined

File Date.

PAIDYD

Check No.:

JAN 10 2800

By:

SECY OF STATE

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, an that all statements contained herein are true and correct.

ignificate of Officer Date

Joseph H. Cohen

Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of S. Corporations Divi 100 North Main Street, Providence, RI 02903-1 401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

(FORM MUST BE TYPED	IN BLACK)	Filing Fee: \$50.00			INSTRUCTE
1. Compute ID No. 4394	Cogen's, in	ation IC.	•		
3. Street Address Principal B. 135 Wash 4. Business Phone No.		reet State of Incorporation	Providence	State R1	^{zip} 02903
401-421- 7. Brief Description of the CI Offset pr	iaracter of Business Conducted	FRICOSE ISLANI	D .		6. 257 de
8. NAMES AND ADI President Name	ORESSES OF THE OFF	FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Street Maaress +	Cohen Brook Ave		Led Cohev,	A	201
City .	State _	Zip	143 Hoffma	MAUE #,	204
Warwick Secretary Name	RI	02889	CransTov	R	029 3 0
Street Address	hen	<i>i </i>	Street Address	Cohen	
City	an Ave #20	T zip	110 (Verbr	ook Ave	f .:
Granston 9. Names and add	R PRESSES OF THE DIR	02920	Warwick 4CHMENT) FILL IN SPACE	State R ES BEFORE USING AT	02889
Street Address	NE		Director Name NO Street Address	NE	
City	State	Zip	Сиу	State	Zip
Director Name NO Street Address	NE		Director Name ND NO		· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City:	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	T) ·
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This report must be s	signed in ink by eitl	ner the President, Vice F	resident, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trus

File Date:	W/an 9,99	
Check No.:	<u> </u>	
By:	Y 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 H. Cohn 1231 93	
Joseph H. Cohen	
Presiden T	
file of Officer	_



James R. Langevin, Secretary of S Corporations Divi. 100 North Main Street, Providence, RI 02903-1 401-277-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



					IN
(FORM MUST BE TYPED	IN BLACK)				
1. Corporate ID No.	2. Name of Corpo	oration .			`
4394	Cogen's,	Inc.			
3. Street Address Principal B	usiness Office		City	State	Zip
135 Washing	ton Street		Providence		·
4. Business Phone No.		5. State of Incorpo	ration	R.I.	02903 6. SIC Code
(401) 421-4 7. Brief Description of the Ci	1436 inracter of Business Conducted	RHODE IS	LAND		0257
Commercial 8. NAMES AND ADI President Name	Printers - Reta DRESSES OF THE OF	ail Announcemer	ITS ATTACHMENT) Vice President Name		
Joseph H. C	ohen		Leo Cohen		
Street Address			Street Address		
110 Overbro	ok Avenue		143 Hoffman	Avenue	
J.,	State	Zip	City	State	Zip
Warwick	R.I.	02889	Cranston	R.I.	02920
Secretary Name Adele R. Co	L		Treasurer Name		. 02320
wdere k. Co	nen		Joseph H. Coh	en	
Street Address	•		Street Address		
Street Address 143 Hoffman	Avenue		Street Address	Avenue	
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Street Address 143 Hoffman City Cranston Asst. Treas 9. NAMES AND ADD Director Name None Street Address City	State R.I. Suzanne Cohen PRESSES OF THE DIR	110 Overbrook ECTORS (*x* BOX FOI	Street Address 110 Overbrook City Warwick AVE Warwick, R.I. O. R ATTACHMENT) Director Name None Street Address City	State R.I. 2889	
Street Address 143 Hoffman City Cranston Asst. Treas 9. NAMES AND ADD Director Name None Street Address City	State R.I. Suzanne Cohen PRESSES OF THE DIR	110 Overbrook ECTORS (*x* BOX FOI	Street Address 110 Overbrook City Warwick AVE Warwick, R.I. O. R ATTACHMENT) Director Name None Street Address City Director Name	State R.I. 2889	
Street Address 143 Hoffman City Cranston Asst. Treas 9. NAMES AND ADI Director Name None Street Address City Director Name None	State R.I. Suzanne Cohen PRESSES OF THE DIR	110 Overbrook ECTORS (*x* BOX FOI	Street Address 110 Overbrook City Warwick AVE Warwick, R.I. O. R ATTACHMENT) Director Name None Street Address City	State R.I. 2889	
Street Address 143 Hoffman City Cranston Asst. Treas 9. NAMES AND ADI Director Name None Street Address City Director Name	State R.I. Suzanne Cohen PRESSES OF THE DIR	110 Overbrook ECTORS (*x* BOX FOI	Street Address 110 Overbrook City Warwick AVE Warwick, R.I. O. ATTACHMENT) Director Name None Street Address City Director Name None None	State R.I. 2889	
Street Address 143 Hoffman City Cranston Asst. Treas 9. NAMES AND ADD Director Name None Street Address City Director Name None Street Address City Other Control of the Cont	State R.I. Suzanne Cohen PRESSES OF THE DIR State	210 Overbrook ECTORS (*x* BOX FOI Zip	Street Address 110 Overbrook City Warwick AVE Warwick, R.I. Of R ATTACHMENT) Director Name None Street Address City Director Name None Street Address City City	R.I. 2889 State	Zip Zip
Street Address 143 Hoffman City Cranston Asst. Treas 9. NAMES AND ADD Director Name None Street Address City Director Name None Street Address City Director Name None Street Address	State R.I. Suzanne Cohen PRESSES OF THE DIR State State	210 Overbrook ECTORS (*x* BOX FOI Zip	Street Address 110 Overbrook City Warwick AVE Warwick, R.I. O. R ATTACHMENT) Director Name None Street Address City Director Name None Street Address	R.I. 2889 State	Zip Zip
Street Address 143 Hoffman City Cranston Asst. Treas 9. NAMES AND ADE Director Name None Street Address City Director Name None Street Address City 10. SHARES AUTHOR AUTHORIZED SHARES Sumber of Shares	State R.I. Suzanne Cohen PRESSES OF THE DIR State	210 Overbrook ECTORS (*x* BOX FOI Zip	Street Address 110 Overbrook City Warwick AVE Warwick, R.I. Of RATTACHMENT) Director Name None Street Address City Director Name None Street Address City 11. SHARES ISSUED (R.I. 2889 State	Zip Zip
Street Address 143 Hoffman City Cranston Asst. Treas 9. NAMES AND ADD Director Name None Street Address City Director Name None Street Address City Director Name None Street Address	State R.I. Suzanne Cohen PRESSES OF THE DIR State State Class/Scries	ZIP ZIP	Street Address 110 Overbrook City Warwick Ave Warwick, R.I. Of ATTACHMENT) Director Name None Street Address City Director Name None Street Address City 11. SHARES ISSUED (1880) SHARES	State State State State	Z(p Z(p

Ţ the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste-

File Date:	1.1.98
Check No.:	7727
Ву:	I/P
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 Office	j2	/16	197
Signature of Officel	Date	7	
. Joseph H. Cohon	'		

Print or Type Name of Officer

Title of Officer

President



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

James R. Langevin, Secretary of Sti Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-277-30

Filing Period: Jan	JKPORALIO uary 1-March 1 •	N ANNUA Filing Fee: \$50.	L REPORT 199	7	PLEA INSTR
(FORM MUST BE TYPED I 1. Corporate ID No.	N BLACK) 2. Name of Corpora	tion			COM
4394 3. Street Address Principal Bi	Cogen's, In	ıc.	City	State	7:-
4. Husmess Thone No. As	HINGTON S	5. State of Incorpo	trovidence	6.3	EOPGO 6. SIC Gode
7. Brief Description of the Cit	laracter of Business Conducted in	RHODE !S	SLAND		0257
8. NAMES AND ADD	ORESSES OF THE OFFI	CERS ("X" BOX FOR			
Joseph H	Cohen		Vice President Name LEO Cohe Street Address	co	
No Ever	DOOOK AVE	Zip	143 HOFFM	AN AUE	Zip
Secretary Name	R.S.	08889	CRANSTON Treasurer Name	RI	ల ఫ్ష్ ఇఖం
Street Address	R. CHEN		JOSEPH H.	Coheno	,
143 Hoffe Chariston	State	Zip	Cuy O	State	Zip
	RESSES OF THE DIRE	О2920 CTORS (*x* вох ғо	WARWICK RATTACHMENT) Director Name	R.I	Q3 <i>88</i> 6
Street Address	•		Street Address		
City	State	Zip	Спу	State	Zip
Director Name	••	• • • •	Director Name	,	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOF AUTHORIZED SHARES	RIZED AND ISSUED (*)	X* BOX FOR ATTACHM	ENT)		
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
10,000 SHS COM	CLASS A I NO PAR VAL	0	1000		O
9000	CLASS B	0	9000	Class A Class B	0
his report must be s	signed in ink by eith	er the President, \	ice President, Secretary, Ass	istant Secretary, Treas	surer, Receiver or

Trustee

	* 4 3 9 4 *	
File Date:	1/21/97	
Check No.:	6380	
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.

Signafie of Officer	1	7	196	
Signature of Officer	-	Date	,	
Joseph H. Cohen		•		

Print or Type Name of Officer President Title of Officer

PROFIT CORPORATON ANNUAL REPORT

Filing Period: January 1-March 1

Filing Fee: \$50.00

1996



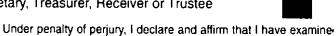
State of Rhode Island and Providence Plantation James R. Langevin, Secretary of State

Corporations Division 100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-30-

1 CORPORATE ID NO	2 NAME OF CORPORATION	PLEASE TYPE (OR PRINT IN BLACK INK.		
0004394		Trac			
STREET ADDRESS PRINCIPAL BUSINES	S OFF CE	عادات	(1TY	STATE	Z P CODE
3 STREET ADDRESS PRIACIPAL BUSINES	aton Stre	ET PRO	ouidenice.	ŘĪ	డంలో దండి
BUSINESS PHONE NO (5 STATE OF INCORPORATION			5 SIC CODE
421-4436	_	R.S.			27×52
BRIEF DESCRIPTION OF THE CHARACTE	R OF BUSINESS CONDUCTED IN RE	CVAJZI 300H			
Commercia	1 tainsters	REMAIL AND	ancements.		
PRESIDENT NAME	8. NAMES	AND ADDRES		FICERS	
	01		VICE PRESIDENT VAME		
JOSEPH H.	Cohen		STREET AMORESS	0	
110 Oberbra	ok Hue		143 Hoffman	o HUENUE	
1 Januar	R -	⊘3&&∫ ≈™™	CRANSTON	STATE	ZIP CODE
ECDETADO LALIC		C4601	TOTACHOTO MANE	•	೨೩ ೪
Adele R C	ohen		STREET ASSRESS Ph H STREET ASSRESS Ph H OUEL DO OITY WARWICK	Cohen	
CRANSTON	and Auen	انعف	160 Overbon	ook Aven	الاقب
O Prostato Pres.	STATE	ZIP CODE	ciry	STATE O	ZIP CODE
CASHIDZIBIO	9. NAMES			T 2) RECTORS	0 388d
RECTOR NAME			DIRECTOR NAME		
TREET ACCIRESS			STREET ADDRESS		
:TY	STATE	Z:P CODE	C·TY	STATE	ZIP CODE
RECTOR NAME			D RECTOR NAME		
			W NEW CONTROL		
TREET ADDRESS			STREET ADDRESS		
γTγ	STATE	ZIP CODE	CITY	STATE	Z.P COOE
	1 0. S	HARES AUTHO	DRIZED AND ISS	UED	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERIES	PAR VAL JE	AUTHORS OF C 1405C	ISSUED SHARES	
		e e e e e e e e e e e e e e e e e e e	NUMBER OF SHARES	CLASS/SERIES CLASS A	PAR VALUE
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Class B	©	9000	Class B	<u>)</u> ග
9000	Class b		,000		
	Ti	nis report must be SI	GNED IN INK by either th	е	
D.	anidani Man Dani	J	-		

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Check No:

By:

For Secretary of State Use Only

Title of Officer

this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.

FORM 31 12/99

Office of The Secretary of State 100 North Main Street Providence. Rhode Island 02903-1335 401-277-3040

ANNUAL REPO

Please Type or ?

File Annually + Jan. 1 - Mar.

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Make Checks Payable to: Secretary of S

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:4394			Annual Report for th	e year: _	199 5	
Name of Corporation:	COGENS INC .		•	,		
Business easity organized under t	below of the Secret Rhod	lo Talan	<u> </u>	-		
For foreign entity, address and tel	WE ISMS OF THE STATE OF: TALLOCK	ie istan		(check or	ne):	
	chingue anument of buncibal offi	ice:	(^}\Business Co.	ا مەناھەم	(See RIGL Chapter	7-1.1)
N	/A		[] Professional	Service C	orporation (See RIC	L Chapter 7-5.1)
			Roef statement of	· · k = -k		
Phone: ()			Priet adressed of	rue contra	eren of partitiens con	fucted in Rhode Island
Address and telephone of the prin	cipal office of business entity in	Rhode	Printing	/Lith	nography	
Island (Provide street address - No	n P.O. Box):					
135 Washington	Street			<u> </u>		
Providence, R.	I. 02903					
Phone: (401) 421-44;	36					
						
MESIDENT	THE N	AMES OF	THE OFFICERS ARE			
Joseph Cohen	110 Overbroo	STREET A			T/STATE	EP ()
VICE PRESIDENT		STREET A	Warwick, R			
Leo Cohen	143 Hoffman Av		Cranston, R.I.		YISTATE	iir ut
SECRETALY		STREET				
Adele Cohen	143 Hoffman Av		canston, R.I.	C,	YISTATE	<u> </u>
J oseph Cohe	en 110 Overbi				YATATE	
Asst Treas Suza		0 Overb	,		. R.I.	-
NAME		<u>MES OF TH</u>	IE DIRECTORS ARE	LWICK	. K.1.	
		STREET AL	CONESS	Ġn	ISTATE	<u> </u>
YAME		STREET AC	200514			
		31742, 72	,UK <u>Z</u> ,	an	MATE	$\omega_{\mathbb{R}}$
CAME		STREET AD	ORESS	an	STATE	<u> </u>
					-	
TUNDET OF SHARES AUTHORIZE	ED (Rider may be attached)		NUMBER OF SHARES I	CC1:ED 43		D:1
·	lass / Series				TO OUTSTANDENCY	Ricer may be anached
C	:177 / JCHEZ		Number of Shares	CI.	ass / Series	
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			-0,000		Common	
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: 01						
ace12/15	, 19 <u>95</u>	Ву:	auch H. Wh			
•						
m 31 1/95			PE NAME OF OFFICER SIGNING	Jose	ob H Col	າຣາາ)
	DECICNATED DECI-		PRESIDENTAL PRESIDENTAL	~ ~	•	
FACE NOTE, 16.1	DESIGNATED REGIST	LRED AGE	NT FOR SERVICE O	F PROC	ESS:	
EASE NOTE: If the registered of	lice and/or registered agent ind	dicated below	is incorrect, Form 9 must b	× ણવ્ય		

Del 1 & 1995

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Filing Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State File Annually
LLC Sept 1 Nov 1
CORP Jun 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:4394	Annual Report for the year. 1994	
Name of Business Entity: COGENS, INC.		
Business entity organized under the laws of the State ofRI	Business Entity is (check one):	
	[X] Business Corporation (See RIGL Chapter 7-1-1)	
Federal Taxpayer Identification Number	[] Professional Service Corporation (See RIGL Chapt	rec 7-5.1)
For foreign entity, audress and telephone number of principal office	[] Unnited Erability Company (See RIGL 7-16)	
	Name, title and mailing address of contact person to whom communications may be directed.	
	JOSEPH H. COHEN	
Phone (, , _)	COGENS. INC	
Address and telephone of the principal office of business entity in Rhode	PROVIDENCE, RI 02903	
Island (Provide street address - Not P.O. Box):	1	
135 WASHINGTON STREET	Brief statement of the character of business conducted in Rhode ALL BRANCHES OF WORK CONNECTED WITH	: Island
PROVIDENCE, RI 02903	PRINTING AND ADVERTISING	
<u> </u>	Date of Organization 12/31/32	
Phone (401) 421-4436	Date of Qualification to do business in Rhode Island (if foreign	entity)
		
THE NAMES OF STREET	THE OFFICERS ARE:	Z1P C1000
JOSEPH H. COHEN 110 OVERBROOK AVENUE	WARWICK, RI 02889	. ,
CHIEF OF SKATISKI OFFICER OR VICE PRESIDENT (CHANDING STREET)	ADDRESS CITYSTATE	Z 8.300
LEON (LEO) COHEN 143 HOFFMAN AVENUE	CRANSTON, RI 02920	
		MECODI
$\frac{ADELE\ R.\ COHEN}{\Box\ (BBFFMAN)} \underbrace{AVENUE}_{STREET} \underbrace{AVENUE}_{STREET}$	CRANSTON, RI 02920 ADDRESS VITYSTATE	zir cooi
JOSEPH H. COHEN 110 OVERBROOK AVENUE	WARWICK, RI 02889	
	THE DIRECTORS ARE:	zir çobi
NAME STREET	ADDRESS CITY/STATE	ZIPCODI
NAME. STAFFT	ADDRESS CITYSTATE	7.20001
V. SELL	AUGREDS CLATSTALL	Z.P3,021
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If App	dicable)
NUMBER 1,000 9,000	NUMBER 1,000 9,000	
CLASS CLASS A COMMON CLASS B COMMON (VOTING) (NON-VOTING)	CLASS CLASS A COMMON CLASS B COM	MMON
SERIES	SERIES	
PAR VALUE OR WITHOUT PAR NO PAR	PAR VALUE OR WITHOUT PAR NO PAR NO PAR	
Date Jan 31 1994 By V	Joseph H. am	
√ FILED J	OSEPH H. COHEN	
FEB 2 4 1994	R TYPE NAME OF DELICER SIGNING	
A	RESIDENT.	
By 1872	OFF CER SKINIC	
	DENT AGENT FOR SERVICE OF PROCESS:	
OR NEST	SECT ASILT ON SUNTICE OF PROCESS.	

6135973

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID43	94	Annual Report for the ye	2ar
FIRST: The na	me of the corporation is	Cogens, Inc.	
Second: It is	incorporated under the laws of.	Rhode Island	
THIRD: Chara		all branches of work c	
FOURTH: If fo	oreign corporation, address of its	principal officeN/A	
FIFTH: Busine	ess address in Rhode Island	35 Washington Street, Provide	ence, RI 02903
	es and addresses of its directors a	nd officers: Address (including numb	(Attach rider if necessary er, street, zip code)
······	Director		
•••••	Director		
	Director		•
	n President	110 Overbrook Avenue.	Warwick, RI 02889
Leon (Leo) Coh		sident 143 Hoffman Avenue, C	ranston, RI 02920
Adele R. Cohen		143 Hoffman Avenue C	
Joseph H. Cohe		110.0 -1	Warwick, BI 02889
SEVENTH: N	umber of Shares authorized:	Series All	Par Value or statement that shares are without par value
No. of Shares	Class A Common (voting	\$100 a.s.	No Par
9,000	Class B Common (non-vo		No Par
	mber of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class A Common	Series	par value No Par
9,000	Class B Common		No Par
	<u> 24 1993</u>	Cogens, Inc. (Name of Corporation)	
		By Joseph H. we	
(Papert	must he claned by an afficer)	Title President	

To be filed annually between January 1st and March 1st

1993

State of Rhode Island and Providence Plantations Corporations division 100 North Main Street PROVIDENCE, RHODE ISLAND 02903

orporate ID439	4	Annual Report for the year	r1993
First: The nam	ne of the corporation is	Cogens, Inc.	
SECOND: It is in	ncorporated under the laws of	Rhode Island	
THIRD: Charac	ter of business, briefly stated, is	all branches of work co	nnected with
		and advertising	
FOURTH: If for	eign corporation, address of its	principal officeN/A	
FIFTH: Business	s address in Rhode Island	35 Washington Street, Providen	ce, RI 02903
SIXTH: Names	and addresses of its directors a		(Attach rider if necessary
•••••	Director		······
	Director		
	Director		······
	President	110 Overbrook Avenue	Narwick, RI 02889
Leon (Leo) Coher		sident 143 Hoffman Avenue, Cra	anston, R1 02920
Adele R. Cohen	Secretary	1/3 Hoffman Avenue Cra	
Joseph H. Cohen	•		Parwick, RI 02889
			Par Value
SEVENTH: Nur	nber of Shares authorized:		or statement that shares are without
No. of Shares	Class	Scries	pur value No Par
1,000 9,000	Class & Common (voting		No Par
·	ber of Shares issued:	APR 0 7 1993	Par Value or statement that shares are without
No. of Shares	Class	Series	per value No Par
1,000 9,000	Class A Common Class B Common		No Par
, ,		Cogens, Inc.	
Dated March	24 1993	(Name of Corporation)	
		By Joseph H. an	
(Report my	ast be signed by an officer)	Title President	

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

55

Corporate ID 4394	Annu Annu	al Report for the year _	1992
FIRST: The name	of the corporation is	Cogens, Inc.	
SECOND: It is in	ncorporated under the 1	aws of <u>Rhode Island</u>	
THIRD: Character	r of business, briefly	stated, is <u>all branches</u>	of work connected with
printing and adverti	sing		
FOURTH: If fore	ign corporation, addres	s of its principal offic	e <u>N/A</u>
FIFTH: Business	address in Rhode Islan	d 135 Washington Street,	Providence, RI 02903
SIXTH: Names and Name	d addresses of its dire Office Director	ectors and officers: (Att Address (including numb	ach rider if necessary) er, street, zip code)
7	Director	110 0	to an it also DT 02000
Joseph H. Cohen	President	110 Overbrook Avenue, M 143 HOffman Avenue, Cra	
Leon (Leo) Cohen Adele R. Cohen	Secretary	143 Hoffman Avenue, Cra	
Joseph H. Cohen	Treasurer	110 Overbrook Avenue, W	
	of Shares authorized: Class Common	Series 	Par Value or statement that shares are without par value No Par
EIGHTH: Number	of Shares issued: Class	Series	Par Value or statement that shares are without par value
1 000	0		No. Day
1,000	Common		No Par
Dated	19 <u>9</u> 2	Cogens, Inc. (Name of Corporation)	<u> </u>
(Report must be sign	ed by an officer)	By Joseph H. Title President	Cohen

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Corporations Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903

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Corporate ID 4394	1	Annual Report for the	e year <u>199</u> 1	<u> </u>
FIRST: The name	of the corpora	tion is <u>Cogens, Inc.</u>		
		er the laws of <u>Rhode Is</u>		ork connected with
printing and advertis	sing			
FOURTH: If fore	ign corporation	, address of its principa	al office	N/A
FIFTH: Business	address in Rho	de Island <u>135 Washington</u>	Street, Provi	dence, RI 02903
SIXTH: Names and Name	d addresses of Office Directo		rs: (Attach ri ing number, st	der if necessary) treet, zip code)
Joseph H. Cohen Leon (Leo) Cohen Adele R. Cohen	Director Preside Vice Preside	ent 110 Overbrook Aversident 143 HOffman Aver	nue, Cranston,	RI 02920
Joseph H. Cohen	Secreta Treasu	ary <u>143 Hoffman Aver</u> rer <u>110 Overbrook Av</u>	<u>lue, cranston,</u> Zenue, Warwick	, RI 02920 C, RI 02889
SEVENTH: Number	of Shares autho	G t	PAID or s shar EB 5 1991	Par Value statement that res are without par value
	Common	25	Y OF STATE	No Par
EIGHTH: Number o	of Shares issue	d:Rec'd & Filed The Su	or s	Par Value statement that res are without
No. of Shares	Class	Series	31141	par value
1,000	Common			No Par
Dated $\frac{2/4}{}$	19 <u>9]</u>	Cogens, Inc. (Name of Corpora	ition)	
(Report must be signe	ed by an officer	r) By Joseph Title phas	H. Gan	

To be filed annually between January 1st and March 1st STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

	me of the corporation is	ual Report for the ye <u>Cogens, Inc.</u>	ar <u>1990</u>
SECOND: It is	incorporated under the	laws of <u>Rhode Isla</u>	nd
THIRD: Charac	ter of business, briefly	stated, is <u>all bran</u>	ches of work in any connecte
<u>with printing an</u>	d advertising		· · · · · · · · · · · · · · · · · · ·
FOURTH: If fo	reign corporation, addre	ss of its principal o	ffice <u>N/A</u>
FIFTH: Busine	ss address in Rhode Isla	nd <u>135 Washington S</u>	treet. Providence, RI 02903
SIXTH: Names Name	and addresses of its dir Office	ectors and officers: Address (including	(Attach rider if necessary) number, street, zip code)
Joseph H. Cohen	Director President	110 Overbrook Ave	Hamistak DT 02000
Leon (Leo) Cohen		t 143 Hoffman Ave.	. Warwick RI 02889 Cranston, RI 02920
<u>Adele R. Cohen</u>	Secretary	<u> 143 Hoffman Ave</u>	Cranston, RI 02920
<u>Joseph H. Cohen</u>	Treasurer	110 Overbrook Ave.	<u>. Warwick RI 02889</u>
SEVENTH: Numb	er of Shares authorized:		
			Par Value
			or statement that shares are without
No. of Shares	Class	Series	par value
1,000	Common		No Par
EIGHTH: Numbe	r of Shares issued:	Rec'd & Filed MAR	2 2 1990
LIGHTH. NUMBE	or Shares Issued:	nec u a fheu man	Par Value
			or statement that
No. of Shares	Class	Series	shares are without
110. 01 Shares	Class	261.162	par value
1,000	Common		No Par Value
Dated	19 <u>.4</u> 0	<u>Cogens, Inc.</u> (Name of Corporation	1)
(Report must be si	gned by an officer)	By Joseph Title Presion	A. Cur

January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RI 02903

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Ų,	/ N

Corporate ID <u>00</u>	04394	Annual Report f	for the year <u>1989</u>
FIRST: Th	ne name of the corpora	ation is	
SECOND: I	t is incorporated und	er the laws of Rho	ode Island.
THIRD: Ch	aracter of business, ected with printing a	briefly stated, is nd advertising.	all branches of work
FOURTH:]	f foreign corporation	n, address of its p	rincipal office
FIFTH: Bu Providence, RI	siness address in Rho	de Island <u>135 Wash</u>	ington Street,
SIXTH: N	ames and addresses (of its directors a	and officers: (Attach
<u>Name</u>	<u>Office</u>	<u>Address</u> (include	number, street and zip code)
Joseph H. Cohe Leon (Leo) Coh Adele R. Cohen	Director Director Director President OF Secretary DIRECTOR DIRECTO	dent <u>143 Hoffman A</u> _143 Hoffman A	Ave., Warwick, RI 02889 ve., Cranston, RI 02920 ve., Cranston, RI 02920 Ave., Warwick, RI 02889
SEVENTH:	Number of Shares auth	orized:	
No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	PAID	no par value
EIGHTH: N	umber of Shares issue	a: APR 17 1989	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1,000	Common		no par value
Dated	<u>4/13</u> , 19 <u>8</u> 9	Cogens, Inc. (Name of Corpor	ration)
(Report must be officer)	•	itle 1/42 Pus	edent

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 270 Westminster Mall Providence, Rhode Island 02903

Corporate ID43	94 Annu	al Report for the year _	1988
FIRST: The name	of the corporation is	COGEN'S INC.	
SECOND: It is i	ncorporated under the I	aws of <u>Rhode Island</u>	
THIRD: Characte	r of business, briefly	stated, is <u>printing/lit</u>	nography
FOURTH: If fore	ign corporation, address	s of its principal office	9
FIFTH: Business	address in Rhode Island	d <u>135 Washington Street</u>	Providence, RI
SIXTH: Names an Name	Director	ctors and officers: (Atta Address (including number	ach rider if necessary) er, street, zip code)
	Director		
<u>Joseph_Conen</u>	President	110 Overbrook Avenue, Wa	arwick, RI
Adele Cohen	Secretary	143 Hoffman Avenue, Crai 143 Hoffman Avenue, Crai	<u>iston, Kl</u> neton, DI
Joseph Cohen	Treasurer	110 Overbrook Avenue, Wa	arwick, RI
CENCENTU. No	0.01	-	
No. of Shares	of Shares authorized: Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par
EIGHTH: Number	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1,000	Common		No Par
Dated _ June 29	19 <u>_2</u> ?	COGEN'S INC. 88. HV To	11 ng
(Report must be sign	ed by an officer)	By Joseph H. Com Title President	

Corporations Division 270 Westminster Mall Providence, Rhode Island 02903

Corporate IU 4.	394	Annual Report for the y	ear <u>1987</u>
FIRST: The name	of the corpora	tion is <u>COGEN'S INC</u> .	
SECOND: It is	ncorporated und	er the laws of <u>Rhode Isla</u>	nd
THIRD: Characte	er of business, I	briefly stated, is <u>printin</u>	g/lithography
FOURTH: If fore	ign corporation	, address of its principal	office
FIFTH: Business	address in Rhoo	de Island <u>135 Washington S</u>	treet, Providence, RI
SIXTH: Names ar Name	Office Directo Directo	Address (including oror	(Attach rider if necessary) number, street, zip code)
Joseph Cohen	Directo		
Leo Cohen	Preside	ent <u>110 Overbrook Avenu</u> resident <u>143 Hoffman Avenue</u>	ue, Warwick, RI Cranston, RI
Adele Cohen	Secreta		
Joseph Cohen	Treasur		
SEVENTH: Number	of Shares autho	orized:	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1,000	Common		No Par
EIGHTH: Number	of Shares issued	PAID	Par Value or statement that
No. of Shares	Class	FEB 26 1987 Series	shares are without par value
100	Common	GEAR OF STATE	No Par MAY 1-1/1987
Dated $2/7$	19 <u>8</u> 7	COGEN'S INC. (Name of Corporation	on) / /
(Report must be sign	ed by an officer	By Greph H Title Preside	. Colin

TITTING TEE WILLOW

To be rifed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Corporations Division

Corporations Division 270 Westminster Mall Providence, Rhode Island 02903

corporate ID43	194	Annual	Report for the y	/ear <u>1986</u>
FIRST: The name	of the corpo	ration is <u>COC</u>	SEN'S INC.	
SECOND: It is i	ncorporated u	nder the laws	of <u>Rhode Isla</u>	ınd
THIRD: Characte	r of business	, briefly sta	ted, is <u>printi</u>	ig/lithography
FOURTH: If fore	ign corporatio	on, address o	f its principal	office
FIFTH: Business	address in R	node Island _	135 Washington S	treet, Providence, RI
SIXTH: Names an Name	d addresses of Offic Direc	tor _	rs and officers: dress (including	(Attach rider if necessary) number, street, zip code)
Jacob Coho-	Direc			
Joseph Cohen Leo Cohen	Presi		O Overbrook Aven	ue, Warwick, RI
Adele Cohen	Vice Secre	riesident <u>14</u> Starv 14	<u>3 Hoffman Avenue</u> 3 Hoffman Avenue	, Cranston, RI
Joseph Cohen	Treas	Surer 11	O Overbrook Aven	ue Warwick RT
CENEVE				90, 100, 100, 100
SEVENTH: Number	of Shares aut	thorized:	Sanias	Par Value or statement that shares are without
wor or shares	Class		Series	par value
1,000	Common			No Par
EIGHTH: Number o	of Shares issu	PAI	تار	Par Value or statement that
No. of Shares	Class	SEP S	9 1980 Series	shares are without par value
100	Common	SEC'Y. O	Series F STATE	No Par
Dated 7/5-	_ 19 <u>86</u>	COC	GEN'S INC. ame of Corporation	on)
1	SEP 0 9 19	186. By	Loolat	
(Report must be signe	ed by an of f	Fibling Til	tle Vice	Pris -
	\mathcal{A}	11/1 W		

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 439	4		Annual Report fo	or the year 1985
First: The na	me of the corporation is	COGEN	NS, INC.	······································
SECOND: It is	incorporated under the la	ws of		
THIRD: Charae				raphers
FOURTH: If fo				
FIFTH: Busines	ss address in Rhode Island			eet, Providence, RI 02903
Sixth: Names	and addresses of its direc	tors and of		(Attach rider if necessary)
	Dire	ector		
	Dire	ector		
	Dire	ector		
Joseph Cohen	Pres	ident .		e., Warwick, R.I.
	-			e., Warwick, R.I.
	Secr			, Cranston, R.I.
1	Trea			e., Warwick, R.I.
Seventh: Nun	nber of Shares authorized:			Par Value
No. of Shares	Class		Series	or statement that shares are without par value
100	Common	<u></u>		No par
EiGнтн: Numb	per of Shares issued:	1/06/85		Par Value or statement that
No. of Shares	Class	PAID	Series	shares are without par value
100	Common	ᅜ		No par
Dated Louen	J.R	01 By	ENS, INC. e of Corporation) Double H.	Colren
(Report mus	t be signed by an officer)	ភ ភ ទ្ធ T itle	President	, , , , , , , , , , , , , , , , , , ,

To be filed annually between January 1st and March 1st

State of Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is COGENS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Printer and lithographers.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 135 Washington Street, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must Include street and number, if any)

Namo

Address

Director

Director

Director

. Joseph Cohen

President

110 Overbrook Ave., Warwick, R.I.

Joseph Cohen

Vice President 110 Overbrook Ave., Warwick, R.I.

Adele Cohen

Secretary

143 Hoffman Ave., Cranston, R.I.

Joseph Cohen

Treasurer

110 Overbrook Ave., Warwick, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

Series

Par Value or statement that shares are without par value

No. of Shares 100

Class Common

No par

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without par value

No. of Shares

Class

Series

No par

1.00

Common

COGENS, INC.

Dated:

(Name of Corporation)

By .

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation: Division for Information, 277-3040

To be filed annually between January 1st and March 1st

State of Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year FIRST: The name of the corporation is COGENS, INC. Rhode Island SECOND: It is incorporated under the laws of THIRD: Character of business, briefly stated, is Printer and lithographers FOURTH: If foreign corporation, address of its principal office Business address in Rhode Island (blank reports will be mailed to this address) 135 Washington Street, Providence, Rhode Island Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Director Director Director Joseph Cohen President 110 Overbrook Ave., Warwick, R.I. Joseph Cohen Vice President 110 Overbrook Ave., Warwick, R.I. Adole Cohen Secretary 143 Hoffman Ave., Cranston, R.I. Joseph Cohen Treasurer 110 Overbrook Ave., Warwick, R.I. (If additional space is needed, attach rider) Par Value or statement that shares are without SEVENTH: Number of Shares authorized: No. of Shares Class par value Series 100 Common No par EIGHTH: Number of Shares issued: Par Value or statement that shares are without par value No. of Shares Class Series 100 Common No par Dated: COGENS, INC. (Name of Corporation) If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed, Please contact for information, 277-3040

FORM 31 11-82

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State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

		A	nnual Report f	for the yea	ır	
First:	The nar	ne of the corporation is	Cogens	, Inc.		
SECOND	: It is i	ncorporated under the	laws of Rh	ode Islat	nd	
THIRD:	Charac	ter of business, briefly s	tated, is Pri	inters and	d lithogra	phers
Forer	······································	reign corporation, add		ncinal offi	 00	
			reco or 100 pri	iicipui oiii		
Fіртн:		ss address in Rhode Isl	and (blank re	ports will	l be mailed	to this
		Washington Street, Pr				
Sixth:		and addresses of its d				
		resses must include street and				
	Name	Office		— Addre	:85	
.		Director				
		Director				
		Director				
Joseph Co	hen	President	110 Overbr	ook Ave.,	, Warwick,	R.I.02889
		Vice Presiden	ıt			
Adele Coh	ien	Secretary	143 Hoffma	ın Ave,,_(Cranston.	R.I. 02920
Joseph Co			110 Overbr	ook Ave.	. Warwick,	.R.I.02889
Sevent	гн: Nun	nber of Shares authoria	zed:		Par Valu	
No. of S	hares	Class	Series		shares are wi	thout
100)	Common			No Pa	r
Еіднті	a. Numl	per of Shares issued:	APR	1.0.198? Japan	Par Valu	۵
No. of S		Class	Series		shares are wi	that
100		Common	Geries		No Par	ti.
				•		
Dated:	3/	19 🐔 📜	COGENS, IN	ic.		
		В	y Joseph	ti th. co	-	•••
		<u>T</u>	itle Pret	istent	<u></u>	<u> </u>
			(Report mu	ist be signe	d by an offic	er)
			•	•		

If the corporation has changed its registered office and locals registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

	COGENS, 1	INC.	***************************************
Pursuant to the provision amended, the undersigned cor	poration hereby	submits the follow	ing annual report:
FIRST: The name of the c	corporation is	Cogens, Inc.	***************************************
and the second of the second o			A to be the second of the second of the second
SECOND: It is incorpora	ted under the la	lws of Rhode Isla	ınd
THIRD: The address of its	s registered office	in Rhode Island is	
c/o Norman J. Bolo	tow, Hospital T	rust Bldg. Provide	nce, Rhode Island
and the name of its registered a	gent in Rhode Is	land at such address	is
Norman J. Bolo	tow, Hospital T	rust Bldg., Provide	nce, Rhode Island
FOURTH: If a foreign co	rporation, the ad	ldress of its principal	office in the state or
country under the laws of which	it is incorporated	d is	
FIFTH: The character of	the business in	which it is actually	z engaged in Rhode
Island, briefly stated, is Prin	nter and lithog	raphers	engaged in Miloue
and the second of the second o			
SIXTH: The names and re	espective address	ses of its directors and	d officers are:
Leo Cohen	Director	143 Hoffman Ave.,	Cranston, R.I. 02920
Adele Cohen	Director	143 Hoffman Ave.,	Cranston, R.I. 02920
	Director		
	Director	· · · · · · · · · · · · · · · · · · ·	
·	Director		
	Director		
Leo Cohen	President		Cranston, R.I. 02920
Joseph H Cohen	Vice President		. Warwick R. I 02889
Adele Cohen	Secretary	143 Hoffman Ave.,	Cranston, R.I. 02920
Leo Cohen	Treasurer	. 143 Hoffman Ave.,	Cranston, R.I. 02920
SEVENTH: The aggregate r by classes, par value of shares, sh	number of shares ares without par	which it has authoric	ty to issue, itemized
Number of	lass		Par Value per Share or Statement that Shares are without
		Series	·· Par Value
100 Com	mon		8] No_par
			CO •
			26
		5PR 7 1981	∞ • > •
		APR 7 1981	0 -
		g ·	• •

Form 31 8-79

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Par Value per Share or Statement that Shares are without Par Value Number of Shares Series Class No par 100 Common

Dated

3/8° ,1981

COGENS, INC. (MAYE OF CORPORATION)

By Joseph H. Coh.

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

		COGENS, I	NC.	*****************
Pursuan amended, the First:	undersigned co	rporation hereby	1.1-118 of the Gene submits the follow Cogens, Inc.	eral Laws, 1956, as ing annual report:
	· · · · · · · · · · · · · · · · · · ·			were the transfer of the second
				nd
THIRD:	The address of i	ts registered office	e in Rhode Island is	
	of its registered	agent in Rhode Is	land at such address	is
Fourth country under	: If a foreign c	orporation, the ad	ldress of its principal	office in the state or
Island, briefly	r stated, is Pri	inter and lithogo		······································
Leo Cohen		Director	143 Hoffman Ave.,	Cranston, R.I. 02920
Adela Cohen		Director		Cranston, R.I. 02920
		Director		
		Director	· · · · · · · · · · · · · · · · · · ·	
		Director		
		Director		
Leo Cohen		President	.143 Hoffman Ave.,	Cranston, R.I. 02920
		Vice President		
Adele Cohen		Secretary		Cranston, R.I. 02920
Lec Cohen		Treasurer	143 Hoffman Ave.,	•
Seventii	: The aggregate	number of shares	which it has authori	

by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Par Value per Share or Statement that Shares are without Par Value Number of Shares Class Series 100 Common No par

MAR 5 1980

Form 31 8-79

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Nambe Share	erof	alue, and series, i	Series .		Par Valu	e per Share ment that re without Value
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100		Common		, .	No	par
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Dated 2	28	80	COGENS, INC.	CRPCRATI	CN)	
grade to the West		By Joseph	n H. Cohn	· .	294.7	• •, •
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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

COGENS, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Cogens, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

c/o Norman J. Bolotow, ...Hospital Trust Bldg., Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is

Norman J. Bolotow, Hospital Trust Bldg., Providence, Rhode Island

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Printer and lithographers

SIXTH: The names and respective addresses of its directors and officers are: Leo Cohen Director 143 Hoffman Ave., Cranston, R.I. 02920 Adele Cohen Director 143 Hoffman Ave., Cranston, R.I. 02920 Director Director Director Director Leo Cohen President 143 Hoffman Ave., Cranston, R.I. 02920 Vice President Adele Cohen Secretary 143 Hoffman Ave., Cranston, R.I. 02920 Leo Cohen Treasurer 143 Hoffman Ave., Cranston, R.I. 02920

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shures	Class	4 .Series 79	Par Value per Share or Statement that Shares are without Par Value
100	Common	19	No par
FORM 31 12W 1:73		15,00 4196A1415,008L	OR 201979

Eighth: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Numi	ther of	<u>Class</u>	Series	Par Value per Share or Statement that Shares are without Par Value
10	n ·	Common		No.par
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Dated	210	, 19 79	COGENS	INC. ORFORATION)
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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

COGENS, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Cogens, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

c/o Norman J. Bolotow, Hospital Trust Bldg., Providence, Rhode Island and the name of its registered agent in Rhode Island at such address is

Norman J. Bolotow, Hospital Trust Bldg., Providence, Rhode Island

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Printer and Lithographers

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Leo Cohen	Director	143 Hoffman Ave., Cranston, R.I. 02920
Adele Cohen	Director	143 Hoffman Ave., Cranston, R.I. 02920
	Director	
	Director	
	Director	
	Director	
Leo Cohen	President	143 Hoffman Ave., Cranston, R.I. 02920
	Vice President	
Adele Cohen	Secretary	143 Hoffman Ave., Cranston, R.I. 02920
Leo Cohen	Treasurer	143 Hoffman Ave., Cranston, R.I. 02920

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	3 Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	78	No par
		9258	
		A : 4	APR 2 0 1978
RM 31 35M 9-76		•••15.00 •••15.00BL	JM

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	<u> Class</u>	Sories	or Statement that Shares are without Par Value
100	Common		No par

Dated # 28 .19 18

COGENS, INC.

Dair

Ву

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

COGENS, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Cogens, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

c/o Norman J. Bolotow, Hospital Trust Bldg., Providence, Rhode Island and the name of its registered agent in Rhode Island at such address is

Norman J. Bolotow, Hospital Trust Bldg., Providence, Rhode Island

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Printer and Lithographers

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Leo Cohen	Director	143 Hoffman Ave. Cranaton, R.I. 02920
Adele Cohen	Director	143 Hoffman Ave. Cranston, R.I. 02920
	Director	
	Director	
	Director	
	Director	
Leo Cohen	President	143 Hoffman Ave. Cranston, R.I. 02920
	Vice President	
Adele Cohen	Secretary	143 Hoffman Ave. Cranston, R.I. 02920
Leo Cohen	Treasurer	143 Hoffman Ave Cronston P T 02920

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	<u>Ciass</u>	Series	or Statement that Shares are without Par Value
100	Common		No Par

Eighth: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Par Value per Share or Statement that Shares are without Par Value Number of Shares Class Series 100 No Par Common

3 3 , 1977 Dated

COGENS, INC.

By Joseph H. When_

To be filed annually between January 1st and March 1st

State of Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

 \mathbf{OF}

	COGENS,	INC.	
amended, the unde	he provisions of Section 'rsigned corporation hereby	7-1.1-118 of the (y submits the follo	wing annual report:
Grann. IA			····
	s incorporated under the la		
THIRD: The	address of its registered of Bolotow, Hospital Trust	fice in Rhode Islan Bldg, Providence	d is , Rhode Island
and the name of its Norman J.	registered agent in Rhode Bolotow, Hospital Trust	Island at such add Bldg., Providence	lress is
FOURTH: If a country under the l	a foreign corporation, the a aws of which it is incorpor N/A	rated is	ipal office in the state or
FIFTH: The cl	naracter of the business in w Printers and Lithogrpahe	hich it is actually e	
	e e e e e e e e e e e e e e e e e e e		
	•		• •
SIXTH: The r	names and respective addre	esses of its director	s and officers are:
Name Leo Cohen	Office Director		Address reet, Providence, R.I.
Adele Cohen	Director Director	,	reet, Providence, R.I.
	Director	33 Debbions De	reer, Providence, R.I.
	Director		And the second s
	Director		· · · · · · · · · · · · · · · · · · ·
	Director		
	President	55 Sessions St	reet, Providence, R.I.
	Vice President		and the second section is a second second second second second second second second second second second second
	Secretary	•	eet, Providence, R.I.
Leo Cohen	Treasurer		eet, Providence, R.I.
SEVENTH: The by classes, par value	e aggregate number of share of shares, shares without pa	es which it has autl r value, and series,	nority to issue, itemized if any, within a class, is:
Number of Shares	Class	Ser <u>les</u>	Par Value per Shore or Statement that Shares are without Par Value
100	Common	\ <	No par
	· (_).	

FEB 2 6 1976

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value

100 Common Fo par

Dated 2 26 , 19 16

COGENS, INC.

By Leo-Coulous Pool of Trees

17-76 318.5 628 (1.8 . * * 15.00

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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

 \mathbf{OF}

	COGENS,	INC.	
Pursuant to the provision amended, the undersigned corp FIRST: The name of the	poration herel corporation is	oy submits the follow	ing annual report:
SECOND: It is incorporate	ted under the	laws of Rhode I	sland
-			
			is
ord the name of its marietaned			
and the name of its registered Norman J. Bolorow, Hos			
FOURTH: If a foreign co.			
country under the laws of which			
	N/A		
FIFTH: The character of t			
briefly stated, is Printers	and Lithogra	aphers	
· · · · · · · · · · · · · · · · · · ·			ere e e e e e e e e e e e e e e e e e e
SIXTH: The names and r	espective addi	resses of its directors	and officers are:
Leo Cohen	Director	55 Sessione St.,	Providence, R.I.
Adele Cohen	Director	55 Sessions St.,	Providence, R.I.
	Director		· · · · · · · · · · · · · · · · · · ·
and the second s	Director		
	Director		
	Director		
Leo Cohen	President	55 Sessions St.,	Providence, R.I.
	Vice Presider	• • • • • • • • • • • • • • • • • • • •	
Adele Cohen	Secretary	55 Sessions St.,	Providence, R.I.
Leo Cohen	Treasurer	55 Sessions St.,	Providence, R.I.
SEVENTH: The aggregate by classes, par value of shares, sh	number of sha ares without p	res which it has auth par value, and series, i	ority to issue, itemized f any, within a class, is:
			Par Value per Share or Statement that
Number of Shares	Class	Series	Shares are without Par Value
	оттоп		No par
			•

FORM 31 504 0-72

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value

100 Common No par

COGENS, INC.

Ву

Joseph A. War

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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

	COGENS, 1	NC.	
amended, the under First: The n	ne provisions of Section 7- rsigned corporation hereby: ame of the corporation is	1.1-118 of the Ge submits the following Cogens, Inc.	neral Laws, 1956, as ng annual report:
	incorporated under the law		and
THIRD: The a	address of its registered offic	e in Rhode Island	is
	n J. Bolotow, Hospital Tr		
and the name of its	registered agent in Rhode I	sland at such addr	ess is
Norman	n J. Bolotow, Hospital Tr	ust Bldg. Provid	ence, R.I.
	foreign corporation, the ad		
country under the la	iws of which it is incorpora		

	aracter of the business in wh		gaged in Rhode Island,
briefly stated, is	Printers and Lithograph	ers	
	······································		
SIXTH: The n	ames and respective address		and officers are:
Leo Cohen	Director	55 Sessions St.	Providence, R.I.
Adele Cohen	Director	55 Sessions St.	Providence, R.I
	Director		
Leo Cohen	President	55 Sessions St.,	Providence, R.I.
	Vice President		
	Secretary		Providence, R.I.
Leo Cohen	Treasurer	55 Sessions St.,	Providence, R.I.
SEVENTH: The by classes, par value of	aggregate number of shares of shares, shares without par	s which it has autho value, and series, if	rity to issue, itemized any, within a class, is:
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No par

FEB 22 1974

FORM 31 DCM 6-72

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	<u>Class</u>	Series_	Par Value per Sharo or Statement that Shares are without Pay Value
100	Common		No par
100	Conmot		.to par
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Dated .	, 19/7	ryano	MC .

To be filed annually between January 1st and March 1st

State of Rhode ksland and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

	COGENS,	Inc.	
amended, the undersig	provisions of Section of green corporation hereby ne of the corporation is.	submits the follow	ing annual report:
	e e e e e e e e e e e e e e e e e e e		······································
SECOND: It is in	acorporated under the la	aws of Rhode Isl	and
THIRD: The add	lress of its registered of	fice in Rhode Island ilding, Providence	is, Rhode Island
and the name of its re	gistered agent in Rhode Hospital Trust Buildi	Island at such addr	ess is
	oreign corporation, the a s of which it is incorpor	ated is	
FIFTH: The char briefly stated, is	acter of the business in w inters and Lithograph	hich it is actually en	
			· · · · · · · · · · · · · · · · · · ·
Name	nes and respective addre		and officers are:
Leo Cohen		55 Sessions St	., Providence, R.I.
Adele Cohen	Director	55 Sessions St	., Providence, R.I.
	Director		
	Director		
er en en en en en en en en en en en en en	Director	-	
	Director		
Leo Cohen	President	55 Sessions St	., Providence, R.I.
**	Vice President		
Adele Cohen	Secretary	55 Sessions St	., Providence, R.I.
Leo Cohen	Treasurer	55 Sessions St	., Providence, R.I.
SEVENTH: The ag by classes, par value of s	gregate number of shar hares, shares without pa	es which it has author rvalue, and series, if	ority to issue, itemized any, within a class, is:
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	•	No Par



EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Cia <u>ss</u>	Series_	Par Value per Share or Statement that Shares are without Par Value
100	Common	1	No Par
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Dated Feb 2	8 ,19 73	Cogans	1 rue
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To be filed annually

between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

Pursuant to the amended, the undersig	cogens, Inc. provisions of Section ned corporation hereb se of the corporation is	7-1.1-118 of the Go y submits the follow	eneral Laws, 1956, as ring annual report:
		•	
	corporated under the l		•
THIRD: The add	ress of its registered of , Hospital Trust Bui	ffice in Rhode Island lding, Providence.	is Rhode Island
and the name of its reg Norman J. Bolotow, Ho	gistered agent in Rhode	Island at such add	ress is
FOURTH: If a fo country under the laws	reign corporation, the	address of its princi rated is	pal office in the state or
· · · · · · · · · · · · · · · · · · ·	N/A		
briefly stated, is	Printers and Lithogra	aphers	
Name	es and respective address		and officers are:
Leo Cohen		55 Sessions St.	Providence, R.I.
Adele Cohen	Director	55 Sessions St.	Providence, R.I.
	Director		
	Director		
the first of the second second second second	Director		
	Director		
Leo Cohen	President	55 Sessions St.	Providence, R.I.
	Vice Presiden	t .	
Adele Cohen	Secretary	55 Sessions St.,	Providence, R.I.
Leo Cohen	Treasurer	55 Sessions St.,	Providence, R.I.
SEVENTH: The ag by classes, par value of s	gregate number of sha hares, shares without p	res which it has auth arvalue, and series, i	f any, within a class, is:
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	•	No Par

OEC 14 1972 Luc

FORM 31 20M 12 70

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	<u>Series</u>	Par Value per Share or Statement that Shares are without Par Value
100	Common		No Par

NINTH: The amount of its stated capital as of the close of business on December 31 next preceding the date hereof was \$

Dated /7/13/ ,1972

Coglus Dic giname of curporation, By Lecholeu Its Resident